

Abstract: Quality of Life After Gastrectomy for Adenocarcinoma: A Prospective Cohort Study

Paul Karanicolas MD, Dennis Graham DNSc RN NP, Daniel G. Coit MD

Background:

Gastrectomy remains a major operation with potential for significant deterioration in patients' health-related quality of life (QOL). This study assessed differences in QOL among patients following distal (DG), proximal (PG) or total (TG) gastrectomy.

Methods:

We prospectively enrolled patients at our institution undergoing gastrectomy between 2002 and 2007. Participants completed the EORTC cancer (QLQ-C30) and gastric (QLQ-STO22) questionnaires preoperatively and at five postoperative intervals up to 18 months. We compared changes from baseline in patients based on extent of resection (proximal, distal, or total) using generalized linear models, adjusting for age, stage of disease, and (neo)adjuvant therapy. We converted QOL raw scores to reflect the proportion of patients with clinically significant deterioration based on the minimal important difference (MID).

Results:

We included 134 patients: 82 DG, 16 PG, and 36 TG. In the immediate postoperative period, 55% of patients suffered significant impairment in their global QOL. This improved in most patients by six months, although 30% continued to have substantially worse QOL than preoperative. Patients who underwent PG suffered from significantly more reflux (70% vs 35% (DG), 40% (TG)), nausea/vomiting (60% vs 25%, 30%), and global QOL impairment (60% vs 30%, 30%) than DG or TG patients, whose QOL scores were similar. These differences persisted up to 18 months postoperatively.

Conclusions:

Surgeons should discuss expectations of QOL impairment with their patients prior to gastrectomy and reassure them that most symptoms resolve by six months following operation. Patients who undergo PG suffer from worse QOL impairment than patients who undergo DG or TG; this procedure should be avoided in most settings.