

# Long-term complications of surgery

## Long-term complications of surgery

There is very little functional difference between patients who have a total gastrectomy and those who have a subtotal gastrectomy. Patients need to be given detailed nutritional advice, the substance of which is to eat small meals and often, while the jejunum or small gastric remnant adapts. Nutritional deficiencies may occur and loss of the parietal mass leads to deficiency that requires replacement routinely. vitamin B 12

Spleen Pancreas (d) (f) (b) exposure of the lesser sac; (c) splenectomy; (f) mobilisation of the oesophagus.

nodes removed) resection. Site of cancer Lymph node Antrum number 1 Right cardia N2 2 Left cardia 3 Lesser curve N1 4sa Short gastric N1 4sb Left gastroepiploic N1 4d Right gastroepiploic N1 5 Suprapyloric N1 6 Infrapyloric N1 7 Left gastric artery N2 8a Anterior hepatic artery N2 9 Coeliac artery N2 10 Splenic hilum 11 Splenic artery 19 Infradiaphragmatic 20 Oesophageal hiatus 110 Lower oesophagus 111 Supradiaphragmatic The nodes in stations 12-18 are not routinely removed in a D1 or D2 gastrectomy.

---

Revision #1

Created 2025-12-31 15:25:02 UTC by Omar Ayman

Updated 2025-12-31 15:25:02 UTC by Omar Ayman