PROCEDURE

Gastrectomy

Gastrectomy is surgery to remove part or all of the stomach.

PURPOSE
Remove diseased stomach tissue or reduce stomach size

PROCEDURE TYPE
Therapeutic surgery, performed open or minimally invasively

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
2 to 5 hours, based on extent and approach

PREPARATION
Fasting, medication review, blood tests, and nutrition assessment

RECOVERY
Several hospital days; no driving while on opioids or until cleared

MAIN RISKS
Bleeding, infection, leaks, and blood clots

RESULTS
Surgical findings immediately; pathology usually within several days

Overview

A gastrectomy is an operation to remove part or all of your stomach. Types include:

The surgeon reconnects the digestive tract so food can continue to pass through. During cancer surgery, nearby lymph nodes may also be removed.

Gastrectomy may use one larger incision or several small incisions with laparoscopic or robotic instruments. Minimally invasive surgery may allow faster early recovery but is not suitable for every operation.

- Partial or subtotal gastrectomy: removes part of the stomach
- Total gastrectomy: removes the entire stomach
- Sleeve gastrectomy: removes much of the stomach, leaving a narrow tube

- Proximal gastrectomy: removes the upper part

Why the procedure is performed

Gastrectomy is most often used to treat stomach cancer. Removing the tumour and a margin of nearby tissue may offer the best chance of controlling cancer that can be removed safely.

Other reasons include:

The amount removed depends on the condition and its extent.

- Non-cancerous tumours or large stomach polyps
- Gastrointestinal stromal tumours, or GISTs
- Severe ulcer disease
- Uncontrolled bleeding or a hole in the stomach
- Obesity and related health problems

Who should and should not have it

Gastrectomy may be offered to treat disease, prevent serious complications, relieve symptoms, or support substantial weight loss. Your team should explain the expected benefit and effects on eating and nutrition.

Surgery may be avoided or delayed when:

Age alone does not determine suitability. General health, fitness, nutrition, the reason for surgery, and your goals all matter.

- You cannot safely tolerate major surgery and general anaesthesia
- An infection or unstable medical problem needs treatment first
- Severe malnutrition, dehydration, or abnormal body salts need correction
- A tumour cannot be removed safely and surgery would not provide useful relief
- A less invasive treatment is likely to work as well
- Elective bariatric surgery would be unsafe during pregnancy
- More testing is needed

How to prepare

Follow your treating facility's instructions because preparation differs by operation and anaesthetic plan.

You will usually have blood tests and may need imaging, endoscopy, heart or breathing tests, and a nutrition assessment. Nutritional support may be recommended if eating has been difficult.

Give your team a complete list of medicines, supplements, allergies, and previous reactions to anaesthesia. Blood thinners like warfarin or apixaban , diabetes medicines, and other treatments may need adjustment. Do not stop prescribed medicine unless your team tells you to.

Follow the facility's exact fasting instructions. If you smoke, ask for support to stop because smoking increases lung and wound-healing risks.

Arrange transport home and help with meals, shopping, and household tasks during early recovery.

What happens during the procedure

You receive general anaesthesia and a breathing tube. The surgeon reaches the stomach through one large incision or several small incisions and removes the planned tissue. Cancer surgery may also include nearby lymph nodes or involved tissue from another organ.

After partial gastrectomy, the remaining stomach may be joined to the small intestine. After total gastrectomy, the oesophagus is joined directly to the small intestine.

You may have surgical drains. A temporary feeding tube may be placed if nutritional support is likely to be needed while you heal.

Recovery and what to expect afterward

Pain: Abdominal soreness is expected. Tell the team if pain prevents deep breathing or walking.

Eating: Food and fluids restart gradually. You will usually need small, frequent meals and dietitian support to obtain enough protein, calories, vitamins, and minerals. Lifelong vitamin B12 replacement is generally needed after total gastrectomy.

Activity: Early walking reduces blood clot and chest infection risks. Increase activity gradually and avoid heavy lifting until cleared.

Driving: Do not drive while taking opioid pain medicine. You must be able to wear a seat belt, turn comfortably, and perform an emergency stop. Follow your surgeon's advice and local rules.

Work: Returning may take several weeks, especially after open surgery or for physically demanding work.

Risks and possible complications

Early complications include bleeding, infection, blood clots, pneumonia, and anaesthetic reactions. A leak at a surgical join may require antibiotics like amoxicillin or doxycycline , drainage, an endoscopic procedure, or another operation.

Later effects can include:

Dumping syndrome occurs when food moves too quickly into the small intestine. It can cause cramps, diarrhoea, nausea, dizziness, sweating, or a racing heartbeat after eating. Smaller meals and dietary changes often help.

Risk depends on the operation, your health, and whether surgery is planned or urgent.

- Narrowing at a join, causing difficulty swallowing or vomiting
- Reflux
- Weight loss or poor nutrition
- Iron, vitamin B12, folate, calcium, or vitamin D deficiency
- Gallstones
- An incisional hernia

Results and follow up

The surgeon can usually explain what was found and removed soon after surgery.

A pathologist examines removed tissue. Results often take several days and may show the tumour type, whether it was fully removed at the cut edges, and whether lymph nodes contain cancer.

Follow-up checks your wounds, eating, weight, bowel function, and recovery. Blood tests may identify anaemia or nutrient deficiencies.

After cancer surgery, you may need oncology appointments and discussion of chemotherapy, radiation therapy, or surveillance. After sleeve gastrectomy, follow-up focuses on weight,

health conditions, nutrition, and long-term supplements.

Alternatives

Alternatives depend on why gastrectomy has been offered.

Selected very early stomach cancers may be removed through an endoscope. This preserves the stomach but is suitable only for shallow tumours and does not remove lymph nodes.

Chemotherapy, targeted medicines, immunotherapy, or radiation may shrink or control cancer before, after, or instead of surgery. They do not physically remove the tumour.

Bleeding ulcers may be treated with medicines, endoscopy, or interventional radiology. Surgery may still be necessary for severe or recurrent bleeding or perforation.

Obesity treatments include structured lifestyle support, weight-management medicines, endoscopic treatments, and other bariatric operations. These differ in expected weight loss, risks, reversibility, and nutritional effects.

Observation may be appropriate for some small, low-risk benign growths but requires monitoring.

When to call your healthcare team

Contact your surgical team promptly for increasing wound redness or drainage, worsening pain, repeated vomiting, difficulty eating or drinking, new trouble swallowing, persistent diarrhoea, or ongoing weight loss.

Seek urgent medical advice for fever, a swollen abdomen, inability to keep fluids down, very little urine, or marked dizziness.

Call emergency services for severe breathing difficulty, chest pain, fainting, vomiting blood, heavy bleeding, sudden severe abdominal pain, or a painful swollen leg with breathlessness. These are not routine recovery symptoms.

Common questions

Will I be asleep?

Yes. Gastrectomy is performed under general anaesthesia.

Can I drive home?

No. You will remain in hospital and need someone to take you home. Do not drive until you are off opioid pain medicine and can control the vehicle safely.

How painful is it?

Pain and soreness are expected, particularly during the first several days. Medication and gradual movement usually help. Worsening or sudden severe pain needs medical assessment.

When can I eat normally?

Eating restarts gradually. Long term, you will usually eat smaller, more frequent meals. A dietitian can help you adjust.

When will I know the results?

Your surgeon can discuss the operation soon afterward. Laboratory results commonly take several days and are reviewed at follow-up.

Can I live without a stomach?

Yes. After total gastrectomy, food passes from the oesophagus into the small intestine. Changes to eating, ongoing nutrition monitoring, and supplements are important.

Sources

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