

Procedure:

Gastrectomy (total & partial)

Indication:

CA & ulcers

Description:

Procedure can be performed laparoscopically or open. Access to stomach is obtained, stomach is dissected from surrounding tissues and anastomosis is created between esophagus and duodenum or jejunum. A partial gastrectomy involves dissecting a portion of the stomach and using the remaining tissue to preserve intestinal continuity. With a total, most often a J-tube is placed.

Post-op Implications:**Complications:**

Anastomotic leak: swallow study can confirm a leak. CT scan can visualize extraluminal collections; these must be drained. Give systemic AbX for suspected leak. Usually ruled out by day 5-7. Small leaks can be managed with AbX, gastric decompression (NG/OG tube passed below anastomosis), and fluid drainage.

Postgastrectomy syndromes: dumping syndrome, weight loss, and diarrhea; usually improve after 12 months, require symptomatic treatment: supplements, antidiarrheal, and diet modification(avoid simple carbs).

Anastomotic stricture: Usually presents as dysphagia, may require upper GI endoscopy with dilation.

Meds:

IV Abx prophylaxis. All meds will be IV for first few days unless an OG/NG tube is approved for med use by surgeon. SubQ heparin. May require long-term electrolyte replacement due to decreased absorption. May require high calorie/high protein supplements.

Principles:

Temporary ileus is an expected physiologic response from bowel manipulation. If NG/OB tube is in place, do not manipulate or replace if dislodged (can disrupt anastomosis). Decreased absorption leads to weight loss, dumping syndrome, and electrolyte imbalances.

Care Plan:

Aggressive pulmonary toileting, skin care, wound care, foley care, pain control. Possible PCA, epidural, And J-tube care. Manage IVF. NPO until barium swallow study (may allow sips and chips). Possible NG/OG tube care.

Course of Care:

POD #1 Early ambulation, NPO until POD# 2 or 3 after swallow study. Foley out after ambulating and diuresis (if no epidural). Early J-tube feedings may be initiated. After swallow study advance to CL, then soft solids. Restart home Rx as able.

Room Setup:

Humidified O2, oral suction, standard IV-pump, possible PCA, possible epidural, SCDs, and possible suction for NG/OG tube.