

Life after GI Surgery

By Sara Hughes RN, FNP

September 25, 2010



Post Operative Care

- Post op pain
 - Pain Medication
 - Pillow
 - Abdominal binder
 - Exercise
 - Bathing
 - Go but slow
- Post-op infection
 - Pneumonia
 - Deep breathing/coughing
 - Incision care
 - Tube care
 - Ostomy Care



Call your Doctor or Nurse if:

- If temp greater than 101
- 3 or more episodes of nausea and vomiting
- Severe pain despite pain medications
- No bowel movement for 3 days.
- Dehydration
- Problems with the incision
- Problems with tube
- Problems with ostomy



Your new life.....

- Of course it does depended on which section of your GI tract was invovled.
- Please follow the instructions that were given to you by your medical team.
- Will need to develop a new outlook of eating...food is fuel.



Effects of Partial Gastrectomy vs Total Gastrectomy on the body's ability to absorb nutrients.

- Nutritional Intolerances

- Dumping Syndrome

- Fat maldigestion

- Gastric Stasis

- Lactose Intolerance

- Nutritional Deficiencies

- Anemias due to B₁₂, Folate, or iron deficiency

Metabolic Bone Disease



Dumping Syndrome

- Refers to the sudden rise and then drop of blood sugar levels. This in turn causes symptoms such as diarrhea, bloating, nausea, dizziness, weakness, sweating and rapid heartbeat.



Dumping Syndrome

- Affects people whose gastrectomy has either impaired the function of the valve between your stomach and intestines, or if the valve was removed. Without the valve, the sugar you ingest flows directly into your intestines- where it is rapidly absorbed into your bloodstream. This causes you to be in a state of high blood sugar. Your body reacts to this by greatly increasing the output of insulin which rapidly brings down your blood sugar level so that you end up at the opposite extreme - in a state of low blood sugar. Creating this bad cycle of high/low/high/low will make you screwy.



Dumping Syndrome

- Early dumping- occurs 15 to 30 minutes after ingesting a meal and is evidence by diarrhea, fullness, and abdominal cramps and vomiting.
- Late dumping- occurs 2 to 3 after eating and results in weakness, sweating, nausea, hunger and anxiety. Thought to be result of reactive hypoglycemia.



Ways to prevent dumping syndrome

- Eat 6 small meals a day
- Eat slowly and chew food thoroughly
- Sit upright while eating
- Eat meals containing protein and with high fiber content.
- Limit fluid consumption while eating meals.
- Avoid things with high sugar content, like soft drinks, milkshakes, candy bars and (unfortunately) many of the “nutritional “ drinks you can get at the hospital



Fat Maldigestion

- The inability to enzymatically break down dietary fats into smaller molecules that are better absorbed by the small intestine.
- Multifactorial etiology
- Low fat diet
- Enzyme replacement.



Gastric Stasis

- Post surgically the remaining stomach may lose its normal muscular motility.
- Hampers the digestive processes that normally occurs in the stomach.
- Stomach may not empty properly.
- S/S Post-prandial bloating, discomfort or fullness lasting many hours. Emesis of undigested food ingested hours to days before may also be present.



Lactose Intolerance

- inability to digest lactose, the sugar found in dairy products. Caused by a lack of enzyme lactases in the small intestine.
- S/S abdominal cramping or pain, bloating, diarrhea, flatulence and distention after consumption of lactose.
- Decrease or avoid lactose; it is dose dependent and may improve over time.



Anemia

- Consequences of anemia can be severe, therefore baseline and periodic monitoring are important.
- Present as a late complication of gastric resection.
- Types: B₁₂, folate and iron deficiency



B12, pernicious anemia

- Late effect, but can be seen as early as one year post op.
- S/S Fatigability, chills, numbness in extremities, dizziness, and neurological symptoms.
- B12 injection vs the orally- may be based on patients' compliance
- Can be resolved



Folate

- Multifactorial including malabsorption and impaired digestion.
- Oral replacement, good multivitamin.



Iron Deficiency

- Most common.
- Alterations in digestion and absorption.
- The duodenum, the primary site for iron absorption is bypassed and reduced gastric acidity impairs the conversion.
- Oral supplementation
- Vitamin C will help enhance iron absorption



Metabolic Bone Disease

- Osteoporosis or osteopenia
- Uncertain but appears to be a combination of decreased intake of calcium, vitamin D and lactose-containing foods, coupled with altered absorption and metabolism.
- Oral supplement and dietary intake
- Monitor Bone Mineral Density



Nausea and Vomiting

- Small meals- 6 times a day.
- Reservoir is small
- Drink fluid one hour prior to and after eating a meal.
- Avoid food with high sugar/ high fat intake.
- Keep a journal
- Inform your team.



Diarrhea

- Watery stool
- Tried to eat the meal first and then drink liquid intake.
- Medications
- Inform your team
- Dehydration and electrolyte imbalance.



Constipation

- Can be related to medications, inactivity, dietary changes, dietary supplements.
- Increase fluid intake
- Hot drink in the am, coffee or hot tea
- Increase dietary fiber intake
- Exercise
- Medications to help
- Inform your team



Early Satiety

- Feeling full sooner rather than later.
- Eat smaller meals throughout the day
- Remember that food is fuel- if limited intake- eat good things first.
- Constipation?



Adhesions and Intestinal Blockages

- After intestinal surgery adhesions (extra scar tissue, connective tissues that should not be there) may restrict the passage of food through the gut. If the GI tract becomes obstructed, nothing can pass through and this becomes an medical emergency.
- S/S- constipation, nausea and vomiting (unable to control with meds), not able to pass gas, pain and sometimes distention.
- Treatment- medical vs surgical



Adhesions and Intestinal Blockages

- Can cause chronic pain and dysfunction.
- Form after trauma to the tissues, caused by the body's inflammatory response to tissue damage.
- Tend to persist long after the original trauma has healed attaching to nerves, muscles and other neighboring structures.
- More abdominal surgery means more adhesions will be formed. Having pain or problems with adhesions is rare. Also address your concerns with your doctor.



Things to remember

- There is life after surgery and it is good.
- Adjustments = new way of eating but it will become a new way of life.
- Not alone in this process.
- Resources



References

- M D Anderson Cancer Center Patient Education (2006, 2008).
- GIST Support International –Nutritional Needs after Gastrointestinal Surgery (2006-2010).
- Radigan, Amy E. “ Post-Gastrectomy: Managing the Nutrition Fall Out”. Nutrition Issues in Gastroenterology, Series #18. June 2004.