

# Stomach Cancer: Surgery



Stomach cancer may be treated with surgery. The goal is to take out the tumor and an edge (margin) of healthy tissue around it. Different kinds of surgery can be done. The type you have depends on the type of cancer, where it is, how much it has spread, and other factors.

A gastrectomy is the most common type of surgery for stomach cancer. It's when all of the stomach is taken out, along with some of the nearby organs.

## Is surgery right for you?

Your healthcare provider may advise surgery if it may help cure the cancer. At this time, surgery is the only way that stomach cancer can be cured. When cure is the goal, chemotherapy and radiation are often used along with surgery.

Surgery might be a choice for you if:

- Your cancer is thought to be resectable. This means that based on other tests, your surgeon thinks all of the cancer can be safely removed.
- The cancer has not spread outside of your stomach.
- You're healthy enough for surgery.

In some cases, surgery may not be able to cure the cancer. In this case, your healthcare provider may advise surgery to ease or prevent some symptoms of cancer. For instance, surgery might be done to take out part of a tumor that's blocking your stomach and making it hard for you to eat. This type of surgery is called palliative surgery.

## Risks of surgery for stomach cancer

All surgery has risks. The risks of surgery for stomach cancer include:

- Excess bleeding
- Infection
- Blood clots
- Damage to nearby organs or tissue
- Leaking of fluids where organs are reattached during surgery. (But this is rare.)

Your risks depend on your overall health, the type of surgery you need, and other factors. Talk with your healthcare provider about which risks apply most to you.

## Side effects of surgery for stomach cancer

You will have side effects when all or part of the stomach is removed. They can include:

- Heartburn
- Pain in your belly (abdomen)
- Upset stomach (nausea)

- Diarrhea, especially after eating
- Vitamin deficiencies
- Changes in your diet and in the way you eat (often eating smaller meals and eating more often)

Over time, side effects may improve or go away. Talk with your healthcare provider about any changes you notice or side effects you have. There are often ways to treat or even help prevent them.

## Types of surgery used to treat stomach cancer

### Endoscopic resection

This surgery is done using a long, thin tube (endoscope). The tube is put down your throat and into your stomach. Through the endoscope, your healthcare provider can see the inside of your stomach. Special tools can be used within the scope to remove the cancer.

Some very early stage stomach cancers can be treated with this surgery. But it's rarely done in the U.S. This is because stomach cancer is not often found at a very early stage. Still, some U.S. cancer centers offer this procedure. If you have an endoscopic resection for stomach cancer, do it at a center that has a lot of experience with this method.

### Subtotal or partial gastrectomy

A subtotal or partial gastrectomy means that part of your stomach is removed. This can be done for people with cancer that's only in the lower part of the stomach. It may also be done for cancer that's only in the upper part of the stomach.

For this surgery, the surgeon takes out the part of your stomach that has cancer. The part of the stomach that's left is then attached to the esophagus and small intestine. The following may also be removed:

- Part of the tube from your throat to your stomach (esophagus)
- Part of the layer of fatty tissue that covers your stomach and intestines (omentum)
- Part of your small intestine (duodenum)
- Nearby lymph nodes
- Your spleen
- Part of other tissues and organs near your stomach

### Total gastrectomy

A total gastrectomy means that all of your stomach is removed. Some nearby organs are often removed as well. This is done for people with cancer in the entire stomach. It may also be done for cancer in the upper part of the stomach close to the esophagus.

The surgeon removes the following:

- Your entire stomach
- Nearby lymph nodes
- The fatty layer of tissue covering the stomach and other organs (omentum)

The surgeon may also remove:

- Part of your esophagus

- Part of your small intestine
- Pancreas
- Spleen
- Other nearby organs

The surgeon attaches the end of your esophagus to your small intestine. Food can still move through your intestines. But you will no longer have a stomach and parts of other organs. So you will have to eat small amounts more often.

After this surgery, it may be hard to eat enough. Your surgeon may put a feeding tube through your belly into your small intestine. This way you can get high-nutrient liquids through the tube.

## Palliative surgery

Some stomach cancers can't be removed with surgery. In these cases, the goal of surgery is to lessen the effects of the cancer, not to try to treat or cure it. Here are some kinds of palliative surgery that might be used:

### Subtotal or partial gastrectomy

Part of your stomach with the cancer is removed. But nearby organs and lymph nodes are not taken out. This can help ease symptoms, such as blockages or bleeding.

### Gastric bypass (gastrojejunostomy)

The upper part of your stomach is attached to part of your small intestine. This can ease symptoms (such as blockages) from cancer in the lower part of the stomach.

## Endoscopic procedures

An endoscope is passed down your throat, through the esophagus and into your stomach. A special tool may be used to destroy some of the cancer. This is called an ablation. Or a short, hollow tube (stent) may be used to keep open blockages caused by the cancer. These procedures may be done in people who are too sick to have surgery.

## Feeding tube placement

A feeding tube may be put right into your stomach or small intestine. The tube comes out of your body through your skin over your belly. Special high-nutrient feedings can be given through the tube. This helps you get enough fluids and nutrition without having to try to eat and drink them.

## Getting ready for your surgery

Before you have surgery, you'll talk with your surgeon. Your surgeon may be a general surgeon, gastrointestinal surgeon, or surgical oncologist. Talk with your surgeon about:

- How much of your stomach and other organs or tissues are likely to be removed. Some surgeons try to leave behind as much of the stomach as they can. This may allow people to eat more normally after surgery. But the cancer may be more likely to return.
- Their experience with surgery for stomach cancer. You may have better results when both the surgeon and the hospital have a lot of experience treating people with stomach cancer.
- Any questions or concerns you have.
- The risks and complications of the surgery.

- How you'll eat after surgery.

After you've talked about all the details of the surgery, you'll sign a consent form. This gives the surgeon permission to do the surgery.

You'll also talk with an anesthesiologist. This healthcare provider will give you the general anesthesia. This medicine makes you sleep during surgery and keeps you from feeling pain. They also watch you closely during surgery to keep you safe. You will be asked about your health history and the medicines you take. You will also be asked to sign a consent form for the anesthesia to be given.

Before surgery, tell your healthcare team if you're taking any medicines. These include over-the-counter medicines, prescription medicines, vitamins, herbs, and other supplements. This is to make sure you're not taking medicines that could affect the surgery.

## What to expect during surgery

On the day of surgery, you'll be taken into the operating room. Your healthcare team will include your anesthesiologist, surgeon, and several nurses.

During a typical surgery:

- You'll be moved onto the operating table.
- Special stockings will be put on your legs. These are to help prevent blood clots.
- Electrocardiogram electrodes will be put on your chest. These are to keep track of your heart rate. You will also have a blood pressure cuff on your arm.
- You'll get anesthesia through an IV (intravenous) line in your hand or arm.
- When you're asleep, your surgeon will do the surgery.

## What to expect after surgery

You'll wake up in a recovery room. You'll be watched very closely. Once your condition is stable, you will be moved to your hospital room. You'll be given medicine to treat pain. You won't be able to eat or drink for at least a few days after surgery. This is to give your stomach time to heal.

You may be in the hospital for several days. You may not be able to return to work or other activities for many weeks.

After any major surgery, you may have:

- **Pain.** This can be managed with medicine.
- **Tiredness or weakness.** How long it takes to recover from surgery is different for each person.
- **Constipation.** This can be caused by the pain medicine. It can also be caused by not moving much and from not drinking or eating as you normally would. Talk with your healthcare provider or nurse about how to prevent and treat constipation.

After this surgery you may:

- Learn how to care for and use your feeding tube, if one was placed during surgery
- Need to make changes in your diet and eat smaller meals more often
- Need to take vitamins
- Get chemotherapy or radiation after you heal from surgery

You will have follow-up visits with your surgeon and other healthcare providers. You may meet with a dietitian who will help plan your diet so you get the nutrients you need. Keep your appointments. If you have any

problems or concerns, contact your healthcare team.

## When to call your healthcare provider

Talk to your healthcare team about signs of problems that you should watch for after surgery. Know how to reach them after office hours and on weekends. For instance, you may be told to contact them right away or get immediate medical care if you have any of these problems:

- Bleeding
- Redness, swelling, or fluid leaking from the cut (incision)
- Fever
- Chills
- Inability to eat
- New pain, or pain that gets worse
- Swollen or hard-feeling belly

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