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.
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What is the Whipple Procedure?
The Whipple procedure, also known as a pancreaticoduodenectomy, is an operation most often performed to remove a growth from the duodenum (the first part of the small intestine), the bile duct, or the head of the pancreas. It is also done to treat pancreatic cysts in the head of the pancreas, chronic pancreatitis or strictures in the pancreatic duct or bile duct.

The operation consists of removing the gallbladder, part of the bile duct, the duodenum, and the head of the pancreas and sometimes the lower portion of the stomach. The surgery generally takes three to five hours to complete. You may or may not require a blood transfusion during the surgery.

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.

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.

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.

Before surgery

Once a decision for surgery has been made, the office scheduler will provide you with information on the time and place of 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.

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.
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, you will go to the intensive care unit or to the surgical floor. The intensive care unit is used for patients who need to be monitored closer. The surgical floor is for patients who are more stable. It 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 and monitoring
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.

When the breathing tube is removed, the nurses will teach you how to cough and take a deep breath.

You will also have a heart monitor so that the nurses and doctors can check your blood pressure and heart rate more frequently.

Urinating
A Foley catheter will be placed into your bladder while you are asleep to drain urine. It usually stays in place for one to two days.

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 around the pancreas 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.

You will also have a feeding tube placed during surgery (gastric tube or jejunostomy tube). If needed, this can be used to give you nutrition during your hospital stay and after discharge. The tube will be removed in the office at your first follow-up visit or when your surgeon feels you’re eating enough and able to maintain your weight.

Incision
Depending on the type of surgery you have, you will either have three to five small punctures on your abdomen sealed with surgical glue (for robotic/laparoscopic surgery) or a midline incision with staples above the belly button (for open surgery).
After Surgery

Eating and drinking
The first few days after surgery are spent without eating or drinking. During this time, you may have ice chips, sugar-free gum and hard candy, but nothing more. We are waiting for your bowel function to return.

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.

Difficulty eating
Nausea: 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. Before you go home, a dietitian will talk to you about what foods to eat at home during your recovery.

Decreased appetite: A small portion of the stomach and small intestine are removed during this surgery. It is not uncommon for the stomach to be slow returning back to full function. There is no way to predict how fast your stomach will resume its normal activity, and all patients must use the trial-and-error method of reintroducing foods during this time. This may take several weeks to get back to your usual habits again. While it may be frustrating, it is completely normal after this type of surgery to feel full quickly or to have a low appetite.

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.
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.
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 positive 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.
After Surgery: Pain expectations and management

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.
Discharge

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 seven to 10 days after open surgery and five to seven days after robotic/laparoscopic surgery.

Follow up
A follow-up appointment with your surgeon should be made for one to two weeks after your discharge. Your staples and abdominal drains are usually 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.