

**A single center randomized prospective study on the peristaltic
direction of gastrointestinal anastomosis in Roux-en-Y reconstruction
after distal curative gastrectomy for gastric cancer
(DJY002 Trail)**

Edition Number : 1.0

Edition Generation Date : Oct 30, 2020

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Protocol:

- Distal gastric adenocarcinoma (antrum, pylorus, angle, and/or lower part of body) identified by histopathologic examination without non-curative resection factors
- Undergo potentially curative gastrectomy plus lymphadenectomy (cTanyNanyM0)
- Age between 18 and 70 years
- KPS score >60
- No neoadjuvant therapy
- No seriously chronic diseases of important organs

Randomized included in the study

Group A (Isoperistaltic anastomosis)
(n=74)

Group B (Antiperistaltic anastomosis)
(n=74)

Undergo curative gastrectomy plus lymphadenectomy

Isoperistaltic direction of gastrointestinal
anastomosis in Roux-en-Y reconstruction

Antiperistaltic direction of gastrointestinal
anastomosis in Roux-en-Y reconstruction



Differences of effects of early recovery
postoperatively (exhaust, defecation, eating,
residual stomach peristalsis, length of hospital
stay, etc.)

Differences of later gastrointestinal effects
(bile reflux, residual gastritis, gastric emptying
function, etc.)

Evaluation the a reliable peristaltic direction method of gastrointestinal anastomosis
in Roux-en-Y reconstruction for patients in favor of making an important
contribution to reduce medical costs and potential improvements of the prognosis
after distal curative gastrectomy for gastric cancer.