

A Guide to Stomach Surgery (Gastrectomy)



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

Centre universitaire
de santé McGill



McGill University
Health Centre

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Table of Contents

Introduction

What is a care pathway?	5
What is the stomach?	6
What is a gastrectomy?	7

Before your surgery

Preparing for surgery	9
Preoperative visit	10
Phone call from Admitting	11
Cancelling	12
Washing	13
Diet	14
What to bring to the hospital	15

Day of surgery

At the hospital	16
-----------------	----

After your surgery

In the PACU	18
Pain control	20
Exercises	22
Tips to prevent infection	24
In your room: evening of surgery	25
Goals for Day 1 (the day after your surgery)	28
Goals for Day 2 (2 nd day after your surgery)	30
Goals for Day 3: going home (3 rd day after your surgery)	32

Table of Contents

At home

Pain	34
Washing	35
Diet	36
Medications and vitamins	37
Exercise and activity	38
When to go to the Emergency Room	39

Resources

Websites of interest	40
Map of Montreal General Hospital	Back

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Carmen Mueller and the MUHC Patient Education Office.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images.

© Copyright 19th July 2019, McGill University Health Centre. 2nd edition. This document is copyrighted. Reproduction in whole or in part without express written permission from patienteducation@muhc.mcgill.ca is strictly prohibited.

Please note: The MUHC reserves copyright on all our materials (our material, images, content). We grant you permission to use, share or distribute, but they cannot be modified or reproduced (partially or totally). This is strictly prohibited.



IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

What is a care pathway?

When you are admitted to the hospital for a gastrectomy surgery, you will be part of a recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.
- Give you daily goals to achieve.

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you feel better faster and go home sooner.

Use it as a guide during your hospital stay and even when you are at home. Hospital staff may refer to it as you recover, and review it with you before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your MUHC surgery team



If you are not comfortable with French or English, try to have someone to help you understand during your hospital stay.

What is the stomach?

Esophagus

When you eat, food passes from your mouth, through your esophagus and into your stomach.

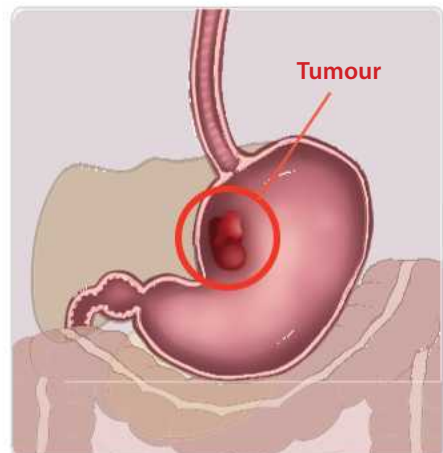
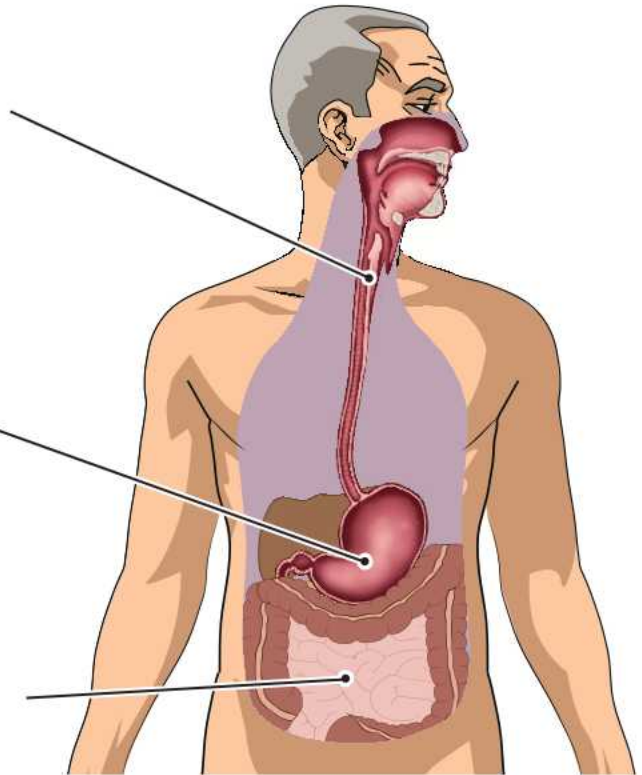
Stomach

Your stomach holds, mixes, and grinds the food. It also secretes acid and enzymes that break down the food.

Small Intestine (Bowel)

This partly digested food then leaves your stomach and passes into your bowel. This is where nutrients (proteins, sugars, fat, vitamins and minerals) are absorbed.

One of the reasons to have a gastrectomy is when a tumour is in the stomach.



What is a gastrectomy?

A gastrectomy is a surgery that removes part or all of your stomach.

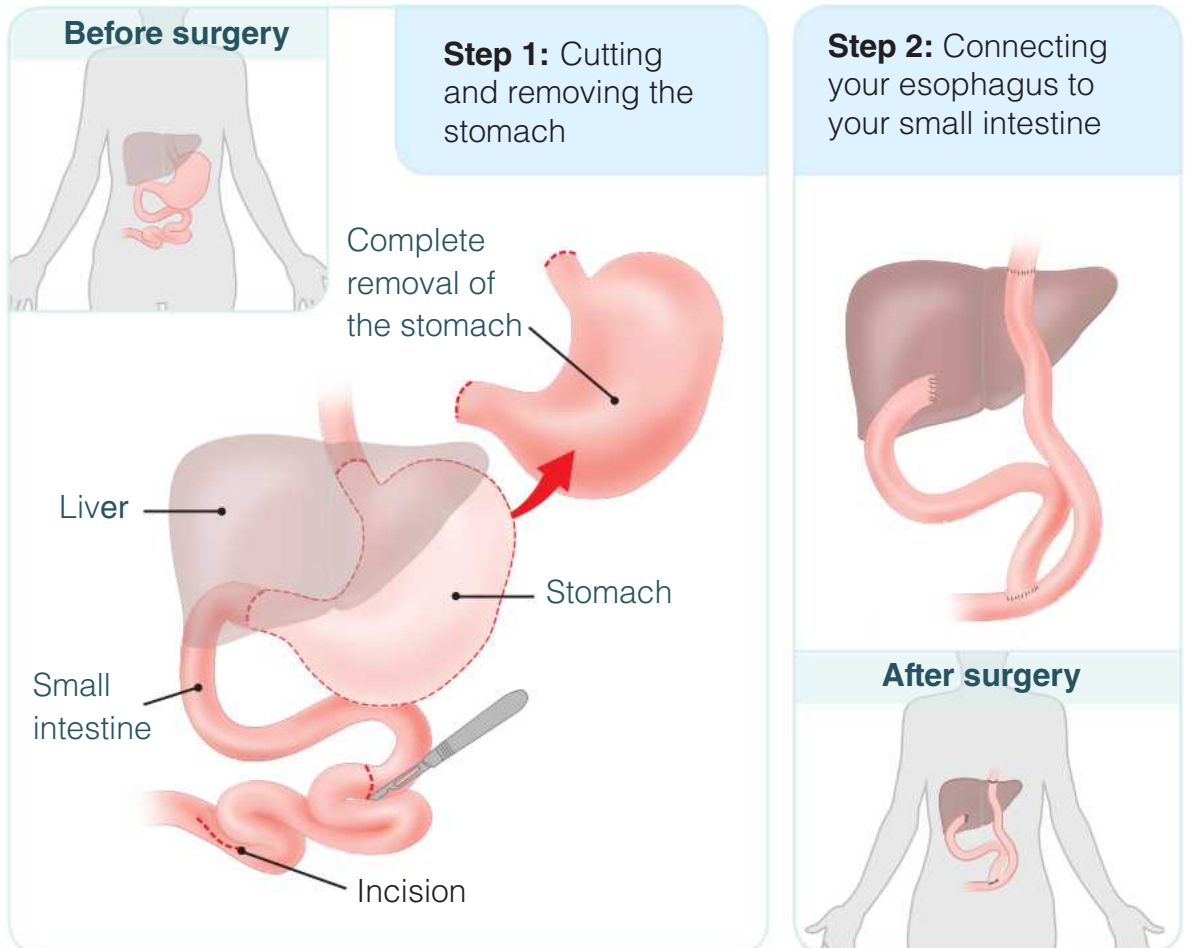
There are 2 main types of gastrectomy surgery:

1. total gastrectomy and **2. partial gastrectomy**.

Over the next two pages, we will describe each and explain how they are different. Your doctor (surgeon) will discuss which one is the best surgery for you.

1. Total Gastrectomy

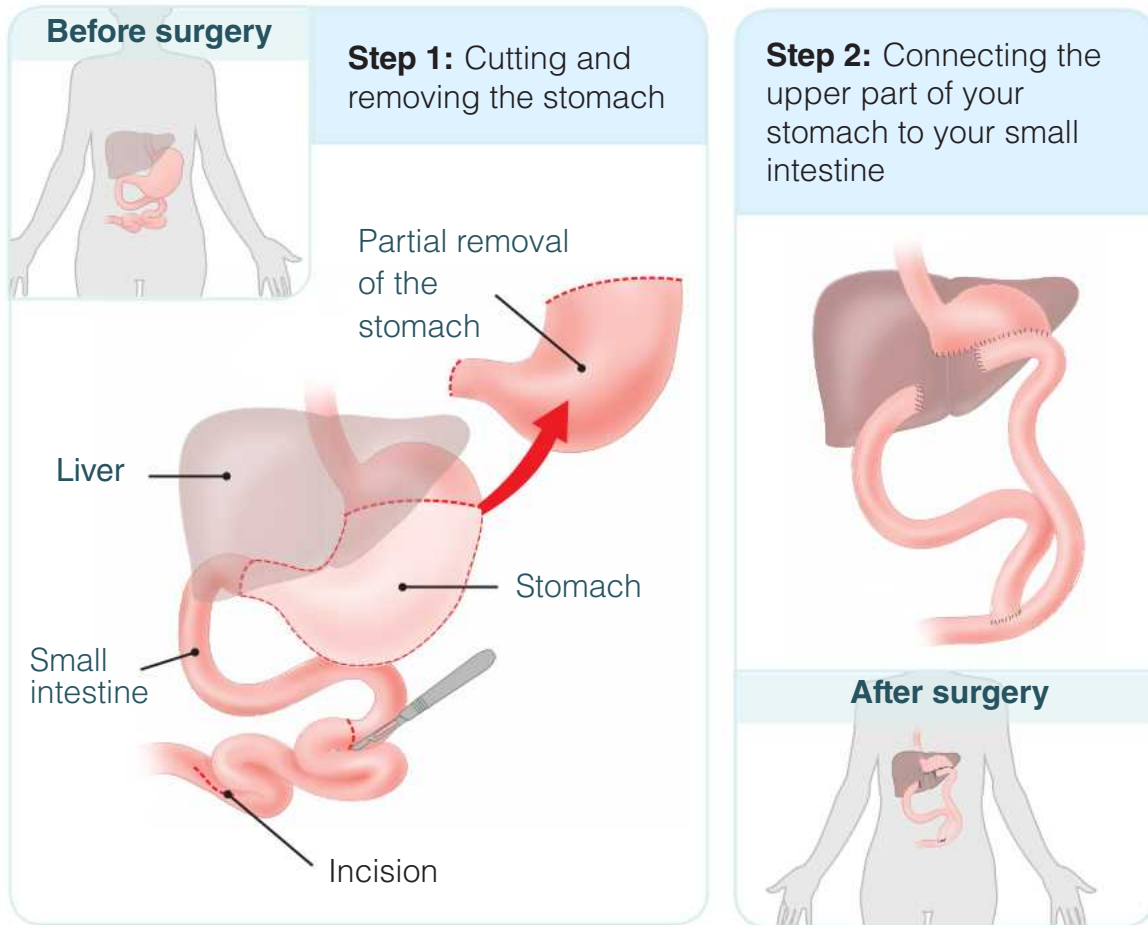
A **total gastrectomy** is when all of the stomach is removed.



What is a gastrectomy?

2. Partial Gastrectomy (subtotal gastrectomy)

A **partial gastrectomy** is when only a part of the stomach is removed.



In either case, your surgeon will reconnect the bowels to allow you to eat after the surgery. Since part or all of the stomach will be missing after the surgery, you will have to change how often and how much you eat.

This booklet, along with your care team, will help guide you as you adjust to the changes after surgery.

Preparing for Surgery

Be active:

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.



Stop smoking:

If you smoke, try to stop before your surgery to reduce your risk for lung problems. Your doctor can help you stop smoking by prescribing medication.

Restrict alcohol:

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medication you will receive in the hospital. Tell us if you need help decreasing your alcohol use before surgery.



Plan ahead:

You may need help with meals, laundry, bathing or cleaning when you go home from the hospital. Make plans with your family and friends so you will have the help you need.



Arrange transportation:

The day of surgery is called Day 0. You may go home from the hospital on Day 2 or Day 3 after your surgery. Tell your nurse if you have concerns about going home. Remember to organize a ride back home.



Preoperative visit

When you visit the Pre-op Clinic, you will:

- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may also:

- Have blood tests.
- Have an ECG (electrocardiogram).



You may have to stop taking some medication and herbal products before surgery.

The Pre-op Clinic doctor will explain to you and will order in your file which medication you should stop and which ones you should keep taking.



**If you have any questions,
phone the Pre-op Clinic nurses at:**

Phone: 514-934-1934, ext. 43778

Days: Monday to Friday

Hours: 1:00 p.m. to 3:00 p.m.

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you, to tell you when to come to the hospital.

They will ask you to arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It may happen earlier or later than planned.



Exception: If your surgery is scheduled for 7:30 a.m., we will ask you to arrive at 6:00 a.m.

Date of surgery: _____

Time of arrival at the hospital: _____

Room: Surgical Admission Services D10-124 (D Wing, 10th floor, room 124).

If you do not receive a call by 2:00 p.m., **contact the Admitting Department** at 514-934- 1934 ext. 42190.



Cancelling

If you are sick, pregnant, or for any reason you are unable to come to the hospital for your surgery, call as soon as possible both:

Your surgeon's office
and

the Central Operating Room Booking (CORB)

at 514-934-4460 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name.
- The date of surgery.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason for cancelling for postponing your surgery.
- The timeframe you are not available to have the surgery.

If you need to cancel your surgery the day before, and it is after 3 p.m.:

- Call the Admitting Department at 514-934-1934 ext. 42190.



**The Montreal General Hospital
is a Trauma Centre.**

**This means that your surgery
might need to be delayed or
cancelled because of an
emergency.**

**Your surgeon will reschedule
you as soon as possible.**



Washing

The night before surgery:

1



Use regular soap for your face and shampoo for your hair.

2



Take a shower using the sponges you were given.

3



Wash yourself from the neck down and carefully clean your belly button.

4



Wear clean clothes to bed.

The morning of surgery:

1



Take a shower and use the 2nd sponge.

2



Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings.

3



Do not shave the area where the operation will be done.

4



Put on clean clothes.

Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

Until midnight :

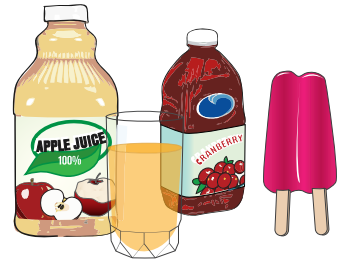
- Eat and drink normally until midnight (unless told otherwise).

After midnight :

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery.
You can drink any clear juice (juice that you can see through) and have jello or popsicles.

Exception : If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

Remember : Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.



The morning of surgery:

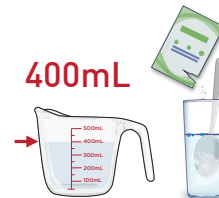
Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

When ?

- Drink it **2-3 hours before surgery**.
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How ?

1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



Want to know more about PREcovery® ?

Follow this link : www.enmednut.com/products/precovery

What to bring to the hospital

- ☐ This booklet.
- ☐ The list of medication you take (your pharmacist may provide you one).
- ☐ Valid Medicare and hospital cards.
- ☐ Private insurance information, if you have any.
- ☐ Bathrobe, slippers, pyjamas, loose comfortable clothing.
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and perhaps earplugs.
- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- ☐ Cane, crutches, walker, if you use these, labeled with your name.



Do not bring anything of value, including credit cards and jewelry.

The hospital is not responsible for lost or stolen items.

Note: To rent a TV in your hospital room you will need to pay by either using a credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.



At the hospital

Admitting area:

Report directly to the **Surgical Admission Services (D10-124)** at the time given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer.

It is not always possible to have a private or semi-private room.

Pre-operative area:

The nurse will ask you to change into a hospital gown and will complete a checklist with you. You may be asked to put on tight elastic stockings to help your circulation and prevent blood clots from forming. You should wear them until the nurse says you may take them off.

Operating room:

An orderly will take you to the operating room. You will meet your anesthesiologist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.



At the hospital

Waiting Room:

Family or friends may wait for you in **D10-117** (D wing, 10th floor, room 117).

The space is small, so limit the number of people who come with you.

- There is a phone available in the waiting room to call the Post-Anesthesia Care Unit (PACU), also called the Recovery Room, for updates.
- One person (not many persons) should contact the PACU for updates to give the information to your family or friends.
- The PACU nurse will phone in the waiting room or on a cell phone to give an update once the surgery is finished.
- The nurse may call again if more information is available like the room number for your family member.
- **There are no visitors in the PACU.**

At the hospital

Internet access:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



In the PACU

After your surgery, you will wake up in the PACU. This is an area where patients are watched closely.

You will be there for a few hours before being transferred to your hospital room.

You may have some or all of the following:

- A mask, giving you oxygen.
- An intravenous (IV), giving you fluids.
- An epidural in your back **or** a Patient-Controlled Analgesia (PCA) pump connected to your IV to help control pain.
- Compression boots on your legs to help blood circulation and prevent blood clots.
- A nasogastric tube (NG) in your nose to help drain your stomach.
- A urinary catheter to help drain the bladder.
- A Jackson-Pratt (JP) drain that drains blood and fluid from the surgery area. These are also called JP drains. These drains will be removed before you go home.

The head of your bed will be slightly elevated and should stay like this until you leave the hospital. This helps your breathing and your digestion of food.

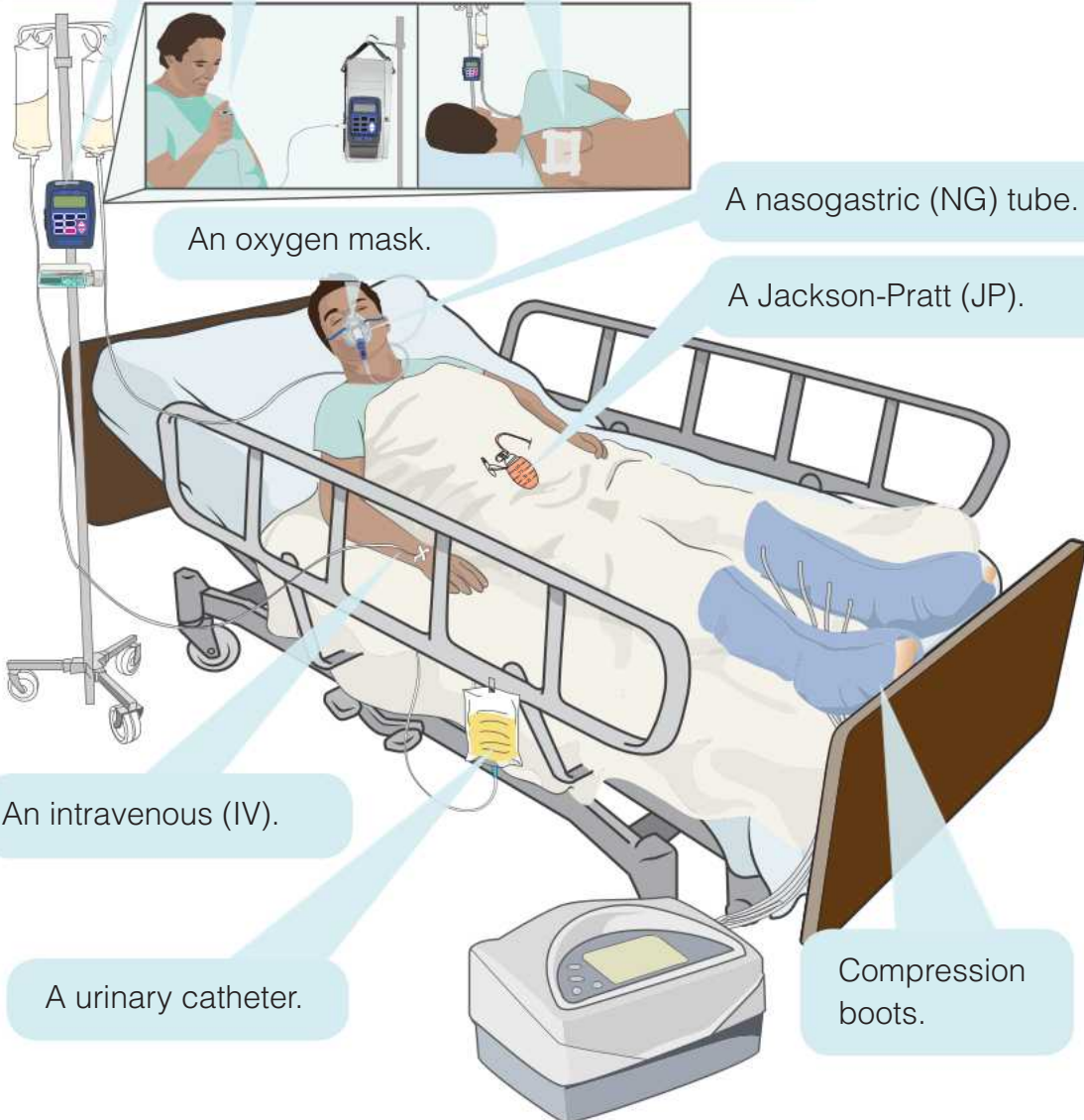
The PACU nurse will:

- Check your pulse and blood pressure often.
- Check your bandage(s).
- Make sure you are comfortable.

In the PACU

Patient-Controlled Analgesia (PCA) pump.

or an Epidural.

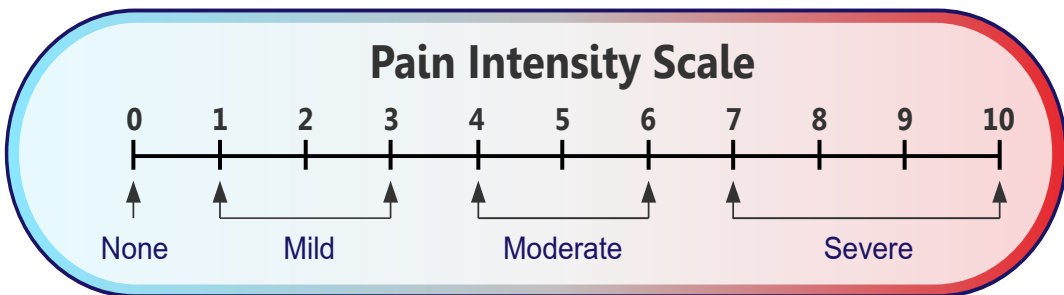


Pain Control

It is important to control your pain because it will help you to:

- take deep breaths.
- move more easily.
- eat better.
- sleep well.
- recover faster.
- do things that are important to you.

You will be asked to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Tell us if you have pain. We will help you.



Pain Control

Pills:

You may be prescribed only pills after the surgery to control your pain. These pills are usually acetaminophen also called Tylenol® and an anti-inflammatory pill such as celebrex®. If this is not enough to control the pain, we will give you a stronger pain medication.



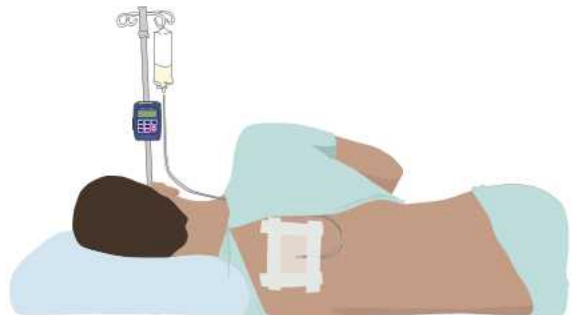
Patient-Controlled Analgesia (PCA):

Some patients may have a medication pump attached to the IV to help control the pain. When pushing the hand-held button, the pump gives a safe dose of pain medicine. You should be the only one that pushes on the button.



Epidural:

Some patients may have an epidural in their back. This is a small tube that gives continuous pain medication. The nurse will adjust the dosage of the medication as needed to make you comfortable but not too drowsy.



Exercises

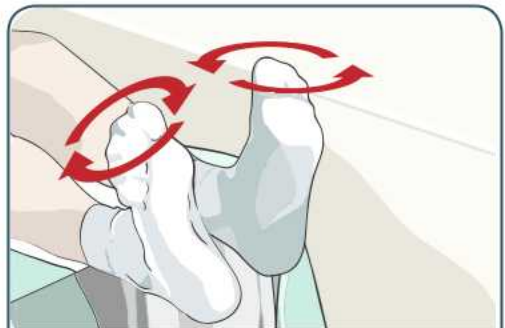
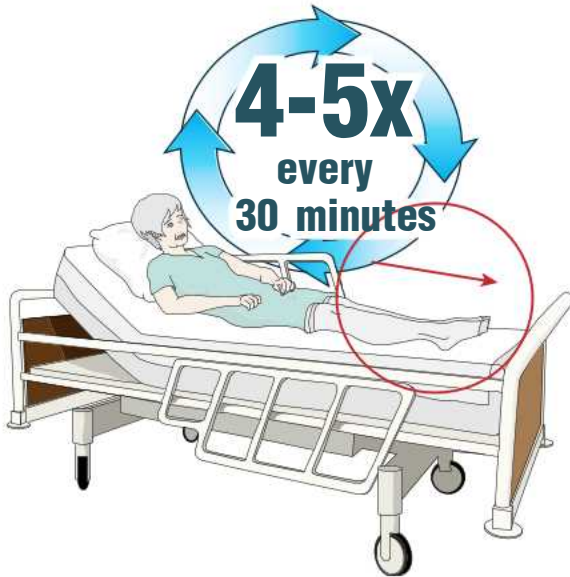
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

Start these exercises when you wake up. Continue them while you are in the hospital.

Leg Exercises

These exercises help your blood flow in your legs.

Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Rotate your feet to the right and to the left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Deep breathing and coughing exercises

An inspiriometer is a machine that helps you breathe deeply. It helps prevent pneumonia.

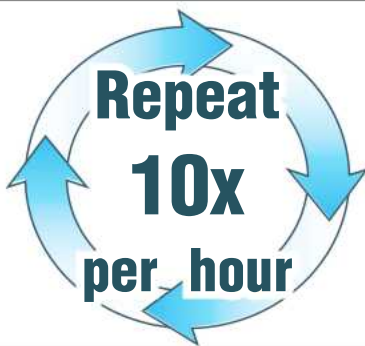
To use your inspiriometer:



Put your lips around the mouthpiece.
Breathe in deeply for 2 to 4 seconds.
Try to hold the yellow ball where you see the happy face.



Remove the mouthpiece and breathe out. Rest for a few seconds.

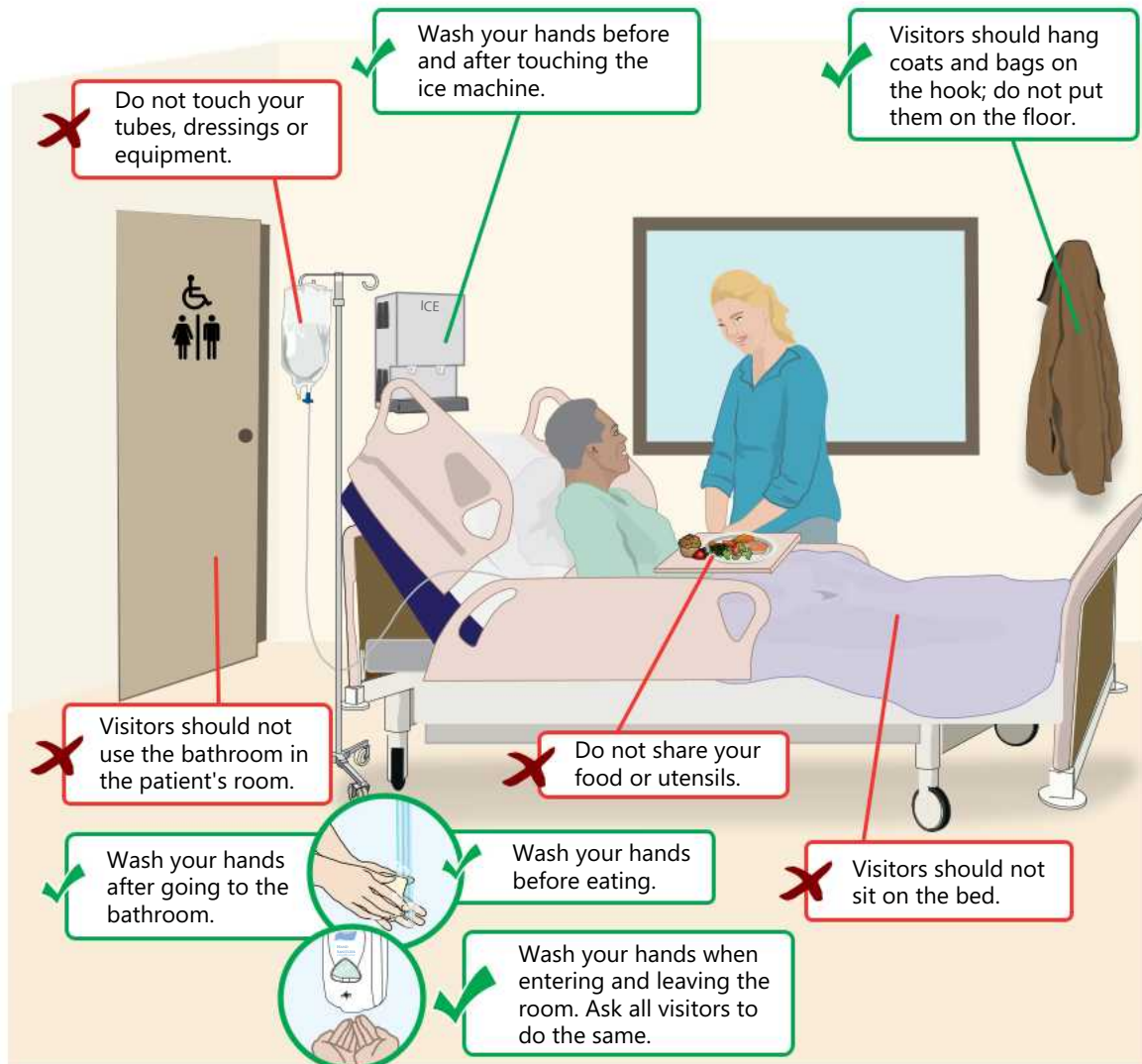


Repeat this exercise 10 times every hour while you are awake.



Take a deep breath and cough while holding a small blanket or pillow against your incision.

Tips to Prevent Infection



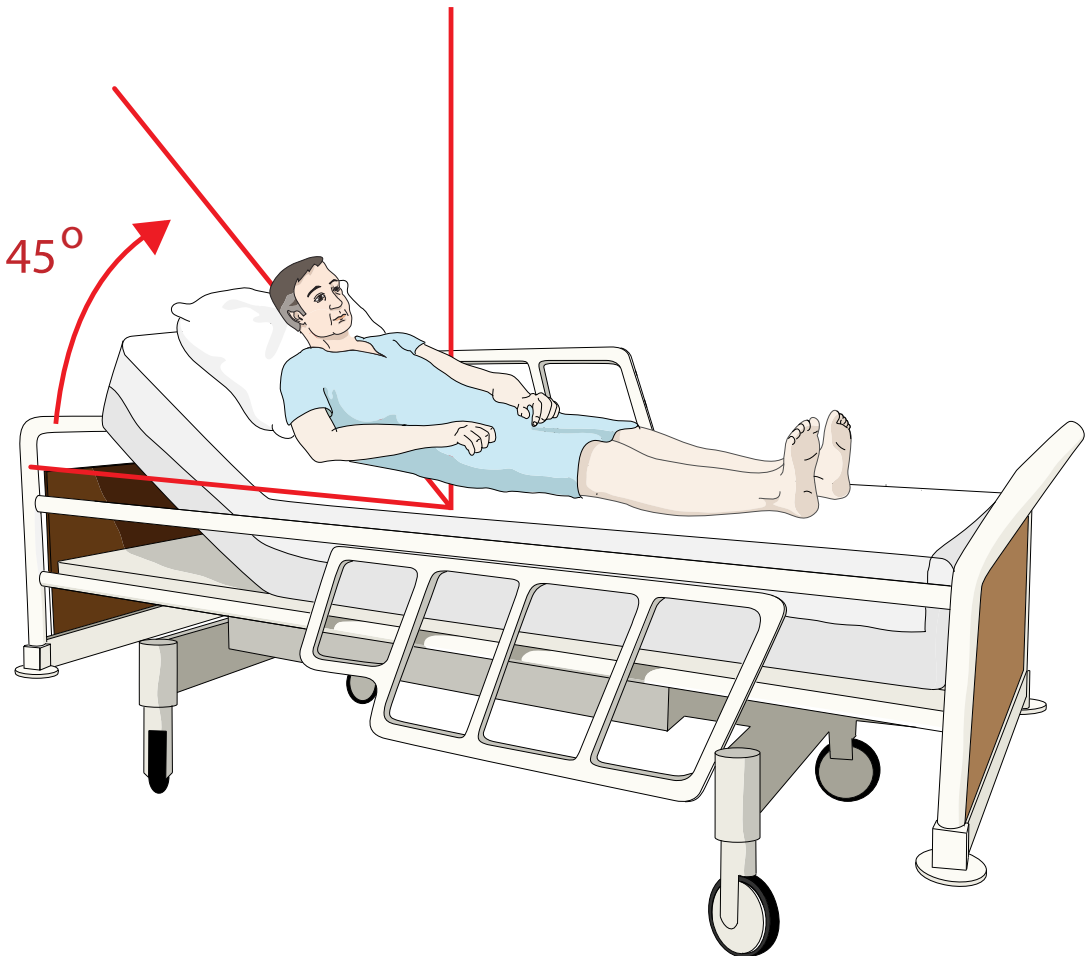
In your room: evening of surgery

Activities:

Do your breathing exercises using your inspirometry at least 10 times every hour while awake. When in bed, do your leg exercises (see page 23).

You have no restrictions to get up and walk. The first time you get up should be with your nurse.

You should get out of bed and sit in a chair during the evening. Keep the head of your bed slightly elevated (raised).



In your room: evening of surgery

Diet:

Fluids (or liquids) after your surgery are permitted. A clear fluid diet will be ordered.

Clear fluids consist of:

- Jello.
- Clear broth.
- Tea or coffee.
- Clear juice (no pulp).

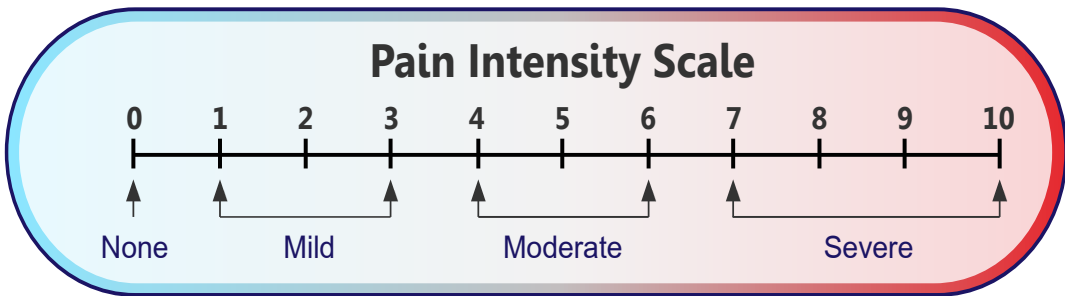
Avoid lying down flat within 3 hours of eating. You may lie down but the head of your bed needs to be elevated to about 30-45 degrees.



In your room: evening of surgery

Pain:

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Tubes and Drains:

If you have a JP drain, the nurses will empty the drains on a regular basis.

A few patients may have a urinary catheter or tube inserted in their bladder during the surgery.

This tube drains urine from your bladder to a bag. If you have a urine tube (also called a Foley catheter) your nurse will empty the urine bag on a regular basis.

Goals for Day 1 (the day after your surgery)

Activities:

- Continue your breathing exercises using your inspiriometer at least 10 times every hour while awake.
- When in bed, do your leg exercises (see page 23).
- Get up and sit in the chair for at least 30 minutes twice today.
- Walk the length of the hallway as many times as you can. Staying in bed and not moving is not good after surgery.
- Get up and sit in the chair for all meals.
- Keep the head of your bed slightly elevated (raised).
- You will have a chest X Ray today.



Diet:

Your diet will be advanced to soft foods today if you tolerated well the liquid diet.

A gastrectomy diet (soft foods) will be provided with a protein drink (Boost or Ensure) for each meal. Your diet will be 6 small meals (3 meals and 3 snacks).

Drink the protein drink that is on your food tray. Protein helps the incision heal and muscles get stronger.



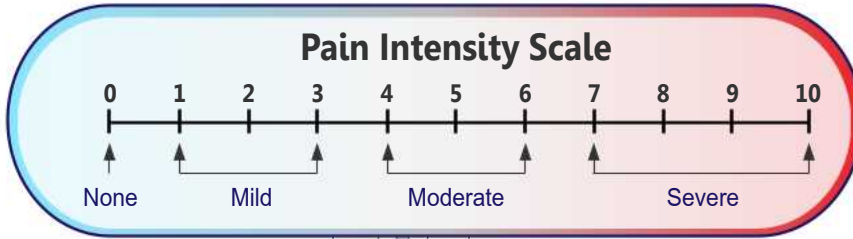
If you feel like you might vomit, do not eat or drink anything and notify your nurse right away.

Goals for Day 1 (the day after your surgery)

Pain:

If you have a PCA pump it will be removed today and you will take pills to help control the pain.

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Tubes and Drains:

If you have a JP drain, the nurses will empty the JP drains on a regular basis.

If you have a NG in your nose, the nurse will measure how much it drains on a regular basis. This tube is not often used but if you need one, it is removed the morning after surgery.

If you have a urinary catheter, it will be removed this morning. You should now walk to the toilet when you need to urinate.

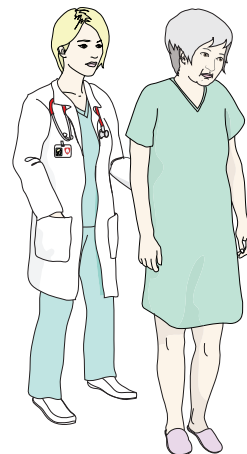


Goals for Day 2 (2nd day after your surgery)

A few patients may go home on Day 2. Other patients may need to stay another day at the hospital and go home on Day 3. Your health care team will let you know when to expect to go home.

Activities:

- Continue your breathing exercises using your inspiriometer at least 10 times every hour while awake.
- When in bed, do your leg exercises (see page 23).
- Get up and sit in the chair for at least 60 minutes twice every day.
- Walk the length of the hallway as many times as you can.
- Get up and sit in the chair for all your meals.
- Keep the head of your bed slightly raised.
- Your dressing (bandage) will be removed today. Your incisions (cuts) will be left without any dressing over them. They will be open to air to help healing.



Diet:

You will continue to receive soft foods today in 6 small meals (3 meals and 3 snacks).

Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.



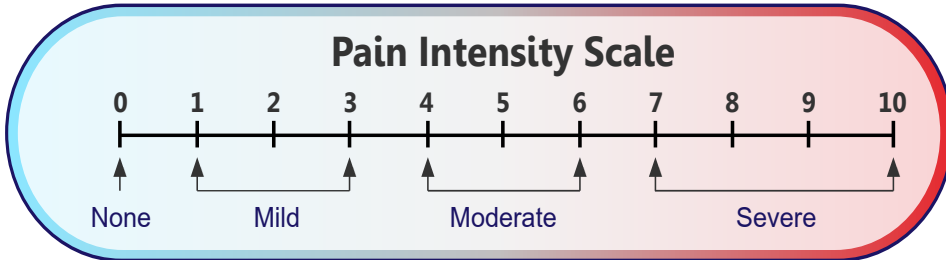
If you feel like you might vomit, do not eat or drink anything and notify your nurse right away.

Goals for Day 2 (2nd day after your surgery)

Pain:

If you have an epidural to control the pain, it will be removed today and you will take pills to help control the pain.

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Tubes and Drains:

If you have a JP drain, the nurses will empty the JP drains on a regular basis. If you go home today, your JP drains and IV will be removed before you leave the hospital.

Before leaving the hospital we will:

- ☐ Give you a prescription to be filled out at your local pharmacy.
- ☐ Give you a follow up appointment 3 to 4 weeks after surgery.
- ☐ Contact your CLSC to have the clips removed about 10 days after your surgery.
- ☐ Arrange for you to have vitamin B12 injections (only for patients who had a total gastrectomy).

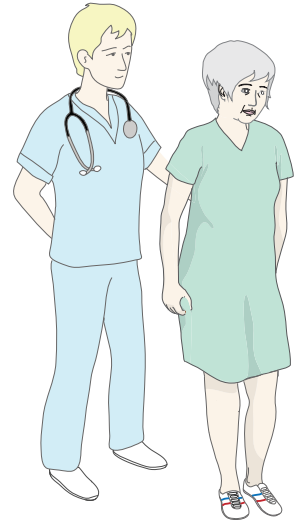
Before leaving the hospital you need to:

- ☐ Meet with the nutritionist. (The nutritionist will see you before your discharge to teach you about your diet).
- ☐ Read the “At home” part of this booklet and if you have any questions ask your nurse.

Goals for Day 3: going home (3rd day after your surgery)

Activities:

- Continue your breathing exercises using your inspiriometer at least 10 times every hour while awake.
- When in bed, do your leg exercises (see page 23).
- Get up and sit in the chair for at least 60 minutes twice.
- Walk the length of the hallway as many times as you can. Staying in bed and not moving is not good after surgery.
- Get up and sit in the chair for all your meals.
- Keep the head of your bed slightly raised. Continue this at home by using 2-3 pillows to sleep to avoid heartburn and regurgitation of food while sleeping.



Diet:

You will continue to receive soft foods today in 6 small meals (3 meals and 3 snacks).

Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.

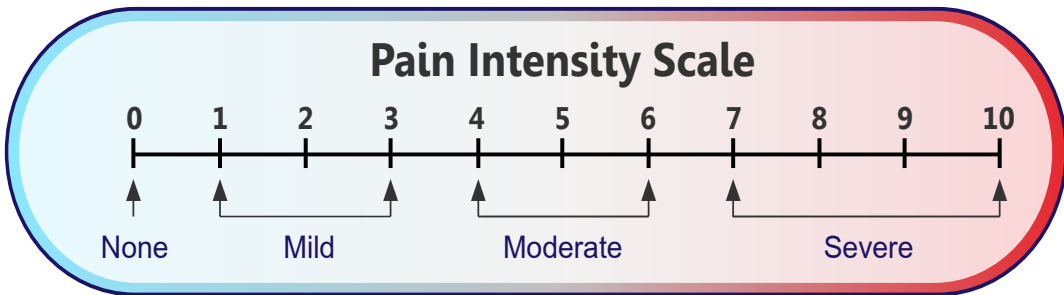


If you feel like you might vomit, do not eat or drink anything and notify your nurse right away.

Goals for Day 3: going home (3rd day after your surgery)

Pain:

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Tubes and Drains:

Your JP drains and IV will be removed before you leave the hospital.

Before leaving the hospital we will:

- ☐ Give you a prescription to be filled out at your local pharmacy.
- ☐ Give you a follow up appointment 3 to 4 weeks after surgery.
- ☐ Contact your CLSC to have the clips removed about 10 days after your surgery.
- ☐ Arrange for you to have vitamin B12 injections (only for patients who had a total gastrectomy).

Before leaving the hospital you need to:

- ☐ Meet with the nutritionist (the nutritionist will see you before your discharge to teach you about your diet).
- ☐ Read the “At home” part of this booklet and if you have any questions ask your nurse.



Pain

Tylenol® will be prescribed for pain control when you go home.

You should take the stronger pain medication (a narcotic called oxycodone or hydromorphone) **ONLY** if the Tylenol® does not control the pain.

If you take the stronger pain medication take the stool softeners also to prevent constipation.

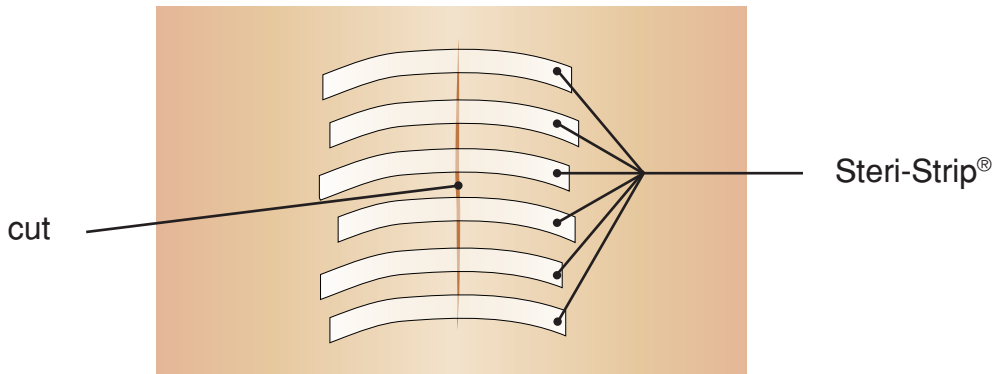
Include foods containing fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.

Follow the instructions on the bottle and if you have any question ask your pharmacist.



Washing

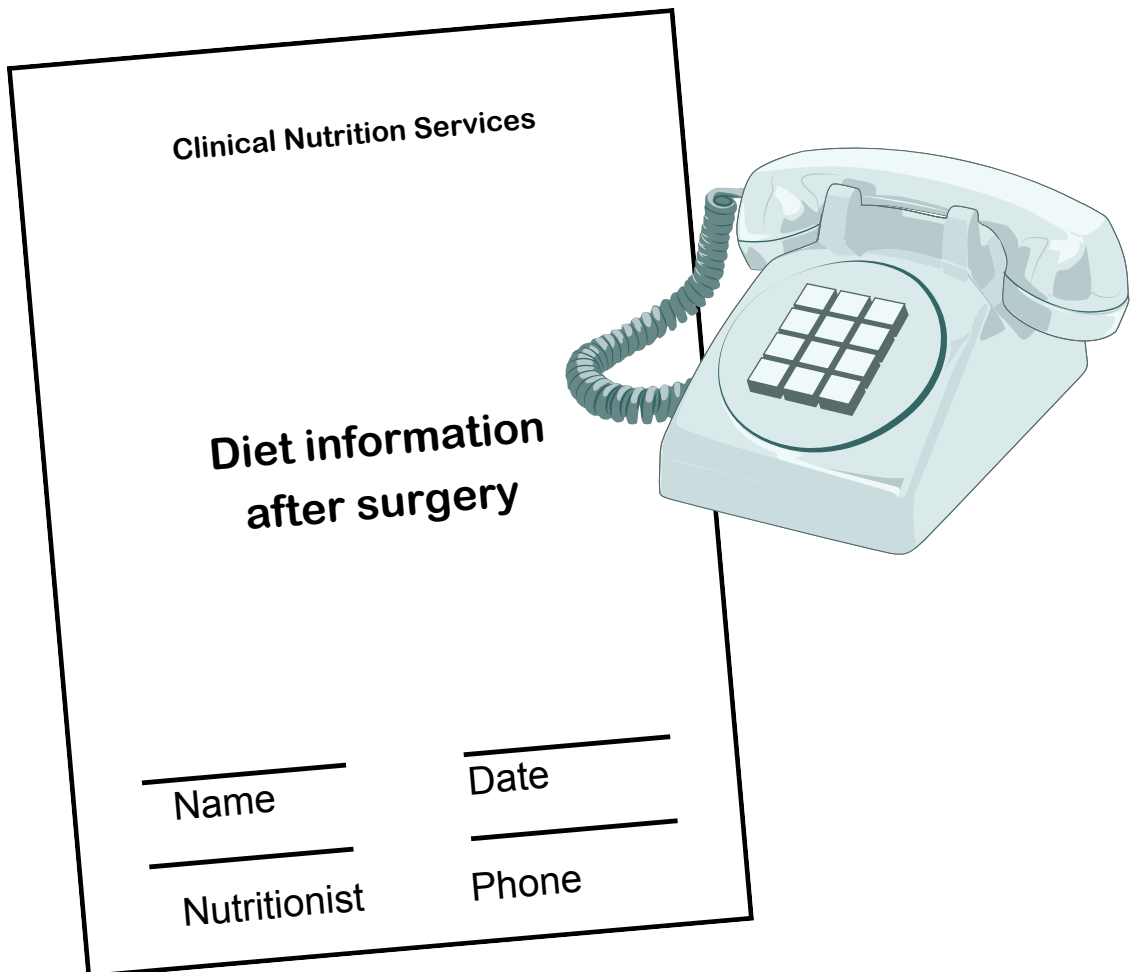
- You may shower with the clips or steristrips.
- Do not rub on the clips or steristrips.
- Simply let water run on the incision.
- You can wash around the incision.
- Pat dry.
- **Do not** take a bath, swim or use a hot tub for at least 7 days after your surgery, or if any of the cuts are not completely healed.



Diet

Follow the diet information sheet that was given to you.

If you have other concerns when you are at home, you can reach the nutritionist by telephone at the number provided.

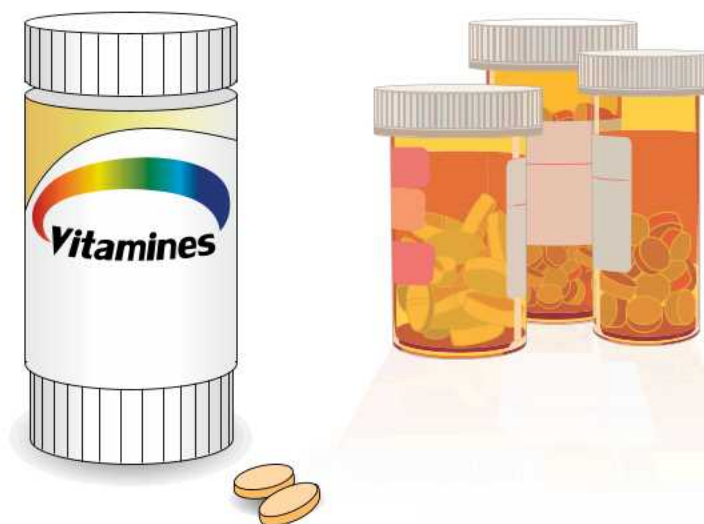


Medications and vitamins

After a partial or a total stomach removal, some vitamins are not well-absorbed from foods and supplements are needed.

You will be given a prescription for vitamins before you leave the hospital. If you had a partial gastrectomy you can take all the vitamins by mouth. If you had a total gastrectomy, you will need some vitamins by mouth as well as monthly vitamin B12 injections.

Stool softeners will also be prescribed for you to reduce the constipating effects of pain medication such as oxycodone or hydromorphone.



Exercise and activity

Continue to increase your activities each day.

Most patients can return home with little difficulty.

Family and friends can usually help with:

- Taking you home.
- Meal preparation.
- Grocery shopping.
- Cleaning house.
- Laundry.



Walk everyday - it is good exercise (shopping malls are good places to walk in the winter and summer).

Avoid strenuous exercises or activities for 3-4 weeks (follow your surgeon's advice).

As a general rule, once you are pain free you can go back to most activities, including sex.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

It is normal to feel tired after your surgery, so remember to rest between activities.



When to go to the Emergency Room



Call your surgeon or the thoracic nurse (514-934-1934 ext. 44339) or go to the emergency room if any of these happen:

- You cannot drink fluids or keep them down.
- Pain is not relieved with the prescribed medication.
- You have a fever greater than 38°C (100.4°F).
- You feel extremely weak.
- You have difficulty breathing.
- You have pain or swelling in your legs.
- Your incisions becomes warm, red or you see any drainage coming out from it.
- You have jet black stools that are the texture of tar.

The following links might be useful:

If you would like to know more about the surgery:

Canadian Cancer Society

www.cancer.ca/en/cancer-information/cancer-type/stomach/treatment/surgery/?region=on

Mayo Clinic

www.mayoclinic.org/search/search-results?q=stomach%20cancer

If you would like to know more about anesthesia:

www.cas.ca/english/patient-information

If you would like to know more about tips on quitting smoking:

www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc

www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/how-maintenant/index-eng.php

Quit line: 1-866-527-7383 **(free)** or: www.iqitnow.qc.ca

Quit Smoking Centers, ask your CLSC for information

The Quebec Lung Association:

1-888-768-6669 **(free)** or: www.pq.lung.ca

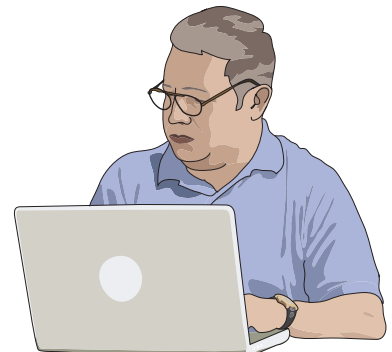
Smoking cessation clinic at the MUHC:

send the consultation by fax:

514-934-8488 (requires referral from your doctor)

MGH parking information:

www.muhc.ca/mgh/handbook/parking-hospital-0





D10-124

Surgical admission
services

Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

E10-117

Preoperative
Clinic

