



## An Overview on Gastrectomy, its Procedure and its Side Effects

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### INTRODUCTION

The surgical removal of all or part of the stomach is known as a gastrectomy. The stomach is a J-shaped organ located in the upper mid-section of the body. It is necessary for the stomach-related system, which processes nutrients in consumed foods and aids in the passage of waste material out of the body. The throat is an empty, solid cylinder that transports food from the throat to the stomach. Half-processed food goes via the small digestive tract and then into the internal organ after exiting the stomach. Stomach cancer, bleeding gastric ulcers, perforation (hole) in the stomach wall, and benign polyps are all treated with a Gastrectomy.

### DESCRIPTION

A fractional gastrectomy occurs when a portion of the stomach is removed. At that point, the extra component resumes its stomach-related duties. If the entire stomach is removed, the neck is directly connected to the tiny digestive tract, which is where absorption now begins. When a gastrectomy is performed, patients need make significant dietary changes. The pylorus, the lower section of the stomach, may be removed along with all or part of the duodenum, the upper part of the small digestive tract, for serious gastric ulcers that include the duodenum.

After that, a Billroth approach is used. A Billroth I is performed when an adequate portion of the duodenum remains and the excess stomach is reattached to the duodenum before the bile conduit and pancreas pipes. If the stomach cannot be linked to the duodenum, a Billroth II procedure is performed, in which an initial opening is made in the jejunum, the next component of the small digestive system, and the stomach is attached at that opening. The pylorus is responsible for crushing food and gradually releasing it into the small intestine. Its evacuation accelerates the passage of food through the small intestine, resulting in gastric unloading disorder, which can be treated with

dietary changes.

If you've been diagnosed with stomach cancer, your doctor may recommend a gastrectomy, which is an incomplete or total removal of the stomach. During an incomplete gastrectomy, a portion of the stomach is removed, usually the lower half, and the tiny digestive tract is attached to the remaining stomach segment. Because of the location of the growth in the stomach, an all-out gastrectomy may be required in some situations. In this case, the doctor removes the stomach and connects the throat with the small intestine. Patients are left with a functional stomach-related framework that allows them to gulp, eat, and process food, but in a totally different way.

### CONCLUSION

You won't be able to deal with simple morsels of food without your stomach, and you might not even be hungry. Regardless of whether you are hungry or not, it is crucial to remember that food is an essential component of your health. You should eat smaller portions on a more regular basis - six to eight small suppers every day. Your primary care physician or dietitian may also advise that you stand for a while after eating. If you're experiencing trouble eating, your medical team can help you change your eating habits. A condition known as unloading disorder may affect a few patients. When a portion or all of the stomach is removed, the meal consumed quickly goes into the digestive tract, causing difficulties such as nausea, the runs, perspiring, and flushing after eating. There are drugs available to help with these negative effects.

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### CONFLICT OF INTEREST

Authors declare no conflict of interest.

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