

Care of Stomach Operation

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Introduction

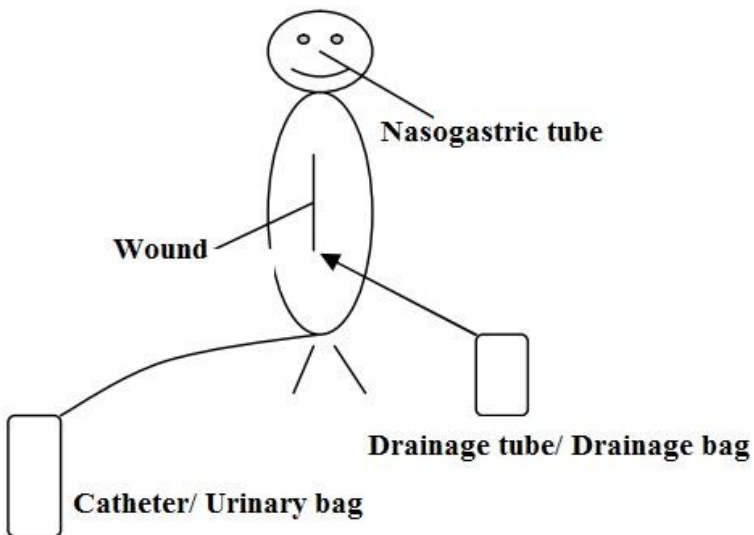
The gastrointestinal disease such as gastric ulcer, duodenal ulcer bleeding, perforation, and tumors requires medical treatment that is based on surgical therapy. You will understand more about taking care of your family members after reading the following short introduction for the surgery.

Preparation for surgery

We will do gastrointestinal preparation before surgery according to patient's disease. Patient will take Laxatives to clear the intestinal excretion and reduce pollution which is made by the intestines to ensure your safety in surgery. Furthermore, you will learn deep breathing, validity of cough, movement of standing up, and movement of limbs in order to reduce complication after surgery.

After surgery

When patients return from recovery room to ward, your family member will have some tubes on them and have a wound on the abdomen. The nurses will take good care of the patient, and we need your cooperation.



Tube might be placed after surgery

Nasogastric tube: You need to have a fasting after surgery until the peristalsis of intestines recover, and we will place nasogastric tube from the nose to stomach to decrease the decompression of the stomach and do aspiration and drainage. Drainage fluid will go from red to dark red in the first and the second day after surgery, and then it will turn from brown to green. Patients will be given nutrition by intravenous infusion while having a fasting.

Drainage tube/ Drainage bag: Patients will be placed a drainage tube on the side of the abdomen. Please squeeze it anytime or every two hours. Drainage fluid will turn from red to light red or light yellow, and doctor will decide whether patient can remove it or not by the volume of the fluid. Be careful and avoid pulling or squeezing the drainage tube while moving.

Catheter/ Urinary bag: The placed catheter can monitor patient's output of urine and observe the color, shape, and volume of urine, when the bag is 1/3 to half full, you need to empty it and record the volume.

Situation of the wound: You will have a 10 to 20 centimeter wound in the middle of your abdomen. If the wound is wet, you should change the gauze anytime and use the band to fix it in order to relieve the pain when it gets pulled during movement.

Situation of exercise: You should move step by step, from turning in the bed to exercising your limbs. After the second or third day of surgery, try semi-sitting positions and get out of bed as soon as possible.

Situation of ingestion: You can eat step by step according to the doctor's orders. From clear liquid diet→liquid diet→soft diet→general diet and have small quantities but many meals (please follow with instructions of Nutritional Needs After Gastrointestinal Surgery). Patients with a nasogastric tube or cystostomy of stomach and duodenum should follow the nurse's instructions for preparing and eating the diet. Tubes should be always kept clean and unimpeded.

Complications: Patients that have resection for the part of or all of the

stomach may have dumping syndrome after surgery. Most happen in 30 minutes after ingestion, symptoms such as pain of the right upper abdomen, palpitations, nausea, sweat, swoon, and asthenia might appear. In order to prevent these complications from happening, you can take meals in small quantities, foods that are high-protein and high-fat. You should reduce ingestion of high sweet, high fiber, coffee, milk...etc. Liquid should be taken between two meals, and avoid drinking water while eating. Sit in a low-lying position while eating, and take a rest for a while afterwards to decrease dumping syndrome after meal.

Home care

Under the care of medical team, if your situation of ingestion improves while having a diet made of soft foods and the wound recovers well, it is time to go home. You should be also aware about caring of wound and ingestion of nutrition after going home.

Caring of wound:

- Patients that have removed stitches: you can take showers and put lotion or use cosmetic band aid after a bath to avoid growing scar of the wound.
- Patients that do not remove stitches: you should keep gauze dry and clean, if it turns wet or wets by shower, you can go to a clinic nearby to renew it. Or you can renew it by yourself with preparing swab of Betadine to disinfect the wound from inside to outside with annulus, if you have symptoms such as fever, chills, redness, swelling, pain of wound, you should return to the hospital for treatment.
- In 2 to 3 months after surgery, you should avoid pressing the wound such as Sit-ups, lifting heavy loads, pulling iron gates, riding bicycles or motorcycles, and intensive exercise. When you throw-up or cough, use your hands to support area of the wound, or use an elastic bandage for support.

Ingestion of nutrition:

- You can have mild foods and collaborate with the instructions of Nutritional Needs After Gastrointestinal Surgery and having an appropriate diet is essential.