

Total Gastrectomy CareMap

Before, during, and after your hospital stay

Your care plan may differ, based on your personal needs.

Before Surgery	Surgery Day		
□ Talk about: - What to expect during your hospital stay. - Your plan of care after discharge. - The role of your support person during your hospital stay and after discharge. Give the nurse this person's name and phone number. □ Try to walk 1 mile or do a similar exercise (such as biking or swimming) at least 5 days a week. □ Quit smoking at least 2 weeks before your surgery. □ Plan a visit with your primary care provider (PCP) and chronic pain provider (if needed) for 1 week after discharge. Starting 5 Days Before Surgery □ Drink your immunonutrition supplement (Ensure Surgery or Impact Shake) 3 times a day. If you have diabetes, drink ½ serving 6 times a day. Day Before Surgery □ Take your medicines as instructed. □ Starting 24 hours before surgery, drink only liquids. (Do not do this if you have a diagnosis of CDH1.) Night Before Surgery □ Take a shower with Hibiclens (chlorhexidine) soap. □ You may shave if it is an area that you usually shave. □ Before midnight: Drink 1 bottle	Before Surgery Before you leave home, take a second shower with chlorhexidine. Starting 2 hours before surgery, do not eat or drink anything EXCEPT: Right after you park at the hospital, drink 1 bottle (8 ounces) of apple juice. We will start an intravenous (IV) line to give you medicines and fluid. During Surgery We will: Start antibiotics. Insert a urinary catheter to drain urine Insert drains to remove fluids, if needed. Put sequential compression devices (SCDs) on your legs to help blood flow. We may: Insert a jejunostomy (J-tube) for feedings after surgery. We may insert an epidural catheter to manage pain. After Surgery Surgeon meets with family You will wake up in Post-Anesthesia Care Unit (PACU). No food or drink Sit on side of bed with nurse's help.	Diet IV fluids Nothing by mouth Daily weight Medicines Given by IV PCA (medication in IV and/or epidural for pain Tubes and Drains Remove urinary catheter Surgical drain in belly Other J-tube flushed SCDs on legs while in bed Blood draw Activity Goals Use incentive spirometer (IS) 10 times every hour while awake. Be out of bed at least 6 hours. Sit in chair 3 to 4 times. Walk at least 9 laps around the unit (½ mile) Consults Occupational therapy (OT) Physical therapy (PT) Nutrition	Diet ☐ IV fluids decreased ☐ Clear liquids only in small (30 cc) cups Medicines ☐ Given by IV and starting transition to some oral medicines in the afternoon ☐ All oral medicines crushed or in liquid form ☐ PCA or epidural for pain Tubes and Drains ☐ Surgical drain in belly Other ☐ Start tube feeding slowly at 10 cc per hour ☐ SCDs on legs while in bed Activity Goals ☐ Use IS 10 times every hour while awake ☐ Out of bed 6 hours ☐ Walk 18 to ☐ 26 laps around the unit (1 - 1 ½ miles) Consults and Teaching ☐ PT and OT ☐ J-tube care teaching with nurse ☐ Home infusion teaching for tube feeding (this may be done on day 3 or 4)

Day 3	Day 4	Discharge Checklist	Self-Care at Home / Follow Up
Diet	Diet	☐ Care team clears you	☐ Know who to call in an emergency, or if you have
☐ Start full liquid diet in small (30cc cups)	☐ Tube feedings at goal	for discharge	pain or discomfort.
☐ Continue to increase tube feeding to meet nutrition goal.	☐ Full liquid diet☐ Start soft esophageal diet when you	☐ Follow-up visits scheduled	☐ Do your breathing and coughing exercises. ☐ Weigh yourself every day. ☐ Do your breathing and coughing exercises. Weigh Daily
Medicines □ Transition from PCA to oral pain medicines. □ Crush all pills. Lines and Drains □ Stop IV fluids Other □ SCDs on legs while in bed Activity Goals □ Use IS 10 times every hour while awake. □ Out of bed for 6 hours, and for all meals. □ Walk 18-26 laps (1 - 1½ miles) Consults □ Meet with social worker to talk about discharge needs. □ PT and OT □ Pharmacy teaching for Lovenox □ Nutrition teaching for gastrectomy diet □ Meet with home infusion nurse to learn about tube feedings, if not yet done. □ J-tube care teaching with nurse	Start soft esophageal diet when you get home Medicines □ Continue taking oral pain medicines (crushed pills or liquid). Drains □ Remove surgical drain from belly □ Remove IV Other □ SCDs on legs while in bed Activity Goals □ Walk 18-26 laps (1 - 1½ miles) Consults and Teaching □ Meet with nutritionist □ Meet with pharmacist to learn about giving Lovenox injections □ More J-tube care teaching with nurse □ Meet with home infusion nurse to learn about tube feedings, if not yet done □ Nurse completes discharge teaching	Receive final list of all medicines Shower and dress, then discharge to home Shower Discharge	 □ Drink at least 6 cups (8 ounces each) of water or other fluids each day. □ Watch your incision for signs of infection. Nutrition □ Continue with tube feedings. A home infusion dietitian will check in with you. The surgical team dietitian will tell you when you can wean off tube feedings and begin a soft diet. □ When the dietitian says it is OK, eat only foods from the soft gastrectomy diet. - Eat 5 to 6 small meals during the day instead of 3 large meals. - Sit or stand upright for 2 hours after eating or drinking. Activity Guidelines □ Aim to walk 1 mile every day. You can do this over multiple walks. □ Do not drive for 2 weeks after surgery. □ For 6 weeks after surgery: □ Do not lift, push, or pull anything that weighs more than 15 pounds (about 2 gallons of water). □ Do not strain. Follow-up Visits □ First follow-up clinic visit with surgical team and dietitian in about 2 weeks. □ Also follow up with PCP and chronic pain provider, if needed.