

# GASTRECTOMY SURGERY

## PATIENT GUIDEBOOK



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**Patient Name:**

**Names and Contact Information - Healthcare Team:**

**Dates of My Appointments:**

1. First consultation - \_\_\_\_\_

2. Meeting with my surgeon - \_\_\_\_\_

3. Pre-anaesthesia appointment - \_\_\_\_\_

4. Date of surgery - \_\_\_\_\_

**Important Phone Numbers:**



**Notes:**

# Timeline:

This is what you can expect at each hospital visit prior to your surgery:

## 1) First Consultation .....

Your doctor will review any imaging and discuss treatment options with you, and refer to a surgeon for treatment

## 2) Meeting with my surgeon: .....

Your surgeon will be able to explain your surgical plan and answer any questions. This is a good time to review missing information in your guidebook and discuss any concerns you may have with them.

Prehabilitation is the process of getting stronger and healthier before your surgery so that you can recover more easily after the operation. You may meet with your medical team to discuss your health history and lifestyle.

They might make recommendations about nutrition, physical activity, lifestyle choices or stress management in the weeks leading up to your surgery. They will also follow up with you after surgery to help with your recovery.

## 3) Pre-anaesthesia appointment: .....

This appointment will last 2-4 hours. You need to bring all of your medications (including supplements and vitamins) in their original containers! You will meet with an anaesthesiologist who will talk to you about your medications, how you will be put to sleep the day of the surgery, and ways to control pain after the operation. You will also be reminded of how you need to get ready in the days before the surgery. Making notes in this guidebook can help you keep track of all of the information!

## 4) Date of surgery: .....

The day before your surgery, you will have received a call from the hospital confirming the location and time of registration. Please ensure you review this booklet, and any other information from your care team!



# Introduction:

**How to use this booklet:** This guidebook is designed to help you understand and prepare for your upcoming gastric surgery. It includes information about:

- a) the procedure itself
- b) what you should know leading up to the surgery
- c) leaving the hospital and recovery

Please review this booklet in detail with your family and caregivers. You can also ask your healthcare team to help you fill in certain parts of the booklet (appointment times and specific information about surgery).

Having a major operation can be stressful and you will be given a lot of medical information by your healthcare team. This booklet can help you keep track of everything you need to remember. Try to bring it with you to all of your appointments and fill out the relevant information as you go along.

This symbol indicates a spot in the guidebook for you to fill out your own questions and information:



You can contact your healthcare team at any time if you have other questions.

## Why do I need Surgery?

You have been diagnosed with stomach (gastric) cancer. Cancer is a disease which results when your body's cells start dividing far too quickly. The many new cells may form a lump called a tumour, and disrupt the normal functions in your body. These **cancerous** cells can be damaging to your health; you may also hear them referred to as "malignant" (cancerous).

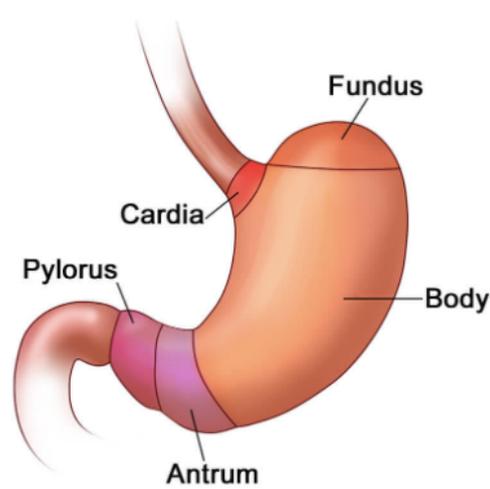
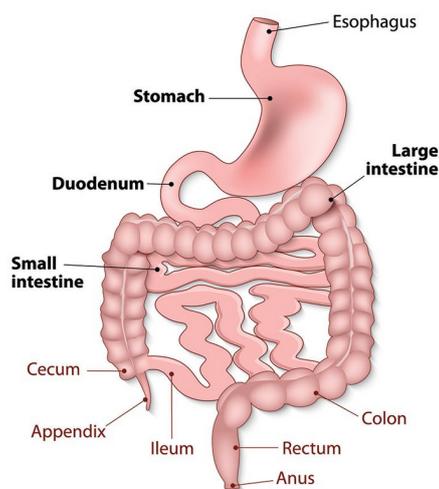
Gastric cancer means that the rapid cell growth is happening in and around your stomach. Although it is a frightening diagnosis, it is sometimes possible to treat this disease using chemotherapy, radiation therapy and surgery. Sometimes these therapies may be used in combination as well.

Surgery can be used to cut out the part of your stomach where the cancer cells are growing. The procedure is called a gastrectomy ("gast-" refers to your stomach, and "-ectomy" means "cutting out"). There are a few different types of gastrectomy procedures - your doctor will explain your surgery in detail, but this book does have information on each type. More treatment may be necessary before and after the surgery - this is different for each patient and you will be told this information by your doctors.

## What is the Stomach?

The stomach is a J-shaped organ that is a part of your gastrointestinal (GI) tract. It helps to digest the food we eat. Bites of food pass down a long tube called the esophagus and into the stomach. Here, strong acids, enzymes and the stomach muscles help churn and break down the food to make a thick slurry known as chyme. Chyme passes into the rest of the intestines where it is further processed; here, your body can take out important nutrients and water.

Gastric cancer can affect the stomach as well as the areas around it. This is important to be aware of, because your surgery might affect the end of the esophagus (the GEJ) or the beginning of the intestines (the duodenum).



## What surgery am I having?

I am having a:  PARTIAL gastrectomy or  TOTAL gastrectomy



You are having a gastrectomy surgery to treat your gastric cancer. The word "gastrectomy" means "to cut out the stomach". Your surgeon will be removing the part of your stomach that has cancer.

In a total gastrectomy, the entire stomach is removed because the cancer cells are found spread throughout the organ or located close to the esophagus. In a partial gastrectomy, the cancer cells are found only in some regions of the stomach, so some parts will be left intact.

After part of the stomach is removed, the upper and lower borders of the removed section are stitched back together. This is called reattachment, or anastomosis. It is important to make sure your digestive system remains intact as a single continuous tube so that you can eat.

You can find more detailed information about the gastrectomy surgery and reattachment at [gastriccancer.ca](http://gastriccancer.ca) by visiting clicking "[I am a Patient → Informational Resources → The Gastrectomy](#)".

# Before Surgery:

## Surgical Consent:

Your surgeon will explain the surgery and any possible risks. Please be sure to ask any questions you may have. It is important that you understand the surgery you will be having because you will be asked to sign a consent form for the procedure. You can use the blank page ("Notes") at the front of this booklet to write down any questions.

## Pre-Surgery Appointments:

1) **Prehabilitation:** you may meet with your healthcare team to make a plan to get stronger before surgery and to recover afterwards. They may discuss:

- a) Nutrition → healthy food/drink options
- b) Functional Changes → exercise plans and alterations to your medications
- c) Lifestyle Choices → quitting smoking, abstaining from alcohol, sleeping well
- d) Stress Management → meditation, connecting with loved ones or support groups

2) **Pre-anaesthesia:** you will meet with an anaesthesiology doctor (puts patients to sleep and helps to control pain) before your surgery (although this person may be different than the doctor who actually puts you to sleep on the day of your surgery).

They will talk to you about your health history, medications, how you will be put to sleep for surgery. You may also undergo a brief physical exam. This is done to make sure you are fit for surgery and so your healthcare team has all the information necessary to provide the best care possible.

Your care team will ask you about your smoking, marijuana, alcohol or other drug-use patterns. It is important to be honest with your healthcare team about your alcohol/drug use, as this could lead to issues during your healthcare journey. Be assured that your information will be kept private, and this conversation is important for your recovery.

## Checklist:

Please have the following items prepared for your pre-surgical appointments. This list also contains some suggestions for changes you may want to make at home in the time before surgery to make sure you're ready for the procedure and for recovery afterwards. What to bring:

- Translator - if you do not speak English
- 1 family member or friend (maximum)
- This booklet
- A pen/pencil to take notes
- Your provincial Health Card
- An additional piece of identification (e.g.: driver's license, passport)
- The name/phone number of your family doctor and any other doctors you see
- All medications you are currently taking, in their original containers



## Getting Ready at Home:

- Quit Smoking!** Your healthcare team can help with this - please visit <https://www.canada.ca/en/health-canada/services/smoking-tobacco/quit-smoking.html> for more information and resources.



- Supplements:** stop taking herbal supplements/medications at least 2 weeks before your surgery (these can cause bleeding during the procedure).
- Nutrition Choices:** choosing healthy meals with lots of fruits, vegetables, high-fibre carbohydrates and protein can help you gain or maintain weight, give your body strength, boost your immune system and help you recover after surgery.



Some people may feel sick, have low appetite or get full quickly, which can make it difficult to eat enough. If you are losing weight or eating less than usual, ask to speak to a dietitian.

Dietitians can help you manage symptoms that make it difficult to eat and may recommend nutrition supplement drinks like **Ensure®** or **Boost®** to get more calories if you are not eating enough.

- Preparing food:** you may feel too tired to cook everyday when you get home. Cook and freeze meals and stock your kitchen with pre-prepared meals and snacks before you go to the hospital for surgery. Ask friends with family to help you buy groceries and prepare meals when you go home.
- Household tasks:** you may not have the energy to do daily chores (cleaning, laundry, watering plants, paying bills) for a little while after your surgery, so it can help to prepare as much as possible ahead of time and come back from hospital to a clean house during recovery.
- Getting help:** please speak with family and friends to let them know you are having surgery. This guidebook can be very helpful in explaining the surgery to them. They can help you prepare before your surgery and be ready to help with difficult tasks while you are recovering.
- Caring for children/pets:** make sure there is someone who can care for your dependents while you are in hospital and recovering.



- Showering + getting dressed:** although your nurses will help you while you are in hospital, this may still be challenging when you come home to recover. You may need a trusted friend/family member to help you perform these tasks.



- Hobbies:** for some time after surgery, it may be difficult to go outside of the house and participate in your regular activities. It can help your mental health to schedule visits with loved ones and prepare a list of books to read or movies you want to watch while you are at home recovering.

# Getting Ready for Surgery:

## Date and Time:

The hospital will contact you one business day before your surgery to remind you of your surgical registration time. Please make sure the hospital has your phone number ahead of time. At this time, please let hospital staff know if you have had any of these symptoms within the last week:

- Cough
- Fever
- Other illnesses

If your surgery needs to be rescheduled for any reason, the hospital will contact you about the date change as soon as possible. You will need to be tested for COVID-19 prior to being admitted for surgery.

## Personal Care:

All jewelry (including any piercings and rings) should be removed before you come to the hospital. Jewelry can interfere with the medical equipment used during the procedure, and can end up hurting you.

Note: Medical-Alert bracelets/wristbands/necklaces should be worn.

Face and body products should not be worn on the day of surgery. This includes:

- Makeup
- Lotion
- Deodorant
- Perfumes/Cologne/Body spray
- Hair products
- Nail polish



## Hygiene:

You should shower both the night before and the morning of your surgery. Your nurse may have recommended you use a special type of soap (i.e.: Endure) when you shower before surgery.

- This soap should be left on your body for 2 minutes before rinsing
- You should NOT use this soap on your face
- If the soap irritates your skin, wash it off immediately and let hospital staff know when you come in for your surgery.

Shower using a clean washcloth and towel each time and put on clean clothes after your shower. Try to avoid using body products such as razors, waxes, lotions, deodorants, etc.



## Eating + Drinking:

You can eat and drink normally up to midnight (12 AM) the night before your surgery. Stop eating and drinking after midnight.

However, you may continue to drink clear fluids up until 2 hours before your surgery. Clear fluids include: water, coffee or tea (with no milk), clear juices (apple, grape, cranberry), broth, sports drinks and soda. You will be told a time to stop drinking the day of surgery.

## Medications:

I need to STOP taking these medications before surgery:

Medication:

Date last taken:



I need to take these medications the morning of my surgery:

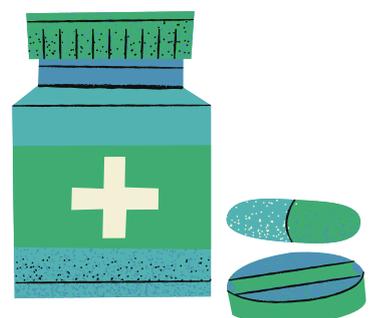
I need to bring these medications to the hospital with me:

## Managing Diabetes:

If you monitor your blood sugar, check your blood sugar the morning of your surgery

- If your blood sugar is low, drink apple juice to bring it up to a normal level
- Speak to your anaesthesiologist if you take insulin or oral medication to manage your diabetes

You may have to change the way you take these medications in the days before and after your surgery.



# Day of Surgery:



Remember to bring the following items with you to the hospital:

- A translator (if you do not speak English), or maximum 1 family member/friend
- This booklet
- Provincial health card
- Hospital registration card
- List of all of your medications
- Personal items: toothbrush, toothpaste, deodorant, lotion, lip balm, dentures, etc.
- Chewing gum
- Pyjamas or a robe
- Comfortable, loose fitting clothing
- Non-slip shoes or slippers
- Glasses (if needed)
- Dentures (if needed)
- Hearing aids (if needed)
- Cane, walker or mobility aids (if needed)
- Insurance paperwork (if needed)
- A credit card and/or a small amount of cash
- A bag to store all of your items

You may also want to bring:

- Earplugs and sleeping mask
- Phone and charger
- Magazines/books/e-readers/tablets
- Soft snacks or drinks that do not need to be refrigerated

Remember to label all of your personal items.



## Registration and pre-surgical procedures:

The hospital will have called you the day before your surgery to remind you of the time and place of registration. Please arrive on time and have the following items on hand: your provincial card, insurance paperwork and hospital registration card. You may bring 1 family member/friend to accompany you to surgery

After registering, you will be taken to the pre-operating room where a nurse will help you get ready for surgery, which includes:

- Changing clothes into a fresh hospital gown
- Getting a bed and warming blanket
- Inserting an intravenous (IV) line into your arm to deliver medications and fluids during surgery

After you get ready and talk to your doctors, you will be taken into the operating room and put to sleep. A gastrectomy surgery takes approximately 3-5 hours to complete. Afterwards, you will wake up in the recovery room and may stay there for 1-3 hours.

# After Surgery - In the Hospital:

## Expected Discharge Time:

The time you spend in hospital after your surgery will depend on the type of operation you are having:

- [Laparoscopic operation](#) (done by inserting tools through a small incision in the stomach, rather than making a large cut as with open surgery):
- [Partial Gastrectomy](#): 4-6 days in hospital
- [Total Gastrectomy](#): 7-10 days in hospital

This may vary based on your strength after surgery or any issues that you encounter.

## Where will I stay after surgery?

You will likely wake up in a Recovery Room in the Post-Anaesthesia Care Unit (PACU). After you have been assessed here by your care team, you will be moved to a room elsewhere in the hospital for the duration of your stay.

## Meals:

- Your medical team will determine what is the right food for you to eat after surgery. See the sections on [Eating and Nutrition](#) for more information.
- Hospital staff will serve meals based on the food your health care team thinks is appropriate.
- You are welcome to have meals and snacks from home or bought from other vendors. However, please ask your nurse or dietitian to make sure these foods are appropriate for each point in your recovery!

## How will I feel after surgery?

After you wake up in Recovery, you may notice:

- An oxygen mask to help you breathe
- Soreness in your throat (from the breathing tube used during surgery)
- A urinary catheter to help drain urine
- A tube (JP tube) near your surgical site to drain the stomach
- Soreness around the surgical site
- An IV in your arm to help deliver fluids and pain medications
- Catheters (nerve block) providing medication for pain control



Your care team will check in on you regularly following surgery and you can expect to debrief with your surgeon about how the surgery went and steps for recovery.

## **Potential Complications - After Surgery:**

You will stay in hospital under the care of physicians and nurses until your team is comfortable that you have not experienced any complications. Just in case, these are some things you can be aware of - if you experience any changes to your health, please let your team know.

**Leaks or Abscess formation** - An abscess is a fluid collection which forms if you contract an infection during surgery. A leak occurs when a connection between two pieces of bowel (anastomosis) come apart. This often requires endoscopic intervention or surgery for correction.

**Bleeding** - Blood loss can occur, and you may require a transfusion during surgery.

**Pneumonia** - Pneumonia is a bacterial respiratory infection which you may be more susceptible to after surgery. It is treated with antibiotics.

**Venous Thromboembolism (VTE)** - A VTE is a blood clot that forms in the deep veins. It can become dangerous if it blocks blood flow in major vessels. Post-operatively, patients are more susceptible to developing clots. Medications and movement can help to prevent VTE formation.

**Surgical Site Infections** - The area around the incision site becomes swollen, red and tender; you may feel unwell. Treatment: draining the pus in the infected area, taking antibiotics if needed. Avoid by keeping your incision and the rest of your body clean.

**Stricture** - Stomach acid moves upwards to cause scarring in the esophagus, narrowing it. You may notice pain and trouble swallowing, or regurgitation of food. Treatment: esophageal dilation helps to stretch the esophagus open again; Proton Pump Inhibitor (PPI) medications help reduce the acid produced.

**Ileus** - An ileus is a natural slowing down of the bowels that can occur after major abdominal surgery. You may feel bloated, nauseated and may even throw up. This usually takes a few days to resolve and requires only supportive management like intravenous fluids and bowel rest.

**Pancreatic Fistula** - A leak of fluid from the pancreas to the surrounding area. This may cause abdominal pain and is diagnosed based on the fluid removed by your abdominal drain after surgery. Fistulas be treated with medications or the use of a drain.

## Washroom Use:

Your hospital room will have access to a semi-private washroom. You may require help from nursing and personal support staff to use the washroom in the first few days after surgery.

The gastrectomy may affect your digestive abilities. You may notice :

- Constipation (which may be caused by some pain medications)
- Frequent urges to go to the washroom after eating: don't ignore these feelings!
- Discomfort while peeing - you will have had a catheter tube inserted during surgery to help clear out urine from your body. After it is taken out, you may notice some temporary soreness when you pee.

## Eating:

These are guidelines for what you can expect to eat in the days after your surgery. Your diet will be advanced based on how quickly your body recovers from surgery. Your surgeon will let you know when its okay to start drinking and eating.

Your diet progression might look like this:

Day 1: ice chips and sips of clear fluid

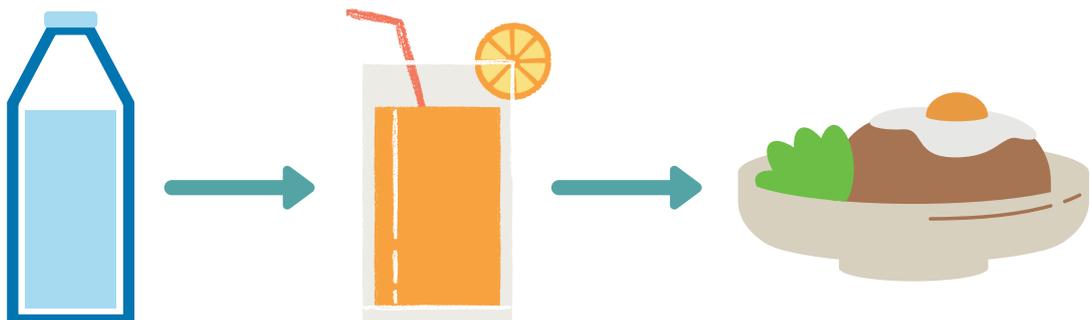
Day 2-3: clear fluids

- water
- coffee or tea (without milk)
- clear juices (apple, grape, cranberry)
- broth with no solids
- sports drinks and soda

Day 3: regular diet

- you should eat what feels good for your body
- you may require special diet restrictions if you have any gastro-intestinal symptoms; like nausea, vomiting, diarrhea

If you feel like you may vomit, stop eating and tell your nurse.



## Medications:

These are the medications that I am taking while in hospital:



## Exercises:

Prehabilitation can get your body in the best shape possible before surgery. Your healthcare team can help you develop an appropriate exercise routine. In general, you can aim to be active for 30-60 minutes, 5 times a week.

Recovery can be a slow process. You will be working with your care team to reach certain goals in building up your strength and stamina every day after surgery. Moving while in bed can also help to prevent clots and muscle weakness.

- 1) **Sitting up and breathing deeply** → while your bed is in an upright position, practice 10 big breaths in/out. Try to do this at least a few times every hour.
- 2) **Leg movement** → while in bed with your legs straight, practice wiggling your toes, flexing and pointing your feet, rotating both ankles right and left.
- 3) **Sitting in a chair** → get out of bed and sit upright in a chair
- 4) **Walking** → you should walk up and down the hallway as much as possible. Your nurse will help you at the beginning.

## Timeline:

Although the pathway to recovery may vary for each patient, you can generally expect to try and meet the following goals, based on a 5-7 day stay in hospital:

- 1) **Waking up in Recovery** and being moved to your room. You will be eating ice chips and may feel groggy from the anaesthesia for today.
- 2) **Days 2-4:** Begin on a clear fluid diet (broths, coffee, jello, etc.). Practice sitting up in bed, frequently doing leg exercises and getting out of bed to your chair in this time.
- 3) **Days 3-7:** Transition from clear fluids to a regular diet. Your exercise goal will include walking in the hallway often to prepare for discharge.

It is important to eat all meals sitting in a chair.



# Going Home:

## What do I need to do before I can go home?

- Drink enough liquids to keep yourself hydrated
- Tolerate eating some solids
- Be able to use the washroom
- Feel comfortable walking short distances
- Have family and friends help you get comfortable at home. This can include scheduling visits, buying groceries for when you return, and arranging a ride home from the hospital.
- Self-care: you may be going home with a drain inserted and your care team will explain how to keep yourself clean and healthy when you go home. Make sure you have all the necessary equipment ready to go.
- Pack everything and double-check your room for all your belongings.

This may vary based on your surgery or any issues that you encounter.

## Diet and Nutrition:

A registered dietitian is someone who is trained to give advice about eating well. They can give you more ideas on how to eat well based on your surgery and your personal nutrition needs. Request to speak to a dietitian before you leave the hospital to learn about any changes you need to make to your diet.

Eating well after surgery will help your body heal and regain strength. Eat well after surgery by:

- eating small, frequent meals throughout the day if you feel full quickly or have a small appetite
- having protein, such as an avocado, fish, meat, eggs, nuts, nut butters, tofu, beans, cheese and milk, with meals and snacks
- drinking plenty of fluids
- limiting alcohol
- buying nutritious snacks such as cheese and crackers, peanut butter, trail mix, dried/fresh fruits, and yogurt



Certain foods you used to enjoy may cause discomfort after surgery. Listen to your body and choose foods that are comfortable to eat.

## Dumping Syndrome:

You may be at risk for dumping syndrome or unintended weight loss after surgery. Dumping syndrome is when food passes too quickly into the small intestine after all or most of the stomach is removed with surgery. Bloating, cramping, nausea, diarrhea, shakiness, and fast heart rate are all symptoms of dumping syndrome.

A dietitian can teach you how to change the way you eat to minimize these symptoms. You may be started on medication if you continue to have symptoms after you make changes to your diet.

## Unintended Weight Loss:

You may find it hard to eat enough food to maintain your weight after surgery. Feeling tired, getting full quickly and having no appetite are common complaints.

If you notice you are losing weight, make an appointment to speak with a dietitian or take a look at some of the resources linked [here](#). Making the right food choices can help you change your diet to limit weight loss and promote weight gain.

Sometimes, you may not be able to get all the nutrition you need by eating food. Other options, such as tube or IV feeding, may help slow weight loss and manage your symptoms. Tube or IV feeding can be used for a short period while you are in the hospital, or you may require tube or IV feeding at home. Your health care team can help you figure out if tube or IV feeding would benefit you.

After surgery, it may be difficult to absorb certain vitamins and minerals leading to low levels of certain vitamins and minerals in the blood. Nutrients that may be affected include:

- Vitamin B12
- Iron
- Folate
- Calcium
- Vitamin D

Speak to your health care team to decide if you need blood tests to monitor nutrient levels or need to take vitamin supplements.

## After you go home:

If you have concerns about specific food preferences, restrictions or cultural traditions, request to speak with a dietitian. A dietitian can help you incorporate your existing food preferences into your new diet.



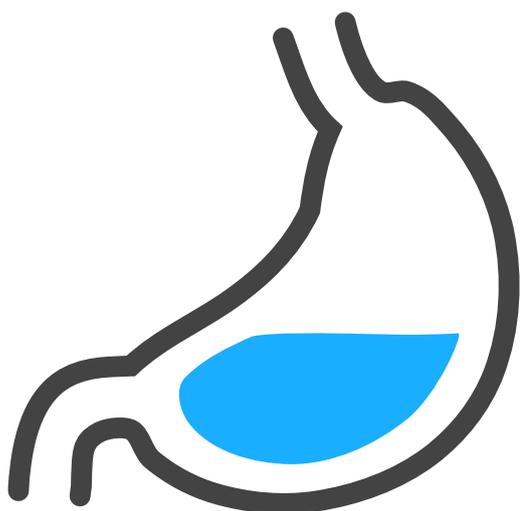
## Other Notes:



## Follow Up:

Before you leave, your doctor will give you prescriptions for medication that need to be picked up at the pharmacy. You may be given instructions on having clips or staples removed after surgery. This can typically be done by your family doctor.

You will need to schedule a follow-up appointment with your oncologist and/or other doctors on your care team in the weeks to come. Even if the surgery was able to take out all of the cancer, it is important that you follow up with your doctors. Patients should have routine screens for recurrence of cancer for 5 years after gastrectomy surgery.



## Activities at Home:

It will be some time before you are able to return to your usual activities. Instead:

- **Showers:**
  - o Keep clean and take extra care around the area of your surgical incision. You can take a shower 48 hours after surgery.
  - o Avoid using heavily-perfumed soaps and body products
- **Exercise:**
  - o Practice breathing exercises and leg exercises while in bed
  - o Try to get up and move around your house. It is okay if you can only go short distances, and you should have someone help you at first.
  - o Going out: when you feel well enough try to go outside every day, even for a short walk.
  - o Gradually, you will begin to regain your strength and endurance, but it is important that you let your body rest and heal.
- **Lifting:** avoid lifting heavy objects (greater than 10lbs) for at least 6 weeks.
- **Driving:**
  - o Do NOT drive if you are taking pain medication
  - o Take a practice drive in a quiet area before using major roads: Do NOT drive if you experience pain while practicing!
- **Eating Out:**
  - o It is important to follow any diet restrictions given to you by your dietitian when you dine out
  - o Look at menus online or call ahead to make sure the restaurant serves foods you can eat
- **Sleeping:**
  - o You might have some pain or difficulty sleeping regularly at night for the first few weeks after surgery.
  - o Alter your usual sleeping patterns based on when you feel tired: patients often find that an afternoon nap and a shorter sleep at night is helpful!

## The road to recovery: 2+ months

Within 6-8 weeks of your surgery, you should start to regain some sense of normalcy. This may include returning to work/school if you wish. Your habits will change after surgery - for example, when you need to eat and sleep.

This timeline is variable. Patients who are starting (or re-starting) chemotherapy after surgery may take longer to recover and return to their usual activities.

You should let your employer know about your surgery so that they can make accommodations for you. For example: you may need to have breaks more frequently to eat enough food or you may start your workday at a later time to make sure you are sleeping regularly. Work and school can be strenuous and stressful - ease yourself back into things slowly. Remember, your health is a priority.

Regarding intimacy: it is normal for your relationship to alter after a life-changing cancer diagnosis and a major surgical procedure. When you feel strong enough and your doctor says it is okay, you may try having sex. Do not proceed if you feel uncomfortable at any point. If you are experiencing any discomfort, it may be worth following up with a sexual health clinic.

You should maintain a comfortable level of physical activity after surgery:

- **Swimming:** many pools offer therapeutic swim times. Getting in the water is a great form of exercise that can help with your recovery once your wound is healed.
- **Walking:** you should be going for walks every day when you are strong enough.
- **Gym:** eventually, you may want to return to exercising in the gym. Avoid lifting weights and using machines that overstrain a single muscle group. Instead, you may want to take up a sport that you enjoy. You should not do any heavy lifting for at least 6 weeks.

Smoking: if you smoked before surgery, you would have had to stop when you came to the hospital. Do not start smoking again! Ask your family doctor for help and resources on quitting.

Support: There are resources such as support groups in the community that can help you cope with the disease, your surgery and regaining a healthy lease on life. Please see the Additional Resources at the end of this booklet.

### **Emergencies:**

You should go to the emergency room and contact your doctors if you experience any of the following:

- Nausea and vomiting
- Severe pain (prescribed pain medications aren't working)
- Fever greater than 38°C
- Extreme weakness/dizziness
- Difficulty breathing
- Pain or swelling in your legs
- Redness, pain, inflammation or fluid leakage from your surgical incision
- Dark, black stool when you use the washroom



## Wound Care:

Following surgery, you will notice one or more small cuts (incisions) on your belly. It is important that you pay attention to the following guidelines to avoid complications:

- 1) Avoid soaking (swimming, baths, pools) for 2 weeks after surgery
- 2) You can begin showering 48 hours after surgery - let water run over the incision site, gently clean with a mild, odour-free soap and gently pat dry.

Your wound may have been closed with staples or steri-strips (small pieces of sterile tape). Staples will be removed by your doctor 14 days after surgery. Steri-strips will fall off over 7-10 days; if they are still stuck on after 10 days, you can peel them off yourself.

You may notice some fluid collecting at the incision site - this is okay as long as it is clear, **yellow** or **pink**. You can cover this safely with a band-aid to protect your clothing.

Here is a list of practices to follow to take care of your incision site:

- Take your medications as directed by your healthcare team
- Take part in mild physical activities, such as walking with lots of rests
- Avoid using perfumed soaps when showering and lotions around your incision site
- Avoid heavy lifting (over 10 lbs or 5 kgs) for at least 6 weeks after surgery
- Avoid drinking alcohol while taking any pain medications
- Eat light meals until you start to feel hungry again



# Calendar:



Fill this out for the first 8 weeks after your surgery. You can write down important appointments, milestones in your recovery or any symptoms you experience. Bring it with you to follow-up appointments with your care team.

You may need chemotherapy, or chemotherapy + radiation therapy. These appointments can also be scheduled in here.

**Date of Surgery:**

**Date of Discharge:**

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<b>w. 1</b>							
<b>w. 2</b>							
<b>w. 3</b>							
<b>w. 4</b>							
<b>w. 5</b>							
<b>w. 6</b>							
<b>w. 7</b>							
<b>w. 8</b>							

# After Discharge:



## My Appointments:

Appointment: \_\_\_\_\_ Date: \_\_\_\_\_

## Medications:

Use this chart to help you keep track of the medications you use in the time after your surgery. You may have been prescribed supplements or pain-control drugs. Please record when/how much you take of these:

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

## **Books:**

- 1) [The Art of Eating without a Stomach: How to Thrive after Gastrectomy for Stomach Cancer](#) (Peter Graham Thatcher, 2014)
- 2) [Man with a Backpack: One Regular Guy's Fight against Stomach Cancer](#) (Rebecca Lukens, 2016)
- 3) [The Emperor of All Maladies: A Biography of Cancer](#) (Siddhartha Mukherjee, 2011)
- 4) [100 Questions and Answers about Gastric Cancer](#) (M. Shah, 2007)
- 5) [When Breath Becomes Air](#) (Paul Kalanithi, 2016)



## **Support Groups: Across Canada:**

- 1) [Look Good, Feel Better](#) - Workshops for women facing cancer to gain confidence and attain wellness. Call 647-776-5111, or 1-800-914-5665 to register for a workshop
- 2) [No Stomach for Cancer](#) - A global support network for gastric cancer patients. Call 608-692-4151
- 3) [Debbie's Dream](#) - Patient resources and fundraising for gastric cancer research; a Canadian chapter is located in British Columbia. Call 954-475-1200 or toll-free at 855-475-1200
- 4) [Canadian Cancer Society](#) - Call 1-888-939-3333 to connect with local support resources near you
- 5) [Gilda's Centre](#) - 24 Cecil St., Toronto, or call 416-214-4623
- 6) [Wellspring Westerkirk House](#) (Sunnybrook Hospital) - 105 Wellness Way, or call 416-480-4440
- 7) [MyGutFeeling](#) (support groups based out of St. Michael's Hospital) - 30 Bond Street, room 6002, Toronto, or call 647-478-5414

## Credits:

This patient information guidebook was developed by members of the **Canadian Gastric Cancer Association** through our Patient Education initiatives.

Please visit [www.gastriccancer.ca](http://www.gastriccancer.ca) for more information.

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