

- (2) 手術中及術後輸液之給予參照食道重建手術之治療要點 (見42頁)，並注意每日體液及電解質之平衡。
- (3) 抗生素使用，可於手術前一天開始至手術後三天內每六小時給藥注射。
- (4) NG tube 之引流需注意是否通暢，俟病人排氣後才考慮拔除。必要時可先以 methylene blue 稀釋液飲用證明無吻合 (anastomosis) 處滲漏時再拔除。
- (5) 於手術後第七天左右可稀釋上消化道攝影劑吞食後作 X 光攝影，無滲漏現象後，再依次進食流質、半流質及軟性飲食等，並少量多餐。
- (6) 胃癌之 Postoperative adjuvant chemoradiational therapy for R0 resection
Regimen A
 1. 5-FU 425mg/m²+ leucovorin 20 mg/m² on day 1-5 rest 28 days
 2. CCRT: R/T 4500cGy /25 fractions
C/T 400mg/m² + leucovorin 20mg/m² on day 1-4 and day 23-25
 3. 5-FU 425mg/m² + leucovorin 20mg/m² on day 1-5 every 4 weeks x2 cycles 28 days after CCRT
 Regimen B
 1. Oxaliplatin 85mg/m² on day 1 + leucovorin 200mg/m² iv for 1 hour + 5-FU 2600mg/m² iv for 48 hours every two weeks x6 cycles
- (7) Treatment guidelines for locally advanced stage
 1. Epirubicin 50mg/m²+ cisplatin 60 mg/m²+ leucovorin 500mg/m² on day 1 + Oral UFUR 300mg/day x21 days every 3 weeks x 3 cycles
 2. Total gastrectomy
 3. Epirubicin 50mg/m²+ cisplatin 60 mg/m²+ leucovorin 500mg/m² on day 1 + Oral UFUR 300mg/day x21 days every 3 weeks x 3 cycles
- (8) 胃癌口服之 Adjuvant chemotherapy
目前多數是以 5-FU + mitomycin or cisplatinum 為主
而口服之 5-FU 目前有 tegafur, uracil-tegafur and S1, 目前 data 顯示可提高存活率
 - A. Sakuramoto S, *et al.* Adjuvant chemotherapy for gastric cancer with S-1, an oral fluoropyrimidine. *N Engl J Med* 2007; **357**: 1810-1820
術後一年內每六週給一個 cycle 的化療；前四週給予 Oral

Fluoropyrimidine (S-1): 40mg/m² x2 /day for 4 weeks 後兩週休息

- B. Nakajima T, *et al.* Randomized controlled trial of adjuvant uracil-tegafur *versus* surgery alone for serosa-negative, locally advanced gastric cancer. *Br J Surg* 2007; **94**: 1468-1476
術後 16 個月每天給 uracil-tegafur 360mg/m²