Distal Pancreatectomy with Splenectomy Surgery
The Patient’s Guide

Where life shines bright.™

Methodist Dallas Medical Center
1441 N. Beckley Ave.
Dallas, TX 75203
214-947-8181
MethodistHealthSystem.org
Find a Specialist

214-947-1766
Welcome to the Pancreas Surgery Program

We are excited to join your team.
You have been referred to Methodist Dallas Medical Center for pancreatic surgery. Studies show that pancreatic surgeries have better outcomes and fewer complications if done at a hospital that performs these specialized surgeries more frequently.

At Methodist Dallas, you are being cared for by a multidisciplinary team that has increased skill and expertise in this specialty. This team includes surgeons, nurses, radiologists, internal medicine doctors, pathologists, cancer doctors, and other specialized caregivers.

Our Goal
We want to help you through your treatment from beginning to end with as few complications as possible. This guide book will help you learn about what to expect before and after surgery, so you and your family will know how to play an active part in your recovery and healing.
Table of Contents

Distal pancreatectomy 3, 4
Splenectomy 4, 5
Before surgery: Appointments 5
Before surgery: Bowel clearing and stopping medications 6
After surgery: Where you’ll be cared for, breathing 6
After surgery: Tubes and drains, your team, eating and drinking 7
After surgery: Pain expectations and management 8, 9
After surgery: Preventing problems, activity plan 10
Discharge and follow-up 11
What is the pancreas?
The pancreas is a gland that sits behind the stomach and is attached to the small intestine.

What does the pancreas do?
It has two jobs:

1. It makes enzymes that are sent into your intestines to help break down fats and other food.
2. It produces insulin, which controls the level of sugar in the blood. Lack of insulin causes diabetes.

The pancreas is in contact with very important veins and arteries as well as other organs. All of these have to be considered when operating on the pancreas.

How will my lifestyle be affected with a portion of my pancreas removed?
There is a small risk of developing diabetes after this operation. In most cases, if you are not diabetic before the surgery, you won’t be after it. However, if you are diabetic before the surgery, additional insulin or medication may be needed.

The enzymes that the pancreas makes to help with digestion of food may be affected after this surgery. Signs will be passing loose, greasy-looking stools more than three times a day. In this case, your doctor will prescribe you enzyme supplements to take with your meals.

Although you will need time to recover, almost all patients who have this surgery get back to living their normal life. You should be able to eat and drink normally and get back to your usual activities.

Benefits of surgery for cancer patients
Potentially curative surgery is used when tests suggest that it looks like all the cancer can be removed. The aim of this surgery is to remove all of the visible tumor or growth. In general, patients treated with surgery survive longer.
A distal pancreatectomy, also known as a pancreatic tail resection, is performed primarily for benign, precancerous, or cancerous conditions of the pancreas — usually to remove a tumor, a cyst, or parts of the pancreas damaged by pancreatitis.

The pancreas has three parts: head, body, and tail. During this surgery, the tail and a portion of the body of the pancreas is removed. The spleen is also removed because it is attached to the pancreas.

Depending on the reason for surgery and exact location of the problem, this surgery can be performed either laparoscopically (with cameras and several small punctures) or as open surgery using a larger incision. Your doctor will let you know which type is planned for you.

**Splenectomy**

**Function of the spleen**

The spleen is a fist-sized organ located in the upper left side of your abdomen. The spleen helps to fight infections, gets rid of old or damaged red blood cells, and stores blood for your body. You can live without a spleen, but you may be more susceptible to certain bacterial infections.

Splenectomy is the name of the operation that will be done to remove your spleen. The spleen is attached to the tail of the pancreas so it will be removed at the same time as your pancreas.
Splenectomy: before- and after-surgery vaccines

Before- and after-surgery vaccines

Your spleen is part of your immune system and helps to fight certain bacterial infections. You will need three vaccinations 14 days prior to or 14 days after the operation. Visit your primary-care physician, the Dallas Health Department, or Passport Health to obtain these vaccinations to prevent infection.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal vaccine polyvalent (Pneumovax® 23)</td>
<td>Revaccinate every 6 years</td>
</tr>
<tr>
<td>Age &gt; 55: Meningococcal polysaccharide vaccine</td>
<td></td>
</tr>
<tr>
<td>(Menomune®-A/C/Y/W-135)</td>
<td>Revaccinate every 3 to 5 years</td>
</tr>
<tr>
<td>Age 16-55: Meningococcal polysaccharide diphtheria toxoid conjugate vaccine (Menactra® A/C/Y/W-135)</td>
<td>May need revaccination every 3 to 5 years</td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine</td>
<td>No revaccination needed</td>
</tr>
</tbody>
</table>

*Vaccines need to be done at least 14 days before surgery, and revaccination should be done according to the list above.*

It is important that you see a doctor IMMEDIATELY if you have any of the following symptoms because these are signs that you may have an infection:

- Fever
- Chills
- Abdominal pain
- Skin rash
- Diarrhea
- Achy or weak feeling
- Cough
- Vomiting

Before Surgery

Once a decision for surgery has been made, the office scheduler will provide you with information on the time and place to arrive for your surgery. Your doctor will tell you if you need to be evaluated by a cardiologist and/or pulmonologist before surgery can be scheduled.

Pre-op appointment

About a week before surgery, you will be called to make a pre-op appointment. During this appointment, your medical history will be recorded and your blood will be drawn. Bring your medication bottles to this appointment. This helps doctors to prescribe the right medications while you are in the hospital. Please make sure you have plenty of your usual medicines at home before you come to the hospital for surgery.
Before Surgery

Diet and bowel clearing

In the weeks before surgery, you should try to eat a high-protein diet as well as five servings of fruits and vegetables a day.

- The day your surgery is scheduled, we will give you instructions that include the date of your surgery and what to eat the day before surgery.
- You can continue to eat a normal diet until 24 hours before your surgery.
- During the 24 hours before your surgery, you may only have clear liquids. Examples include chicken broth, Jell-O, water, and apple juice. Do not drink anything red.
- You may be instructed to take a laxative the day before surgery.
- The morning of surgery, you should drink water or Gatorade until you head to the hospital. Once you have started your trip to the hospital, you should have nothing more by mouth.

Stopping medicines before surgery

There are several medicines that do not mix well with surgery. When your surgery is scheduled, you will receive written directions on which medicines to stop taking and when. These are usually blood-thinning medications like aspirin, warfarin, and Plavix and herbs like St. John’s wort.

After Surgery

Where you will be cared for

Immediately after surgery, you will go to the recovery room for about an hour until you are able to wake up. During this time, your family will be updated by the surgeon on how your surgery went. After the recovery room, most patients go directly to the surgical floor. This is a special floor with staff that is trained in caring for your surgery. Once you are in your hospital room, your family can visit. You will usually stay on the surgical floor until you go home.

Breathing after surgery

Most patients do not need a ventilator (breathing machine) after surgery, but there is a small possibility that you may need to be on one overnight. You will be taken off the ventilator as soon as possible. When the breathing tube is in place, you will not be able to talk.
Tubes and drains
You will have one drainage tube on the right side of your abdomen that is connected to a little bulb. This is called a Jackson-Pratt drain. This tube will drain the extra fluid in the area where surgery was done. This tube will stay in after you go home and will be removed in your doctor’s office at your first follow-up visit after surgery.

After you go to sleep in the operating room, a plastic tube will be inserted through your nose, down your throat, and into your stomach. This is called a nasogastric tube. It will suction secretions out of your stomach during surgery. The tube is usually removed in the surgical suite after the surgery is completed. Sometimes it is left in to prevent nausea in the first few days.

Your team
During your hospital stay, your day-to-day treatment team will consist of many professionals, all working together.

NURSE
He or she will check on you multiple times a day to give you medications, monitor your wounds, monitor your vital signs, assess your condition every few hours, and report changes to your doctor.

PATIENT CARE TECHNICIAN (PCT)
Your PCT will check on you frequently and help with daily bathing, linen changes, bathroom assistance, vital signs, blood drawing, and other necessary tasks.

SURGEON
Your surgeon will check on you at least once a day.

RESIDENTS AND INTERNS
These are doctors who have finished medical school and are being trained at Methodist Dallas Medical Center by your surgeon. They will be around frequently, keeping a close watch on your progress and reporting to your surgeon. They are in the hospital 24 hours a day, so if an issue arises the residents and interns are easily available.

Eating and drinking
The spleen and pancreas are just behind the stomach, so your stomach may take a few days to begin to work again. If your surgery was done laparoscopically, you will be started on a clear liquid diet the day after surgery. If it was done with an open incision, you will not have anything to eat or drink for the first two days. Fluid to keep you hydrated will go through your arm into your veins. During this time, you may have ice chips, sugar-free gum, and hard candy.

Once you pass gas, you will try water and other clear liquids. If you are able to drink these without feeling sick to your stomach, you will be given heavier liquids and then soft food. These steps will take place over several days.

It may be hard to eat and drink at first because of feeling sick to your stomach. This is not unusual. Please let your nurse know and he or she will give you medicine to help with your stomach sickness.
After Surgery:  
Pain expectations and management

What kind of pain should I expect after surgery?
Everyone’s pain experience after surgery is different and unpredictable due to opioid tolerance, previous experience, comorbidities, age, gender, type of surgery, and type of anesthetic.

Will I be pain-free?
The goal of pain management is to restore function after surgery. We will work with you to establish a safe level of pain relief. Your discomfort level may not go down to a 0 out of 10, but we want to do everything we can to make you as comfortable as possible without over-sedating you.

Why is pain management important?
With good pain management you get well faster. You can start walking, do your breathing exercises, and regain your strength more quickly. Good pain management has been shown to speed recovery and increase good outcomes by allowing the patient to meaningfully participate in postsurgical recovery activities.

How can I participate in my pain management?
Ask about the schedule of pain medicines. Some medicines are scheduled and will be brought at a set time. Other medicines are brought to you only when you request them. Please inform your nurse if your pain is not being well controlled.

Can I get addicted to pain medicine after surgery?
As long as pain medication is taken when there is actual pain and not for other reasons, addiction should not be an issue. Addiction to pain medication can happen if the medications are used improperly. Each week your need for pain medication will decrease as your incision heals.
How will my pain be managed?

**During surgery**
Depending on your surgeon’s choice, you may have a pain medicine injected into your back during surgery. This is called an epidural. Another option your surgeon may choose is inserting an On-Q® pain pump into the surgical incision. This releases medicine to the direct site.

**After surgery**

- **IV narcotics**: After surgery, intravenous (IV) pain medications will be used to treat your pain. The most common are morphine or Dilaudid.
- **Oral narcotics**: Once you are able to eat a solid diet, oral pain medications will be used to treat pain. Common oral medications are hydrocodone (Norco) and tramadol (Ultram).
- **Non-narcotics**: In addition to narcotics, your physician can order mild medications to assist with pain relief. The common thought is that mild medications like Tylenol or ibuprofen cannot treat pain better than strong narcotics. The truth is, they work very well when used together and can greatly improve pain relief.

What pain management techniques can be used other than medication?

- **Relaxation**: Simple techniques can help to increase comfort.
- **Music**: Music can provide relaxation and distraction.
- **Physical agents**: Heat or cold therapy, massage, rest, and good body alignment may help to lessen pain.

Will I have pain management help after going home?
You will go home with a prescription for oral pain medication if needed at the time of discharge.
After Surgery: Preventing problems

After Surgery

Preventing problems
Blood clots: After surgery, you will be given a daily injection of a blood thinner until you go home. You will also have blue wraps on your legs that pump up to help your blood circulate. The risk of blood clots goes up if these wraps are not used.

Pneumonia: You will be given a breathing exercise called an incentive spirometer. You will suck on this like a straw, and it will help you take deep breaths. It may make you cough as well, which is good for your lungs. You should take 10 breaths with the incentive spirometer every hour while you are awake to reduce risk of getting a lung infection and to decrease the use of the oxygen supplement.

Getting out of bed and walking: You can bring a robe from home for walking in the halls. After you have your Foley catheter removed, you can wear your own pants or pajama bottoms.

Activity plan
Day 1  Spend at least two hours out of bed in the chair. One walk outside of the room in the hallway with assistance.

Day 2  Spend four hours out of bed in the chair. This can be done one hour or two hours at a time if breaks are needed. Complete two walks outside of the room with assistance.

Day 3  Six hours out of bed. Your walks should be getting longer.

Day 4  Take three or more walks around the halls from this day forward.

ALWAYS WAIT FOR STAFF ASSISTANCE BEFORE GETTING OUT OF BED.

The above activity plan is recommended to help with recovery. Incomplete participation in out-of-bed activities can lead to slower recovery time, digestion delay, and possibly more serious problems.

For medical reasons, your surgeon may instruct you to slow down or stop your out-of-bed activity for a day or so. This will be temporary.
**General discharge information**
You will be discharged when you are:

- Eating a regular diet
- Having regular bowel movements
- Not showing signs of infection or running a fever
- Walking with minimal assistance
- Controlling pain with oral medications only

Most patients go home three to five days after laparoscopic surgery, and five to seven days after open surgery.

**Follow-up**
A follow-up appointment with your surgeon should be made for one to two weeks after your discharge. Your abdominal drain will be removed at that time.

**Further treatments**
If your surgery was to remove a tumor or growth, a sample was sent to the lab to look for cancer cells. If cancer cells were found, your surgeon will talk with you at your follow-up appointment and will assist with making an appointment with an oncologist (a cancer specialist), who will discuss with you if chemotherapy is recommended.

**Further testing**
You will need to visit your surgeon’s office every three months to monitor the recovery progress. If cancer was found, it is important that you also have a CT scan every three months. Please bring the CT scan disk with you to your follow-up appointments.
Where life shines bright.

Methodist Dallas Medical Center
1441 N. Beckley Ave.
Dallas, TX 75203
214-947-8181

MethodistHealthSystem.org