

Pancreas Surgery Pancreaticoduodenectomy (Whipple)

Surgical Oncology

The following information provides a general overview of your care. From this material, you and your personal support team will learn what you must do and what will happen as we work together toward your recovery. Although this material covers standard procedures, each patient receives individualized care.

Your Surgery

Your doctor recommends that you have a pancreaticoduodenectomy. This is surgery to remove part of the pancreas, part of the small intestine (the duodenum), the gallbladder and often the lower part of the stomach. This is a major abdominal surgery with a long recovery period. Because this surgery was first described by A.O. Whipple in 1935, it is often called the Whipple procedure.

Your Care Team

Many different health care specialists will take care of you during your treatment. Your team may include several doctors, nurses, physician assistants, advance practice nurses, dietitians, your personal support team and others. Sometimes you may feel overwhelmed. Please talk with your team members, family and friends about your surgery. They are here to help with any needs or concerns that you and your personal support team may have.

During the 10 days before your surgery, do not take:

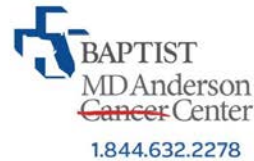
- Aspirin or aspirin products
- Anti-inflammatory medicines (such as products that contain ibuprofen)
- Anticoagulants (any products that prevent or delay blood clots). The exception to this is Lovenox®, which is usually discontinued approximately 24 hours before surgery.
- Any vitamins or minerals in high doses that exceed 100% Daily Value (DV). Look on the Supplement Facts label on the container.
- Any over-the-counter herbal supplements.

After Surgery

You may have the following tubes:

- An IV for fluids

Patient Education



- A Foley catheter, which may be removed the third day after surgery. A Foley catheter is a soft, rubber tube with a balloon tip that continuously drains urine from the bladder.
- A nasogastric (NG) tube, which may be removed as early as the morning after surgery. An NG tube is a thin tube, from the nose to the stomach that prevents nausea and vomiting by removing fluids from the stomach.
- Possibly a J-tube or G-tube. You will receive liquid formula through the J-tube with help from a pump. J-tube feedings give your upper digestive system time to heal before and while you ease into eating by mouth. **J-tubes are often left in place for four weeks after surgery, even if not being used.** The J-tube provides a fall-back system if you have problems when trying to return to taking in foods by mouth.
- Surgical drain to help with collecting fluid. If placed, these tubes and/or drains will be removed during a follow up visit to the clinic and usually slip out easily without pain or discomfort.

Stitches (sutures), metal clips (staples) or possibly medical glue will hold the edges of your incision together. Your health care team will check your incision regularly to make sure there is no bleeding or signs of infection.

Symptoms to report

After surgery, you will have a suture line with metal clips, stitches or surgical adhesive strips at the surgery site. Be sure to inspect your incision site daily for signs of infection. Report immediately to your doctor or nurse any of the following signs and symptoms:

- Swelling
- Increased redness or heat
- Separation of the skin
- Increased drainage containing pus
- A bad odor
- Increased pain or tenderness
- Fever of 101°F (38.3°C) or higher

Unless otherwise instructed, clean your incision with soap and water at least once each day. Pat the incision dry with a clean towel. Ask your doctor or nurse if you can take a shower or bath.

Precautions

For the first two weeks after you leave the hospital, do not drive. After two weeks, continue to avoid driving if your incision is painful or if you are taking narcotic pain medicine. Your reflexes may be slower than you think they are.

- As long as you are taking opioid pain medicine, do not drink alcohol.
- You may have fatigue, diarrhea, weight loss and a full feeling that does not disappear. After a few weeks, however, these conditions will continue go away and you will eventually be able

to return to a normal post-operative diet and routine. This will consist of eating small, frequent meals throughout the day.

Eating After Surgery

- Patients usually begin a clear liquid diet when they are ready to eat food after surgery. The diet will gradually include other foods as you heal. Your ability to eat foods depends on how your digestive system and stomach are working. Some patients are able to eat a regular diet with limited fat and limited fiber content. Eating a low-fat and low-fiber diet also helps the stomach to empty faster and avoid digestive problems. Right after surgery, you will probably need to eat five to six times a day. Some patients have a change in taste after surgery. Reintroducing foods will be a trial and error process, and your dietitian will work closely with you to explore options.

Pancreatic Enzymes

- Pancreas cancer or the treatments for pancreas cancer, including the removal of part of the pancreas, may change the way the body digests food. When this happens, patients benefit from taking pancreas enzymes. If you were taking pancreas enzymes before surgery, you will likely need these enzymes for the rest of your life. The quantity of enzymes that will be required will fluctuate over time, especially within the first few weeks after surgery. Your medical team will work closely with you to help determine the dose of enzymes that is right for you.

Follow-up Care

Return appointments will be scheduled for you. The drains (if present) will be removed during a follow-up visit a few weeks after surgery as determined by your surgeon. The tubes will slide out easily and painlessly.

Emergency Center In case of any emergency, call 911 or go to the nearest emergency center. *For non-emergencies during business hours, call our triage line at 904-202-7300 option 3.*