△ GENERAL INFORMATION
This is an ulcer in the wall of the beginning of the duodenum, which is the part of the intestine just past the stomach (Fig. 1). It occurs mostly in younger and middle-aged adults and is almost never cancerous. Several causative factors for this ulcer are too much acid in the stomach, the right amount of acid but a weakened lining of the duodenum from taking certain medicines (example: aspirin), and a special type of infection. Often the reason for the ulcer is not apparent.

Gastroduodenoscopy: The surest way to make the diagnosis is by gastroduodenoscopy. This is done with a long, smooth, flexible optical instrument that has a light at its tip and is as thick as your little finger. Your mouth and throat will be sprayed with an anesthetic to make them feel numb. Also, you will be given medicine to make you feel drowsy during the procedure. The instrument will be passed gently through your mouth down to the stomach and then out to the duodenum. The entire area will be examined thoroughly.

TREATMENT
Most ulcers are successfully treated medically. Some, however, may respond for only a short period or not at all to medicine and so require an operation for cure. These ulcers may hemorrhage or make a hole in the duodenum, so that an emergency operation is necessary; they may narrow or even close the outlet of the stomach, causing vomiting and weight loss. After careful consideration of all factors, it is recommended that you have an operation for your condition.

There are several operations for this condition. The one most suitable for you is antrectomy. This involves removing the lower portion of the stomach and reconnecting the cut ends so that you can eat as before (Fig. 2). Also, the vagus nerves that stimulate the stomach to make acid are cut; this is termed vagotomy.

COMMON SIGNS AND SYMPTOMS
- Severe boring pain in the pit of the stomach or just to the right of it. Typically, it begins 30 to 45 minutes after a meal or in the middle of the night.
- Often the pain is lessened by eating soothing or mild food or by taking medicine to block the stomach from making acid or reduce the amount of acid in the stomach. There may be nausea or vomiting, either from spasm of the stomach or from bleeding into it. With bleeding, the bowel movement becomes very dark.

DIAGNOSIS
- Stomach x-rays (upper GI series): Liquid barium is swallowed, and x-rays are taken of it as it goes down the esophagus into the stomach and out the duodenum. This is a way to see abnormalities such as an ulcer in this area.

Figure 1.

Figure 2. In this operation the distal part of the stomach (the antrum) is removed (between the dashed lines) and the cut ends are reconnected. The vagus nerves (arrows) are divided.
PREOPERATIVE PREPARATION
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not take aspirin or anti-inflammatory agents for 1 week before the operation.
- Do not eat or drink anything for 8 hours before the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

OPERATION
- You will be asleep for the operation.
- The operation usually takes about 2 hours.

POSTOPERATIVE CARE
- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You may have a thin plastic tube in your nose. It goes down to your stomach to suck up the air you swallow. It will be removed when your bowels start working.
- Pain will be controlled with medicine.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- You will be given an incentive spirometer. Breathing into this as you are instructed will help you expand your lungs and reduce the risk of developing pneumonia.
- When the tube from your nose is removed, you will be started on a liquid diet and then switched to a soft diet as you tolerate it. Initially, you will need to eat small meals and to eat more often.
- You should be able to go home in about 3 to 5 days.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.
- As with any operation, complications are always possible. With your type of operation they can include pneumonia, heart problems, poor emptying of the stomach, wound infection, and a sensation of flushing, fainting, or diarrhea after eating certain foods.

HOME CARE
- Continue with the diet program started while you were in the hospital.
- You may walk about as you wish, even climb stairs, but don’t overdo things.
- Take medicine as prescribed for your pain.
- Unless instructed otherwise, you may shower as you wish and with any dressings on or off. There may be narrow strips of tape across the incision. It’s all right if they get wet; they will be removed in the doctor’s office. After you dry yourself, replace any dressings with clean, dry ones.
- Do not drive a car unless you can move freely and without pain and are not on medicines that decrease your alertness.
- You may return to work when you feel up to it.

CALL OUR OFFICE IF
- You develop any unusual signs or symptoms.
- You feel nauseated or vomit.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 101°F.