

# Pancreaticoduodenectomy (Whipple procedure)

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A Pancreaticoduodenectomy is the removal of the head of the pancreas, part of the duodenum, the lower bile duct, and the gallbladder. It is often called a Whipple procedure.

Once you decide to have surgery, it will take place over the next few weeks. The surgeon's office will contact you with the date and time of your surgery.

The surgery takes about 5 to 7 hours. You can expect to stay in the hospital for about a week. This handout will help you learn about the surgery, how to prepare for surgery and your care after surgery.

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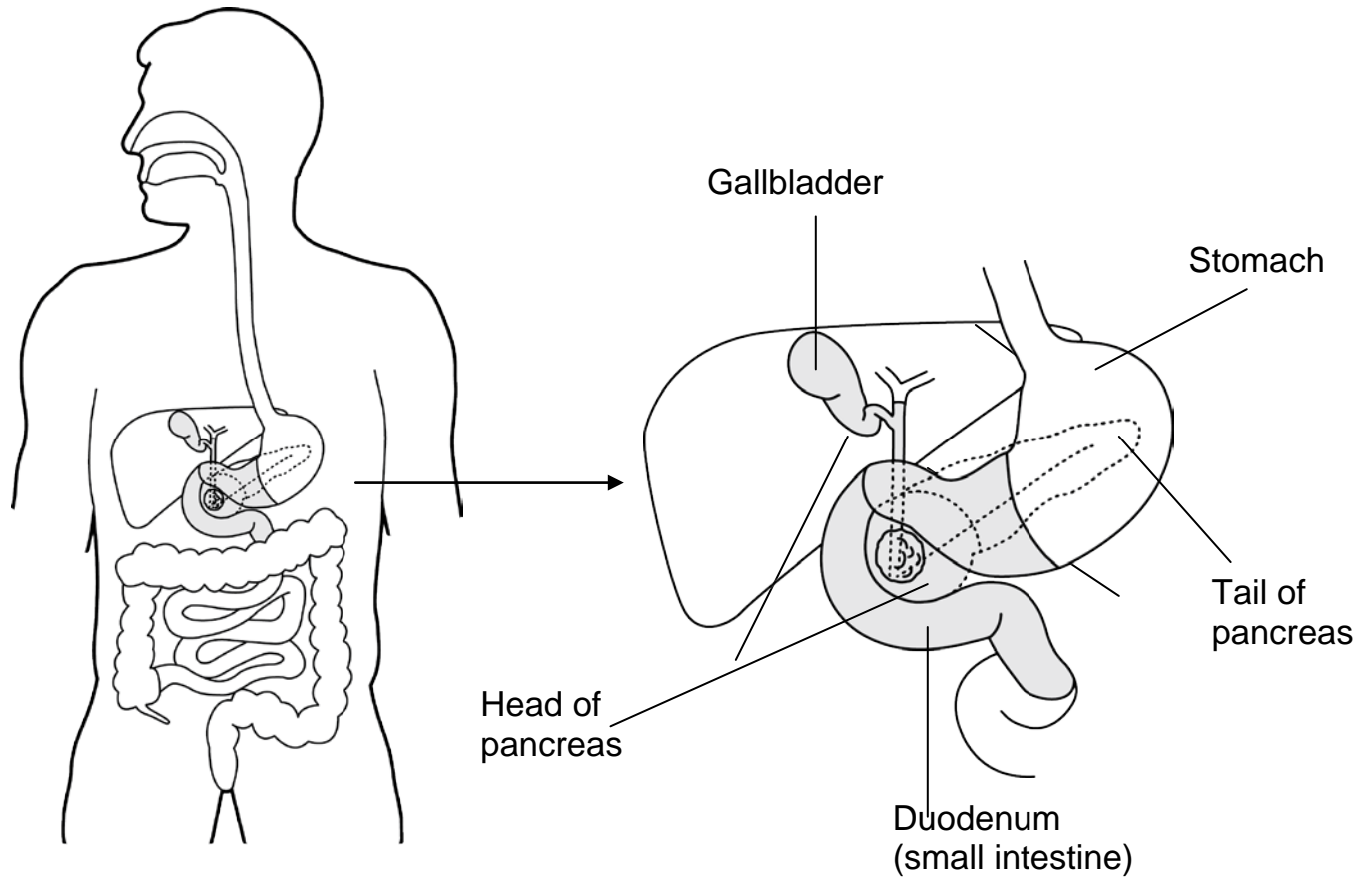
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## Research

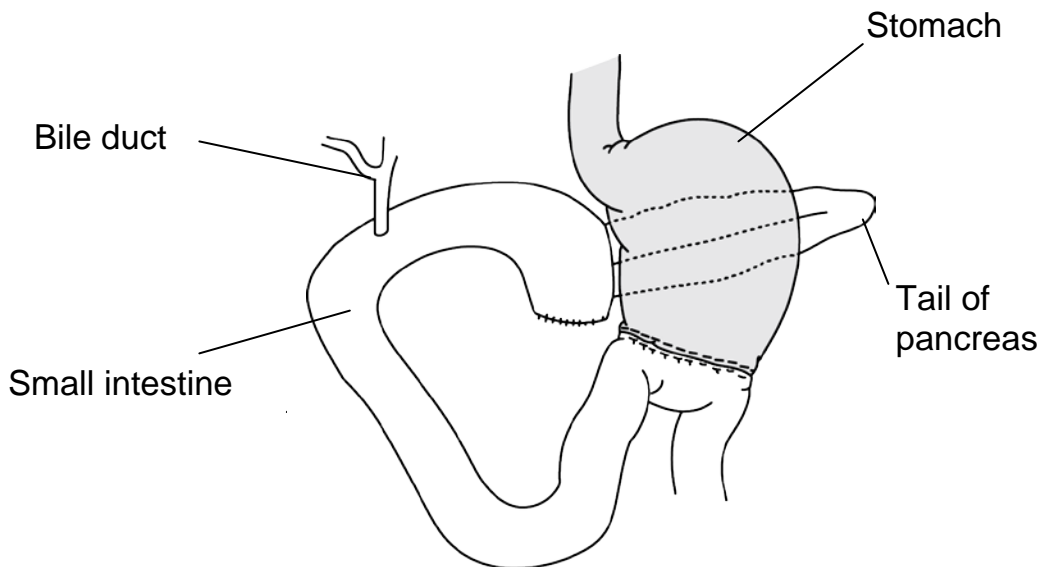
During your clinic visit and hospital stay you may be asked to take part in a research study. The research will be explained to you. You can decide whether you want to take part or not. If you decide not to take part, your care will not be affected.

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## The Whipple procedure



The head of the pancreas, part of the duodenum (small intestine), the lower bile duct, and the gallbladder are removed.



The remaining bile duct and pancreas are reconnected to the small intestine.

## Preparing before surgery

Keep up with your regular activities, exercise and eat a balanced diet. You want to be as strong as you can before you have the surgery.

Arrange for someone to help you around the house and do errands for you when you come home after surgery.

Follow the pre-op checklist and medication instructions that were given to you during your pre-op visit.

## Day of your surgery

On the morning of your surgery go to the Same Day Surgery Unit. A nurse will admit you and start your intravenous, or IV. You may be given some medications. You will then go to the Operating Room, either walking or on a stretcher. Your family may go with you and wait in the waiting area outside of the Operating Room. You will see nurses and doctors in the Operating Room. The anesthesiologist will give you some medication to help you fall asleep.

## After surgery

After your surgery, you will go to a hospital bed where you will be closely watched. This could be in the Intensive Care Unit, or ICU or Observational Unit on E4/F4.

A nurse will be with you as you wake up. On the ward the nurse will check your blood pressure, heart rate and temperature (vital signs) and dressing as needed.

Along with your IV, you may have:

- A Patient Controlled Analgesia (PCA) pump— where you push a button to give yourself the pain medication.
  - An epidural catheter which is when the pain medicine is given through a thin tube into a small space in your lower back.
  - A tube called a foley catheter in your bladder to drain urine during surgery.
  - Tubes or drains near your incision area to drain extra fluid that can build up after surgery.
  - To wear special pressure stockings, (TED stockings) or boots (moon boots). These stockings and boots keep blood moving and help prevent blood clots after surgery.
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## Pain

You will have pain and discomfort after surgery, especially around your incision. Pain medicine will be given to you on a regular basis to keep you comfortable and your pain under control. As you heal, your pain should lessen each day.

Pain medicine can be given in different ways:

- PCA pump
- epidural - usually given for 3 to 5 days
- in your intravenous, or IV
- pills - when you are able to drink fluids

Most pain medicines can make you constipated. Stool softeners will be given to help prevent this problem.

You may also have stomach discomfort related to gas pains for a few days after surgery. Walking helps to lessen this discomfort.

## Subcutaneous injections

After surgery you will need medication to prevent blood clots. This medication is given with a needle under the skin. It is called a subcutaneous injection. You will also need subcutaneous injections to stop digestive secretions.

## Dressing and incision

Your nurse will let you know when you can shower.

Your incision is in the upper abdomen (belly) below the rib cage and above your belly button. The incision will be covered by a dressing. The dressing will be removed 2 to 3 days after surgery.

The incision will be closed with dissolvable stitches, or staples which will be taken out in about a week after your surgery. If the staples are still in when you leave the hospital, they may be taken out by your family doctor, home care nurse or at your follow-up appointment with your surgeon.

## Activity

While in the hospital you will feel tired and unwell. While rest is important, getting up and walking can help most patients feel better and recover quicker. You will be encouraged to do deep breathing, coughing and leg exercises after surgery.

Walking and increasing your activities helps to keep your lungs healthy, prevent blood clots and get your bowels moving.

Move as much as possible while in the hospital:

- Sit up near the edge of the bed and dangle your legs.
- Sit up in a chair for meals.
- Sit up when visiting.
- Walk around the hallway (before doing this, ask for assistance from your nurse or therapist).

## Feeling tired

It is normal to feel tired after surgery. It may take weeks to months for your energy to return to normal. Everyday do a bit more, walk a little farther.

At home, gradually resume your normal activities. Avoid heavy lifting (5 lbs or 2 kgs) or straining for at least 6 to 8 weeks. Do not do any heavy lifting or strenuous exercises until you check with your surgeon.

## Eating

You will have an IV for fluids and medicine. Your IV is removed when you are drinking and if not needed for medicine. Slowly, you will start drinking clear fluids then progress to eating solid foods. You may find that you need to eat small amounts of food 4 to 6 times a day.

You may also feel nauseated or sick to your stomach. Medicine will be given to decrease this feeling.

A dietitian is available to talk with you about eating a healthy diet as you recover from surgery.

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## Pancreas

The pancreas helps our bodies digest food and control blood sugar levels.

You may have a hard time digesting fats and have diarrhea. You will most likely lose weight after surgery. There is a small chance that you may develop diabetes after your surgery. Diabetes is when your body does not use sugar properly

## Going home

You will need to arrange for transportation home. If you are taking strong pain medicine with a narcotic, such as morphine do not drive, operate heavy machinery or drink alcohol.

When you go home, you will be given:

- ✓ prescriptions for pain medicine, a stool softener and an antacid
- ✓ a follow-up appointment with your surgeon

Your nurse will review with you what you need to know about how to care for yourself at home. Discuss your concerns with your nurse. Ask the nurse to explain or clarify anything you do not understand. We want to ensure you know what to do when you go home.

**Please see the back page for when to call the surgeon.**



## Call all your surgeon if you notice **ANY** of these problems:

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**Fever**      • Your temperature is 38°C (100°F) or higher.

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**Incision**      • Pain in your incision that does not get better with medication.  
• Your incision is coming open, bleeding, draining or has yellow, green or smelly discharge.  
• The skin around your incision is red or swollen.  
• You are concerned about your incision.





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**Abdomen**      • You are constipated, or no bowel movement in 3 days.  
• You are vomiting or have diarrhea.  
• You have pain in your abdomen or feel sick to your stomach.

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**Skin**      • You notice that the whites of your eyes or your skin looks yellow.

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**Other**       You have pain or tenderness in your leg (thigh or calf) with swelling, redness or warmth.  
 You have trouble breathing, chest pain or cough up blood.  
 You have lightheadedness or dizziness that does not go away.  
 You have a rapid heart beat (palpitations), facial flushing, sweating.

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If you have concerns about your surgery, do not wait for your follow-up appointment, call your surgeon. If you are unable to reach the surgeon, go to Emergency.

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**Problems marked with this sign are emergencies.  
Call 911 or go to Emergency.**

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