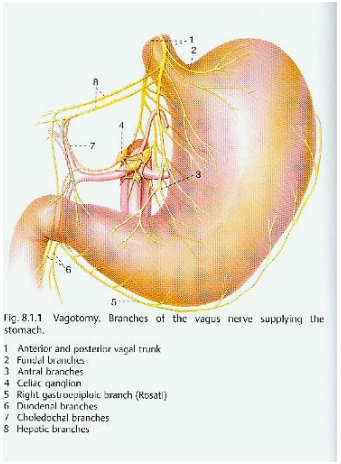
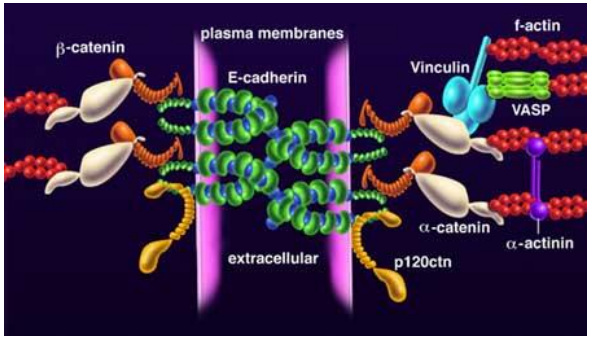


Fig. 8.1.1 Vagotomy. Branches of the vagus nerve supplying the stomach.

1 Anterior and posterior vagal trunk
2 Fundal branches
3 Antral branches
4 Celiac ganglion
5 Right gastroepiploic branch (Rosati)
6 Duodenal branches
7 Choledochal branches
8 Hepatic branches



Follow-up After Prophylactic Total Gastrectomy

Richard H Hardwick MD FRCS

Cambridge Oesophago-gastric Centre

UK National Hereditary Diffuse Gastric Cancer Registry

CANCER RESEARCH UK

Cambridge University Hospitals NHS
NHS Foundation Trust

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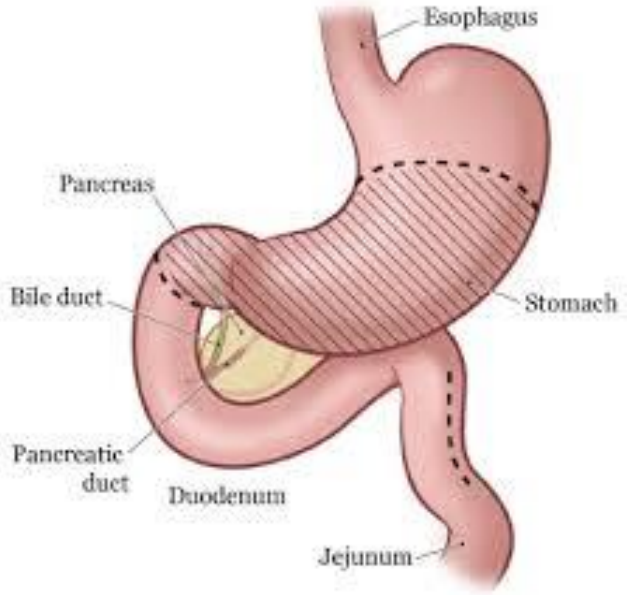
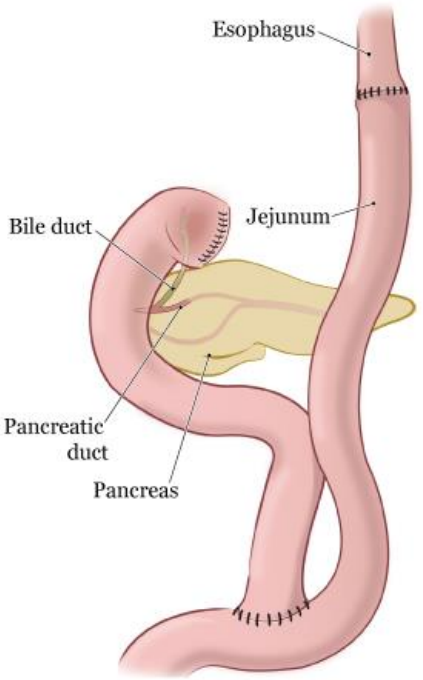
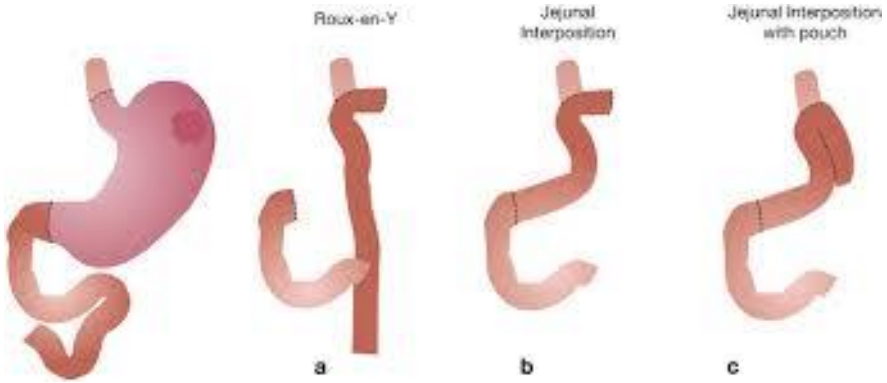
Post-Gastrectomy Reconstruction







Phases of post-op recovery

Phase

- Perioperative
- Early
- Intermediate
- Late

Time (weeks)

- 1-2
- 3-12
- 13 – 52
- 53 +

Peri-operative Follow-up

- What are we looking out for?
  - Pain control issues
  - Bleeding
  - Infection
  - Pneumonia
  - DVT & PE
  - Renal function
  - Anastomotic leakage
  - Return of gut function

Early Phase 2-12 weeks

- 1st visit back to clinic
  - Wound healing
  - Histology
  - Eating & nutrition
  - Gut function
  - Reflux
  - “Dumping”

Intermediate phase

- Trying to get back to “normal”
  - Problems with eating, swallowing & abdominal pain
  - Weight loss and nutritional status
  - “Dumping”
  - Vitamins and micro-nutrients
  - Peritoneal adhesions & internal small bowel hernias
  - Physical, emotional & social function

Late Phase

- Nutritional status
- “Dumping”, reflux, abdominal pain
- Fat malabsorption & diarrhoea
- Iron & Folate malabsorption
- Calcium malabsorption
- Vitamin A, B12, C, D & E deficiency
- Zinc & copper deficiency
- Physical, emotional and social function
- Late adhesions and internal hernias

Policy

Guidelines for micronutrient supplementation and monitoring after total and subtotal gastrectomy

Key messages

- Vitamins and minerals are likely to be poorly absorbed after gastrectomy
- All patients should take a daily multivitamin and mineral tablet
- After total gastrectomy, all patients should receive 12 weekly vitamin B12 injections
- It is possible that micronutrient deficiency could develop even with supplementation
- All patients should be regularly screened for micronutrient deficiencies as outlined below

Summary

All patients who have undergone total or partial gastrectomy (excluding sleeve gastrectomy) should receive daily oral multivitamin and mineral supplementation and intramuscular vitamin B12 supplementation every 12 weeks. Micronutrient status should be monitored as per the schedule below:

Test	Frequency
U&Es (including magnesium)	Six monthly for two years, then annually
Creatinine	Six monthly for two years, then annually
Liver function tests	Six monthly for two years, then annually
Full blood count	Six monthly for two years, then annually
Ferritin	Six monthly for two years, then annually
B12 (pre-injection)	Annually
Folate	Six monthly for two years, then annually
Calcium	Six monthly for two years, then annually
Vitamin D	Six monthly for two years, then annually
INR	Six monthly for two years, then annually
Vitamin A	Annually
Vitamin C	Annually
Vitamin E	Annually
Zinc	Annually
Copper	Annually
Selenium	Annually

Challenges

- Geography, access, busy lives
- Lack of knowledge in primary care
- “I feel fine”
- “I am unwell and need help now”
- Vitamin and micronutrient deficiencies often result in rather non-specific symptoms

What can we do to help?

- Clear comprehensive guidelines for patients and Doctors
- Increase use of remote consultations
- Develop a more formal network of Gastrectomy centres to provide regional support
- Any suggestions?

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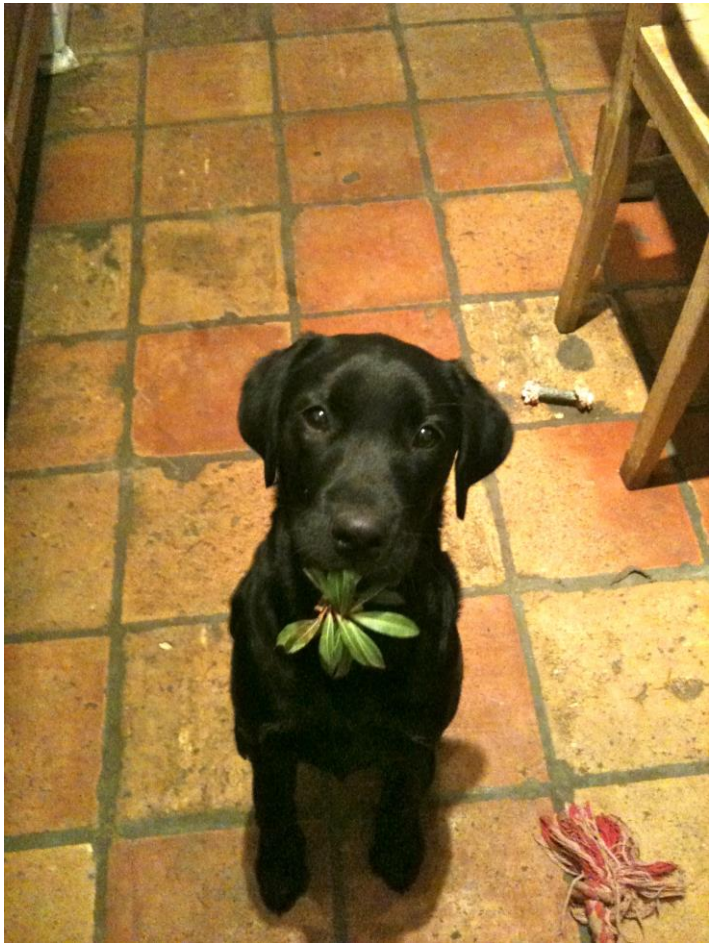
Questions & Suggestions?



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