Enhanced Recovery after Surgery (ERAS) in clinical gastric cancer resection after one year in aged above 55 years.

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Abstract

After gastrointestinal surgery, the ERAS technique has acquired widespread acceptability. To thoroughly assess its safety and efficacy in the field of stomach cancer, well-designed, randomized, control trials are required. The goal of this study is to evaluate the Enhanced Recovery after Surgery (ERAS) protocol to the traditional perioperative care programme in gastric cancer patients who have had a fully laparoscopic distal gastrectomy.

Keywords: Enhanced recovery after surgery, Gastric cancer, Gastrectomy.

Introduction

In Europe, a multidisciplinary strategy for cancer patients having surgery emerged around the end of the 1990s, particularly in the case of colorectal cancer. The goal was to lessen the surgical stress on the patient while also lowering the hospitalisation costs. Fast-track surgery, enhanced recovery programme, expedited rehabilitation care, and enforced multimodal rehabilitation care are some of the solutions that have been advocated under various titles [1].

In 2001, the European Society of Clinical Nutrition and Metabolism (ESPEN) established a separate study group in response to the increased interest in this topic, particularly in the West in 2002.

The initial consensus guidelines were issued in 2009, based on accumulating data from exploratory investigations. Principles first used in colorectal surgery were soon applied to other operations as well. However, it was not until 2014 that specific ERAS recommendations for stomach cancer were established (ERAS-GC). As a result, there is limited information available in the literature about institutions that have embraced the ERAS-GC protocol. Furthermore, while there has been an increase in evidence in recent years, results are difficult to generalise due to disparities in patient characteristics, illness progression, and health-care systems [2].

Stomach cancer

Stomach cancer, also known as gastric cancer, is a type of cancer that starts in the stomach lining. Gastric carcinomas, which can be classified into a number of subgroups, including gastric adenocarcinomas, account for the majority of stomach cancer cases. In the stomach, lymphomas and mesenchymal tumours can form. Heartburn, upper stomach pain, nausea, and a loss of appetite are common early symptoms. Weight loss, yellowing of the skin and whites of the eyes, vomiting, difficulty swallowing, and blood in the stool are some of the later signs and symptoms. The cancer in the stomach can spread to other organs of the body, including the liver, lungs, bones, abdominal lining, and lymph nodes [3].

Infection with the bacterium Helicobacter pylori is the most common cause, accounting for more than 60% of cases. Some strains of H. pylori are more dangerous than others. Other risk factors include smoking, dietary factors such as pickled vegetables, and obesity. About 10% of instances run in families, and between 1% and 3% of cases are caused by genetic abnormalities passed down from one's parents, such as hereditary diffuse gastric cancer. Stomach cancer usually develops in stages over a period of years. The most common method of diagnosis is a biopsy performed during an endoscopy. Medical imaging is then used to see if the disease has spread to other sections of the body. Screening for stomach cancer is done in Japan and South Korea, two nations with high prevalence of the disease [4].

Signs and symptoms

In its early stages, stomach cancer is generally asymptomatic (causing no visible symptoms) or causes only nonspecific symptoms (which can also be found in other related or unrelated conditions). One of the main reasons for its relatively poor prognosis is that by the time symptoms are noticed, the cancer has often progressed to an advanced stage and may have metastasized (spread to other, possibly distant) areas of the body. The following are some of the indications and symptoms of stomach cancer: Nausea, vomiting, diarrhoea, and constipation with no apparent cause. Patients may also lose weight for no apparent reason. Indigestion or a burning sensation may be symptoms of early malignancies (heartburn). However, cancer is found in less than one out of every 50

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persons who are referred for an endoscopy due to dyspepsia. Uncomfortable stomach [5,6].

Conclusion

Gastric tumours that have grown and invaded normal tissue might cause weakness, fatigue, bloating after meals, upper abdominal pain, nausea, and occasional vomiting. Further enlargement may result in weight loss or bleeding, which can manifest as black discoloration (melena) or blood in the stool, the latter of which can lead to anaemia. Dysphagia can indicate a cardiac tumour or a gastric tumour that has spread to the oesophagus.

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