149. ALTERNATIVE RECONSTRUCTION AFTER ONCOLOGIC GASTRIC RESECTION: FUNCTIONAL AND NUTRITIONAL IMPACT

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Introduction. Gastric cancer remains one of the leading causes of cancer-related mortality worldwide. Surgical resection represents the cornerstone of treatment for resectable disease. Reconstruction of the digestive tract after gastrectomy is essential for restoring gastrointestinal continuity and has a major impact on postoperative recovery, nutritional status, and long-term quality of life. Several reconstructive techniques have been proposed to improve functional outcomes and reduce postoperative complications.

Aim of study. To comparatively analyze alternative digestive reconstruction techniques following oncologic gastric resections and to evaluate their impact on postoperative complications, functional outcomes, nutritional status, and patients' quality of life.

Methods and materials. A narrative review with descriptive and comparative characteristics was conducted focusing on alternative digestive reconstruction techniques following gastrectomy for gastric cancer. Relevant studies published between 2016 and 2025 were identified in PubMed, Scopus, and Web of Science databases using keywords related to gastric cancer, gastrectomy, and digestive reconstruction. Original studies, systematic reviews, meta-analyses, and international clinical guidelines reporting postoperative complications, nutritional status, and quality of life were included. Data regarding types of gastrectomy, reconstructive techniques, postoperative outcomes, and functional parameters were comparatively analyzed.

Results. The analyzed studies indicate that the choice of reconstructive technique significantly influences postoperative functional outcomes, including gastroesophageal reflux, weight loss, anemia, and quality of life, without substantially increasing the risk of major surgical complications. Modern reconstruction techniques showed functional and nutritional advantages. Double-tract reconstruction was associated with better preservation of nutritional status due to maintained duodenal passage, while jejunal pouch reconstruction improved food tolerance and reduced postoperative weight loss. Double-flap reconstruction and jejunal interposition demonstrated favorable results in controlling reflux and maintaining a more physiological digestive pathway.

Conclusions. Alternative reconstruction techniques after gastrectomy for gastric cancer may provide important functional and nutritional benefits compared with conventional methods. Techniques preserving duodenal passage or creating a reservoir, such as double-tract reconstruction and jejunal pouch, are associated with improved nutritional status, reduced reflux symptoms, and better postoperative quality of life. The reconstructive strategy should therefore be individualized according to tumor characteristics, surgical procedure, and patient-related factors.

Keywords. Gastric cancer, gastrectomy, digestive reconstruction.

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