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Understanding Gastrectomy: Surgery for Stomach Cancer

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INTRODUCTION

Gastrectomy, a surgical procedure involving the partial or complete removal of the stomach, is a significant treatment option for individuals diagnosed with stomach cancer. This invasive intervention aims to eradicate cancerous cells, alleviate symptoms, and potentially extend patients' lives. As with any major surgery, understanding the procedure, its implications, and the recovery process is crucial for patients and their loved ones. Gastrectomy can be classified into several types based on the extent of stomach removal. In this procedure, only a portion of the stomach containing the tumor is removed, while the rest of the stomach remains intact. This approach is typically employed when the cancer is in its early stages and has not spread extensively [1,2].

DESCRIPTION

As the name suggests, total gastrectomy involves the complete removal of the stomach. This procedure is necessary when the cancer has spread extensively throughout the stomach or if there are multiple tumors present. Also known as distal gastrectomy, this procedure involves removing the lower portion of the stomach, leaving the upper part intact. It is often performed when the cancer is located in the lower part of the stomach. Gastrectomy is a complex surgical procedure that is typically performed under general anesthesia. The surgeon makes an incision in the abdomen to access the stomach and carefully removes the diseased portion of the organ. In some cases, nearby lymph nodes may also be removed to prevent the spread of cancer. After removing the affected tissue, the surgeon reconnects the remaining portion of the stomach to the esophagus or small intestine, depending on the type of gastrectomy performed. This allows for the continued passage of food from the mouth to the digestive tract, albeit with some alterations in digestive function. While gastrectomy can be life-saving, it is not without risks. Some potential complications associated with the procedure include. Excessive bleeding during or after surgery is a risk, which may necessitate blood transfusions or additional surgical interventions. Like any surgical procedure, gastrectomy carries a risk of infection at the incision site or within the abdominal cavity. In some cases, the connections made between the remaining portion of the stomach and the digestive tract may leak, leading to infection or other complications. Following gastrectomy, patients may experience digestive issues such as nausea, vomiting, and diarrhea. These symptoms may improve over time but can have a significant impact on quality of life. This condition occurs when food moves too quickly from the stomach into the small intestine, leading to symptoms such as weakness, sweating, and dizziness. The recovery period following gastrectomy can vary depending on the extent of the surgery and the overall health of the patient [3,4].

CONCLUSION

In the immediate postoperative period, patients are typically monitored closely in the hospital to ensure that they are healing properly and to manage any pain or complications. Once discharged from the hospital, patients will need to adhere to a strict diet and lifestyle regimen to support their recovery. This may include consuming small, frequent meals to aid digestion, avoiding certain foods that may exacerbate symptoms, and gradually increasing physical activity as tolerated. In addition to physical recovery, patients may also require emotional support to cope with the psychological impact of gastrectomy.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

REFERENCES

1. Correa P (2013) Gastric Cancer: Overview. Gastroenterol Clin North Am. 42(2):211-7.
2. Chia NY, Tan P (2022) Molecular classification of gastric cancer. Ann Oncol. 27(5):763-9.

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3. Ang TL, Fock KM (2014) Clinical epidemiology of gastric cancer. Singapore Med J. 55(12):621-8.

4. Puliga E, Corso S, Pietrantonio F, Giordano S (2021) Microsatellite instability in Gastric Cancer: Between lights and shadows. Cancer Treat Rev. 95:102175.