Health Facts for You

Whipple surgery: a guide for patients and families

UWHealth

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Whipple surgery is complex and delicate. This booklet will tell you what to expect for your surgery.

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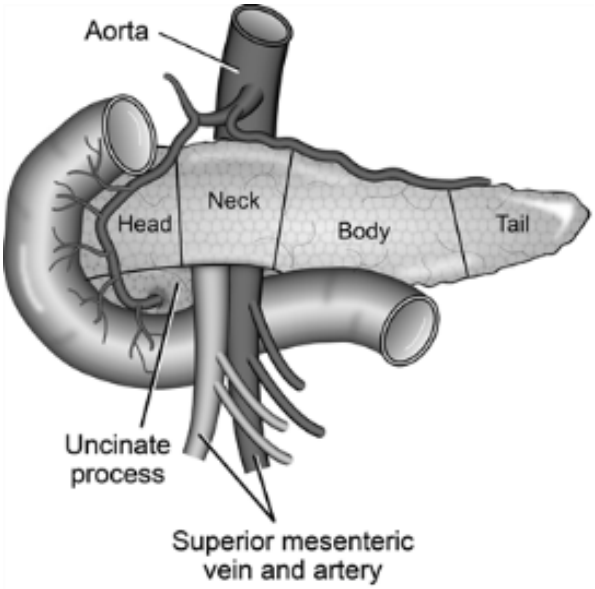
Whipple Surgery

This surgery is most often done because of pancreas tumors and other disorders within the pancreas head.

How the Pancreas Works

The pancreas is an organ with two main functions.

1. It makes insulin which controls blood sugar levels.
2. It makes digestive juices which neutralize the acid made by your stomach.



Meet Your Team

We have an expert team that works together to care for you through your journey. Based on your diagnosis, you may meet with many cancer specialists. See below for some of the members of your care team and what they do. We want to make sure you and your family receive the care you need before, during, and after surgery.

Surgeon

This is the doctor who performs the surgery and manages your care.

Nurse Practitioners and Physician Assistants (APPs)

These advanced practice providers help with all aspects of your care including symptom management. They work in the hospital and clinics.

Registered Nurses (RN)

These nurses help to take care of you while in the hospital and answer your questions after surgery.

Anesthesiologist

These specially trained providers monitor and take care of your pain.

Fellows/Residents/Students

Help with your surgery and care. Have various levels of training in surgery.

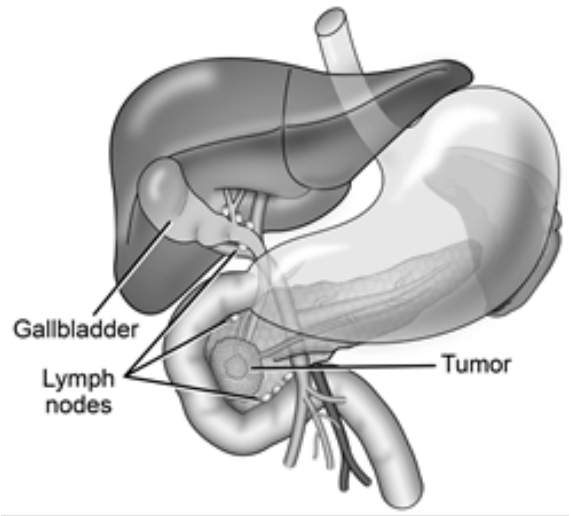
Case Manager/Social Worker

Help coordinate any special. Needs you have before or after your hospital stay.

Your Surgery

Staging Laparoscopy

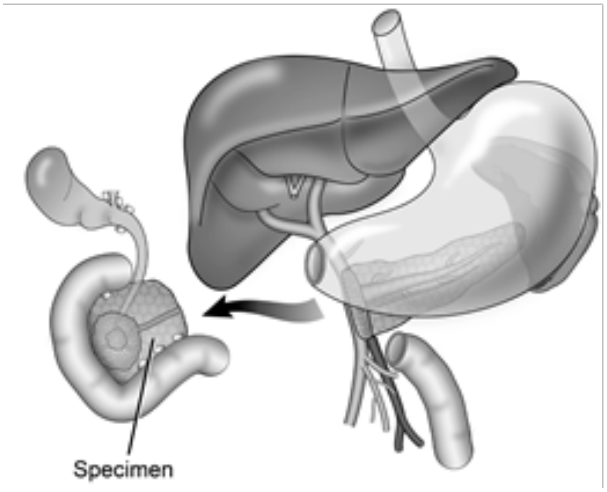
You will first have surgery to "stage" the cancer. Staging helps to figure out if the cancer has spread. This is done using a laparoscope. Your doctor will make small incisions or cuts in your belly. Your doctor uses these openings to look at your liver, the fatty layer covering your intestines, and other nearby organs. The doctor will also look at your lymph nodes and may take tissue and fluid samples for a biopsy.



The staging surgery is often done 1-2 weeks before your Whipple. It could also be done at the same time as your Whipple. If there is no further spread of cancer, the Whipple surgery will be done.

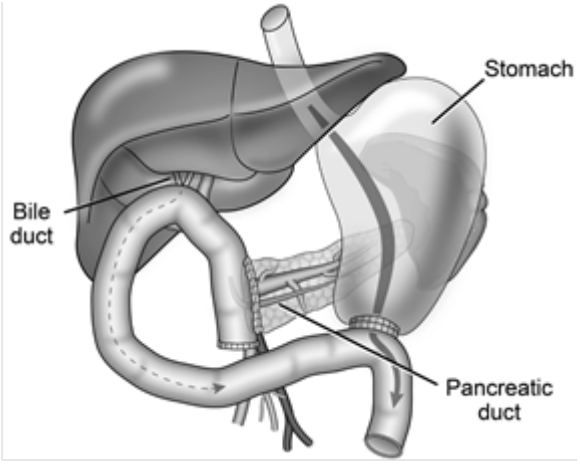
Whipple Surgery

Step 1: The surgeon removes the part of the pancreas with the tumor. The first part of the small intestine, bile duct, gallbladder, and nearby lymph nodes will also be taken out. Sometimes the lower part of the stomach is also removed.



The surgery will remove the tumor and some of the normal tissue around it. The normal tissue is examined to see if it is free of cancer cells. This is known as getting "**clear margins**." Having clear margins improves the chances, but doesn't guarantee, that all cancer cells have been removed.

Step 2: This part of the surgery involves sewing your digestive tract back together. You will have three new connections called "**anastomoses**."



Length of Surgery

The surgery takes around 4-8 hours, but it can vary by patient. When the surgery is done, the surgeon will talk with your family to give them an update.

Getting Ready for Surgery

Dealing with Distress

Distress can be described as feeling powerless, discouraged, depressed, sad, hopeless, guilty, afraid, or uncertain. Distress is common for people with a new cancer diagnosis as well as their family and friends. It is normal to worry, but you should know when to seek more help. Talk to your doctor if you are:

- Very irritable and angry.
- Unable to cope with the pain and tiredness.
- Have a hard time making decisions.
- Feeling overwhelmed or panicked.

We have psychologists and social workers who are experts in cancer care. Please let us know if you would like their help.

Other methods of coping include:

- Self-help support groups
- Talking to a counselor
- Writing your feelings in a journal
- Exploring spiritual and religious beliefs.
- The American Cancer Society's resources on their website. https://www.cancer.org/

Quit Smoking



If you smoke, quit smoking 4-6 weeks before your surgery. Stay smoke-free for at least 4 weeks afterwards. Smoking slows wound healing and can cause other problems. If you want help to stop smoking:

- UW Health Smoking Cessation and Prevention Clinic: **(608) 263-0573**
- https://www.facs.org/education/patient-education/patient-resources/prepare/quit-smoking
- https://ctri.wisc.edu/quit-line/

Stay Active

Exercise improves blood flow. It also makes breathing easier after surgery. Walk each day for 30 minutes or try an aquatics program. With any type of exercise, be sure to warm-up for 5 minutes. Stretch before and after activity. Muscles tend to stretch better when the body is warmed up.

Nutrition Before Surgery

Extra protein in your system before surgery improves wound healing. It also helps you to maintain your muscle mass. Eat 60 grams of protein or more a day. A piece of chicken breast the size of a deck of cards is about 30 grams of protein. To learn more visit: www.uwhealth.org/nutrition. You can also call the Nutrition Clinic at **(608) 890-5500**.

If you keep losing weight and/or are having diarrhea, you may not have enough pancreas enzymes. Report these symptoms to your nurse or doctor.

Pre-Anesthesia Clinic

The pre-anesthesia clinic offers a standard evaluation for UW Health surgical patients. The goal of the clinic is to ensure the best outcomes after surgery.

- If you qualify, the pre-anesthesia team will call you to schedule a visit.
- During the visit, the anesthesia team will review your health conditions and discuss any risks, concerns you may have, and your anesthetic plan.
- The benefits of this visit include:
    - Preparing you for surgery
    - Improved safety and outcomes after surgery
    - Decreased risk of same day surgery cancellations

IMPACT Advanced Recovery® Drink

Studies have shown that drinking IMPACT Advanced Recovery® before Whipple surgery can shorten your time in the hospital. It can also lower your chance of infection.

- **5 days** before surgery, drink **2** IMPACT Recovery® drinks per day.

Medicines

Your medicines affect your care. All medicines will be reviewed at your clinic visit before surgery. Instructions will be given to you. Be sure to follow them or your surgery could be cancelled. Please talk to your nurse or doctor before stopping or changing any of your medicines.

- **7 days before surgery:** Stop all blood-thinning medicines, NSAIDS, vitamins and supplements. This includes aspirin (Excedrin®), ibuprofen (Advil®, Motrin®), and naproxen (Aleve®).

If you have diabetes, we want to be sure that your sugars are well managed. Talk with your primary care or diabetes provider before surgery. Discuss your blood sugars and changes that might be needed with your medicines before surgery.

Your Stay in the Hospital

Lines and Drains

After surgery, you will have several lines and drains. These could include:

- IV lines for fluids/hydration
- Nasogastric tube (NG tube) to drain your stomach so you don't throw up
- Foley catheter to help drain your bladder
- Epidural (PCEA) to give you pain medicine
- Drains in your belly to help monitor your pancreas

Doctors and nurses will monitor these lines and drains. Strict intake and output are recorded in the hospital. You will learn how to take care of any drains at home, if needed.

Nutrition After Surgery

Nutrition and hydration are very important after surgery. We will ask you to start drinking protein shakes starting the first day after surgery. Your fluid intake will need to increase during the first few days after surgery. The protein drinks come in many flavors. If you dislike a flavor, ask your nurse for a new flavor. These drinks can be diluted with water to make them easier to drink.

If you can drink fluids without feeling sick, you will slowly be given more food options as you can tolerate them. A dietitian will visit you to review food choices. You will do best if eating 6 small meals rather than 3 big meals.

Bowel Changes

Pain medicine, changes to your diet and fluid intake, and less activity can cause constipation or diarrhea. This will be watched closely.

Activity

We will help you get out of bed within 6 hours after surgery. You will be in a chair for meals and walk as you are able several times a day. Walking helps your lungs and bowels work better and lowers the risk of infection.

Deep Breathing

Deep breathing is very important. A nurse will teach you breathing exercises using an incentive spirometer (IS). We want you to use this 10 times every hour while awake.

Compression Stockings
To prevent blood clots in your legs, you will wear white anti-clot stockings. Sequential compression device (SCDs) will be wrapped around your legs while in bed. You may also receive Heparin injections to thin your blood.

At Home

Wound Care and Bathing
You will need to look at your incision every day. It will be closed with staples or steri-strips (small tape strips).

- **If closed with staples:**
  - Shower every day.
  - Do not rub the incision site. Just let the soapy water run over it.
  - Do not use any lotions or creams.
  - After your shower, keep the incision site clean and dry.

- **If closed with steri-strips:**
  - Shower every day.
  - Steri-strips often fall off on their own within 1-2 weeks.
  - Do not use any lotions or creams.
  - After your shower, keep the incision site clean and dry.

Drain Care
If you go home with a drain, you will learn how to take care of it. Things to know:

- You may shower with these drains.
- Allow soapy water to run over the site.
- After your shower, keep site clean and dry.
- Keep gauze over the site if needed. Some leaking may be normal.
- Keep track of drainage. Bring your notes about this with you to your clinic visits. This will help to decide when your drain can come out.

Refer to Health Facts for You #4603: *Care of Your Surgical Drain at Home.* Please watch our YouTube video on how to care for your drain at home. Search for "UW drains". Choose the video called "Surgical Drain Care."

Nutrition
It is very common to lose your taste, have a metallic taste, or loss of appetite after surgery. This will get better over time.

Tips for eating after surgery:

- Eat 6 small meals rather than 3 big meals.
- When able, try eating more than 3 small portions of lean proteins (skinless chicken breasts, beef, fish, egg whites), low-fat dairy products, fruits and vegetables. Include foods that are high in fiber (whole grains, fruits, nuts, and beans).
- Do not eat foods that are high in fat. These can be hard to digest.
- Drink enough fluids to keep your urine pale yellow.
- Weigh yourself every week.

Pain Control
When you go home, your pain will be under better control. Narcotic pain medicine will be prescribed to use as needed. Using Tylenol® and ibuprofen along with your narcotics can help manage your pain. This will help you to wean off the narcotic pain medicines. You can also try strategies other methods such as relaxation and distraction to take your focus away from the pain.

Bowels
Constipation may be a problem after surgery. This will improve. Medicines are often needed as noted below, especially if you are taking narcotics.

- Most people need to take a stool softener. This helps stools pass more

easily. You may take 1-2 tabs up to twice a day if needed. You should take these if you are taking narcotics.
- Another option is MiraLAX®. Use 1 heaping tablespoon of powder 1-2 times per day (or as directed by your doctor). Mix it in 4-8 ounces of water or juice.
- If you have diarrhea, you will not need these medicines. We will need to figure out the cause. A stool sample might be needed for testing before taking anything to stop the diarrhea.

Activity

- Do not lift more than 20 pounds for about 6-8 weeks. Then, you may slowly lift more as able.
- About 3 months after surgery, you should be able to return to your normal lifestyle. This includes going back to work, though it depends on the type of work you do.

When to Call

- If you have questions about your incision, drain or bowels.
- More pain or tenderness from your incision.
- More swelling or opening of the incision.
- Any change in the color or amount of drainage.
- Redness or warmth around the incision site.
- Fever (by mouth) above 100.5° F or 38° C.
- Redness, warmth, or firmness around drain.
- No bowel movement in the past 3 days.
- 3 or more loose stools for more than 3 days.

Who to Call

General Surgery Clinic
(608) 263-7502
600 Highland Ave
Madison, WI 53792

UW Health Website

Use a QR reader on a smart phone or other device to scan the barcode below. It will take you to our website for more information. The direct website link is: https://www.uwhealth.org/uw-carbone-cancer-center/pancreatic-cancer/pancreatic-cancer/36899

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 9/2024. University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF#4477

Surgery Prep Checklist

7 Days Before Surgery	**Medicines** ☐ Stop all blood thinning medicines
5 Days Before Surgery	**IMPACT** ☐ Drink 2 IMPACT Recovery® drinks
4 Days Before Surgery	**IMPACT®** ☐ Drink 2 IMPACT Recovery® drinks
3 Days Before Surgery	**IMPACT®** ☐ Drink 2 IMPACT Recovery® drinks
2 Days Before Surgery	**IMPACT®** ☐ Drink 2 IMPACT Recovery® drinks
1 Day Before Surgery	**Medicines** ☐ Please review the instructions you were given during your clinic visit. **Diet** ☐ Eat a normal to light breakfast and lunch ☐ **Stop solid foods after lunch**, you may still drink liquids (including IMPACT® drinks) ☐ **Stop drinking liquids at midnight** (no food **or** drink after this time) **IMPACT®** ☐ Drink 2 IMPACT Recovery® drinks **Bowel Prep** ☐ Complete a bowel prep if directed by your health care team. **Pack a Bag** ☐ Pack any belongings you would like for the hospital***** ☐ If you use a CPAP machine, please bring this with you ***Do not bring valuables or medicines** **Skin Prep** ☐ At night, shower using the antibacterial soap (Hibiclens®) given to you during your clinic visit. This soap can lower the risk of infection after your surgery. ☐ Do not apply any creams, moisturizers, lotions, or make-up ☐ Sleep in clean sheets
Day of Surgery	**Skin Prep** ☐ Shower again using the antibacterial soap (Hibiclens®) ☐ Do not apply any creams, moisturizers, lotions, or make-up