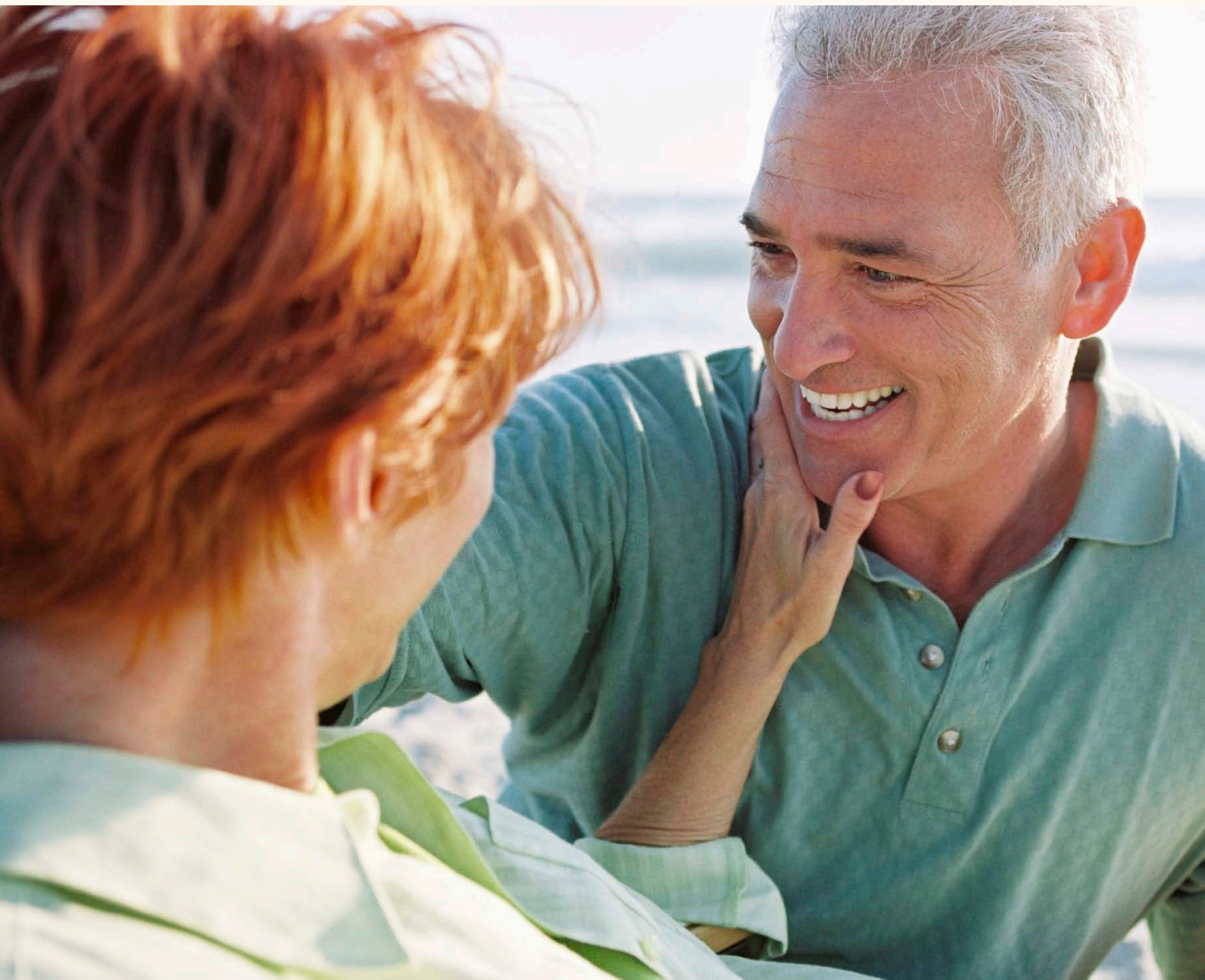


# After Cancer Surgery Information Sheet



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This Information Sheet outlines what to expect when going home following a gastrectomy or oesophagectomy

**The following information will hopefully answer a number of common questions that many patients have about their care after an operation of the oesophagus or stomach.**

## Care of the Jejunostomy tube

Before you are discharged home, the ward nurses will show you how to look after the tube. Usually a district nurse will visit you regularly to keep a check on it. It will be removed when you return to clinic to see the consultant.

## Eating and Drinking

You should eat what you like but you will find that you become fuller much quicker than before as the new stomach is now smaller. You should have been given a diet sheet by the ward dietician prior to going home. Often people do not feel very hungry after stomach surgery but it is important that you do try and eat as much as you can. You will probably require more than 3 meals a day. It is a good idea to have several snacks in between meals to make up for the food that you can't eat during main meals as you feel too full. Over time this will get better.

## Reflux

It is quite common for some people to experience some reflux of stomach contents in to the mouth. This happens because the new stomach is closer to the throat and the valve that used to prevent stomach contents coming back up into the oesophagus has been removed.

Often it is a problem at night or when lying flat. Using extra pillows at night to raise your head may help to reduce this problem. Again eating frequent small meals and snacks may help.

If reflux is a persistent problem, discuss this with your GP or consultant.

## Appetite

It takes several weeks before your appetite will return. After a total gastrectomy or oesophagogastrectomy it is normal for people's taste to change. We do not know what causes this but you will find that some foods you previously liked now taste bad. Similarly some foods you didn't like before become suddenly tasty!

Sometimes the anastomosis (stapled join) becomes narrower after surgery- if this happens you will find that food will stick on its way down. This is relatively common and responds well to the anastomosis being stretched with a gastroscope. It is important that you let us know if this becomes a problem for you.

## Dumping Syndrome

“Dumping syndrome” is a problem that can occur after stomach and oesophageal surgery. The symptoms usually include a feeling of faintness or dizziness, which can occur immediately after eating or within a couple of hours afterwards. The faintness is often accompanied by feeling sweaty and sometimes palpitations, nausea, sickness and diarrhoea.

There are two main reasons for this. Firstly, after a meal food can move too quickly into the intestine and by doing so draws a lot of water into the gut. This causes a drop in blood pressure. The more common form of dumping syndrome comes on a little while after eating and again is due to food passing too quickly into the small bowel. This causes sugar to be absorbed very rapidly and as a result the body reacts to this by releasing large amounts of the hormone insulin. This insulin then causes your blood sugar to drop below normal levels. When your blood sugar does become very low you can feel very faint and in very severe circumstances can pass out.

### Dumping syndrome is very common but can be reduced by the following:

1. Reducing the amount of sugary foods that you eat
2. Eating slowly and take your time over your meals
3. Eating smaller meals but more often
4. Adding a bit of fibre in your diet and increasing the fat content of your food to replace the calories from sugars
5. Avoid very liquidy food such as soups

Finally it is always worthwhile having a couple of sweets eg. Lucozade/Dextrose energy tablets in your pocket if you do start to feel faint after you have eaten. One of these will help raise your blood sugar again.

If none of the above help, there is medication available that can be tried, which can dampen the sudden rise in insulin levels.

## Diarrhoea

Diarrhoea is (again) quite common after stomach or oesophageal surgery. Part of the operation to remove the oesophagus or stomach involves cutting a nerve called the vagus nerve. (The nerve is stuck to the side of the oesophagus and the side of the stomach. It is not possible to avoid doing this). As a result of cutting this a few people can get quite bad diarrhoea. The diarrhoea can be very watery. It is a very annoying symptom to have and it can be quite difficult to treat.

The first line of treatment to try is obviously anti-diarrhoea medicine, which you can buy over the counter. If this does not help you need to speak to your GP or your specialist nurse who can advise on a very good drug that can be taken to relieve this symptom called Colestyramine (Questran).

## Weight loss

All patients will lose weight after major oesophageal or gastric surgery - for a total gastrectomy this is usually about one and a half stone over the first three months. After this your weight should improve slowly. You shouldn't lose weight after 6 months; if you are losing weight fairly rapidly please let the hospital know and we will organise an early appointment.

## Activity

It is important that you are fairly active once you get home. However you shouldn't over do it. Go for a walk every day, even if it is only for a few yards. Try and walk a little further each day.

As you exercise, even very gently, the body recovers quicker. What you must not do is stay in bed all day: this can result in pneumonia or clots in the leg. Most people have some swelling of their ankles and legs after major surgery. This is normal and should improve with gentle exercise, regular meals and time. You should be able to go back to work after three or four months, though take the advice of your doctor. Driving is possible after about 2-4 weeks at home if you feel comfortable with doing an emergency stop.

## Clinic Appointments

You will normally be seen 6 to 8 weeks after the operation in clinic to check your wounds and to see how well you are getting on. It is usual to have another blood test at this appointment. If you have any questions about the surgery and further treatment then this appointment is the time to ask. If you have a jejunostomy feeding tube this will be removed at this clinic if you are eating adequately.

If you are having a lot of problems with eating you should let us know prior to the clinic appointment. Remember that your GP will be aware that you have had a stomach operation but may not know the full story so if you have any concerns please contact either Mr Lewis, his team or Nurse Specialist Jane Tallett.

After the first post-op clinic appointment you will normally be seen at six months after surgery and then every six months until two years have passed. The appointments will usually be yearly after that. It is usual to have a gastroscopy at regular intervals, especially if you have had an oesophagectomy. Otherwise we do not routinely organise scans after gastric surgery. It is usual however, to have a blood test at each clinic appointment.

## Vitamins

By all means take vitamin supplements after getting home. Often you will be given iron tablets to take in order to get your blood count up. These will be dispensed when you leave hospital. Without the stomach (i.e. after a total gastrectomy) it is virtually impossible to absorb vitamin B12. Therefore from about 6 months after surgery you will start to get vitamin B12 injections. These are given every 4–6 months, usually at your GPs surgery.

## Holidays

Providing you are eating OK and your weight is stable it is possible to go on holiday within two weeks of getting home. However long-haul flights are not recommended in the first three months. If you are planning a long holiday let us know and we will fit your clinic appointments around the dates. You should check your travel insurance if you are flying in the first three months after your surgery.

## Feelings and relationships after a major operation

After a major operation, it is usual for people to feel low in mood. This may be related to a number of factors such as lack of energy, poor appetite and a general feeling of frustration.

It is important to remember that it can take up to 6 months until you feel you have regained some strength and energy. It may be helpful to set small goals to achieve in the first few weeks after surgery rather than expecting to resume normal daily activities which you find you may not be able to do, leading to more disappointment and frustration.

Some people experience similar emotions after surgery to those felt at the time of diagnosis (e.g. anger, tearfulness) because of the impact that an operation can have temporarily on jobs, hobbies and relationships.

It can be difficult to talk to loved ones and explain our feelings or we often assume that they understand how we are feeling. Sometimes it seems easier to keep thoughts locked up but this can be difficult for family/friends. By sharing how you feel, you and those close to you are more likely to be able to support each other during stressful times in your recovery.

It is not uncommon for major surgery to cause a temporary drop in libido. Again this is often due to lack of energy and physical strength. Try to talk openly with your partner about your feelings. Remember closeness and sexual pleasure can be shown in a number of ways not just by the act of sex. You should be able to resume sexual activity as soon as you feel physically able to.





**Useful contacts for further information**

**Big C Cancer Information Centre**

NNUH, Colney Lane, Norwich, Tel: 01603 286112,  
email: [cancer.information@nnuh.nhs.uk](mailto:cancer.information@nnuh.nhs.uk)

**The Oesophageal Patients Association**

Helpline: 0121 704 9860

9 am – 5pm Mon – Fri

Website: [www.opa.org.uk](http://www.opa.org.uk)

**Macmillan Cancer Support**

3 Bath Place, Rimington Street

London, EC2A 3JR

Freephone: 0808 808 0000

website: [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

**Jane Tallett BSc**

Upper Gastrointestinal Nurse Specialist

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**Mr Michael Lewis MS FRCS**

Consultant UGI surgeon

Tel: 01603 287583

**Mr Edward Cheong MD FRCS**

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**Mr Hugh Warren FRCS**

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