Surgery of the Stomach

## 1 Stomach Cancer Surgery Goals

Staging refers to the tests to determine

* Remove the tumor
* Remove lymph nodes (depends upon tumor type)
* Preserve stomach function
* Reconstruct GI tract

**Treatment options depend upon the cancer stage**

## 2 Distal Cancers

Distal cancers are those in the lower part of the stomach

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## 3 Partial Gastrectomy

* Removes the tumor
* Does not remove lymph nodes
* Best suited for:
  + Small adenocarcinoma
  + GI Stromal Tumors

Locally-advanced cancers are those that have grown through the wall of the stomach

## 4 Partial Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 5 Distal Gastrectomy

* Removes bottom half of the stomach
* Does not remove all lymph nodes
* Suitable for small adenocarcinoma
* Suitable for larger GI Stromal Tumors

Locally-advanced cancers are those that have grown through the wall of the stomach

## 6 Distal Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 7 Body Cancers

Some cancers are found in the body of the stomach

Body is the mid-portion of the stomach

## 8 Subtotal Gastrectomy

* Removes bottom 2/3 of stomach
* Removes nearby lymph nodes
* Reconstruction with small intestine

Locally-advanced cancers are those that have grown through the wall of the stomach

## 9 Subtotal Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 10 Proximal Tumors

* Located near the top of the stomach
* Challenging area for surgery

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 11 Total Gastrectomy

* Removes all of the stomach
* Reconstruction with small intestine
* Needed for those with CDH1 mutations

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 12 Total Gastrectomy

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 13 Esophagogastrectomy

* Removes top part of stomach
* Remove bottom half of esophagus
* Surgery in both abdomen and chest

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 14 Dual Tract Gastrectomy

Alternative surgical approach for small tumors near the top of the stomach

* Preserves the bottom of the stomach as a reservoir

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 15 Dual Tract Gastrectomy

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 16 Laparoscopy

* Some stomach cancers can spread inside the abdomen
* Areas of spread can be very small (grain of rice)
* Laparoscopy can detect spread inside the abdomen

Not all patients with gastric cancer need a laparoscopy.

## 17 Laparoscopy

* General anesthetic
* Several incisions 1/4” long
* A telescope is used to examine the abdomen
* Biopsies can be performed.

## 18 Risks of Surgery

* Leak where bowel is joined together (anastomosis)
* Bleeding requiring reoperation
* Delayed stomach function
* Infection in the abdomen

## 19 Primary Care Practitioner (PCP)

A PCP is critical to coordinate care between specialists.

We will update your PCP after each visit

Call our referral line at (844) 235-6998 if you need a PCP

## 20 My Atrium Patient Portal

* Critical to good communication with your care team
* Available for desktop or laptop or phone
* Sign up at my.atriumhealth.org

## 21 Exercise

* Reduces risk of complications from treatment
* Goal is 30min/day of vigorous exercise 6 days/week
  + Working hard enough that you can’t converse
  + Start slowly and build up
  + Every day counts! (Aim for some activity every day)

## 22 Smoking Cessation

* Smoking makes cancer treatment more difficult
  + Increases risk of complications after surgery
* Options for help with smoking cessation:
  + NC Quit Line 1-800-QUIT-NOW (1-800-784-8669)
  + American Lung Assn www.freddomfromsmoking.org
  + Smoking Cessation Counseling (Metro Charlotte)