Nutritional Support after Gastrectomy in Korea

Prof. Jae-Moon Bae, M.D., Ph.D.

Samsung Medical Center, Sungkyunkwan University, Republic of Korea

Gastric cancer is still the most common cancer except thyroid cancer and the third most common cause of cancer deaths in Korea. Gastric resection has been the mainstay of treatment for gastric cancer patients, which resulted in an excellent survival, especially for early gastric cancer. Because the use of surveillance endoscopy as a mass screening method in Korea, the incidence of early gastric cancer has rapidly increased, and as the 5-year survival rate for early gastric cancer is more than 90%, long term survivors after gastrectomy have also increased. Therefore, quality of life including nutritional problem has been an important concern for gastrectomized patients during long term follow up.

Nutritional screening and perioperative nutritional support were very important because nutritional status was significantly associated not only with postoperative outcomes but also with postoperative survival rates. Nutritional consequences after gastrectomy should be evaluated by nutritional assessment. Nutritional problem was more serious after total gastrectomy than subtotal gastrectomy. Fat malabsorption was significantly evident in patients undergone total gastrectomy. Causes of malnutrition after total gastrectomy were suggested as poor oral intake, relative pancreatic insufficiency, bacterial overgrowth, and shortened intestinal transit time.

Food residue and bile reflux were frequently observed in the remnant stomach during surveillance endoscopy after a distal subtotal gastrectomy due to gastric cancer. The reconstruction methods employed did not influence on food retention phenomenon or nutritional status after a distal gastrectomy in long-term periods. Interestingly the food retention phenomenon was not associated with nutritional problem including weight loss. Vitamin B12 supplementation is essential after total gastrectomy.

Recently the concept of the ERAS (Early Recovery After Surgery) pathway is widely accepted by hospitals in Korea. Effort and trial of nutritional support are being made to apply ‘the ERAS’ pathway to daily clinical practice in many institutes in Korea.

Patients after gastrectomy are recommended not to overeat at a meal time, to eat a small amount of food frequently, to take your time at meals, and not to take fat-rich diet. Dietary education and nutritional support by a specialized team are crucial for patients after gastrectomy.