Whipple

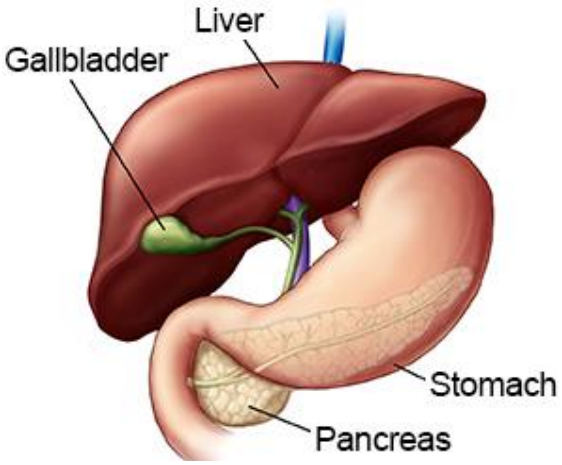
How to prepare and what to expect

This handout is for patients having whipple surgery at a UW Medicine hospital. It explains how to prepare and what to expect after surgery.

What is whipple?

A whipple procedure is surgery to remove the head of the pancreas, part of the small bowel, part of the bile duct system, and part of the stomach. The pancreas is a gland attached to the small intestine.

This surgery is also called a *pancreaticoduodenectomy*. It was devised by the U.S. surgeon Allen Whipple to treat pancreatic cancer.



The pancreas gland connects to the small intestine, just below the stomach.

How to Prepare

- **Aspirin and other medicines:** Do **not** take any aspirin or other products that affect blood clotting for 1 week before your procedure. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Hospital stay:** Be prepared to stay in the hospital for 7 to 10 days after surgery.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.
- **Lovenox:** If you have cancer, your nurse will teach you or a loved one how to give you Lovenox shots. Lovenox is a drug to help prevent clots from forming in your legs. You will get 1 shot every day for 28 days after surgery.
- **Care at home:** When you go home, you will need someone to help you prepare food and do household chores for 2 to 3 weeks.

Day Before Surgery

- **Arrival time:** A pre-surgery nurse will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not receive this call by 5 p.m., please call 206.598.6334.

  The nurse will tell you when to come to the hospital and remind you:
  - Not to eat or drink after a certain time
  - Which of your regular medicines to take or not take
  - To sip only enough water to swallow your pills

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- **Shower:** Take a shower the night before your surgery. Use the antibacterial soap your nurse gave you to wash your body.
  - Do not use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair.
  - Use clean towels to dry off, and put on clean clothing.

Surgery Day

At Home

- **Shower:** Take a shower in the morning of your surgery. Follow the same instructions as you did for your shower the night before surgery.

At the Hospital

- **Heating blanket:** To reduce your risk of infection, we will cover you with a heating blanket while you wait to go into the operating room. This will warm your body and help prevent infection. Please ask for a heating blanket if you do not receive one.

What to Expect After Surgery

You will wake up in the recovery room. You will feel sleepy.

You will have:

- An **intravenous (IV) tube** in your vein. This will be used to give you medicine for pain and nausea.
- A **catheter tube** inserted into your bladder to drain your urine.
- One or more abdominal **drains** (tubes). These will remove extra fluid from your abdomen.
- **Sequential compression devices (SCDs)** on your legs. These leg wraps will inflate from time to time. They help with blood flow to keep blood clots from forming.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **gastrostomy tube** inserted through your abdomen into your stomach. This tube will drain gas and fluid out of your stomach until your body can digest again.
- A **jejunostomy tube** ("J-tube") inserted through your skin into your small intestine. You will receive high-nutrition liquid food through this tube.

Recovering in the Hospital

Incision Care

Your doctor will talk with you about which incision will be used for your surgery. It will be either *vertical*, down the middle of your abdomen, or *transverse*, across your abdomen. The incision will be closed with surgical staples.

Pain Control

You will probably have a pain-medicine pump called a PCA (*patient-controlled analgesia*) for 1 to 4 days after your surgery. This will allow you to get pain medicine when you need it. You may also have an epidural catheter to provide pain medicine, if needed.

Nutrition

- You will not be allowed to eat anything by mouth on the day of your surgery. You will receive fluids through your IV to keep you from getting dehydrated.
- When you wake up after surgery, you may have a *gastrostomy* tube and/or a feeding *jejunostomy* tube placed into your abdomen. If you have a feeding tube, it may be used at night to give you more calories until you can eat.
- As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nausea, your doctor will add regular foods back into your diet.

Activity

Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your surgery. The next day, you will get up and sit in a chair. You will also begin to walk.

Two days after your operation, you will walk in the hall. As your strength returns, you will be encouraged to do more.

Lovenox Shots for Cancer Patients

If your operation is to treat cancer, your nurse will give you a Lovenox shot every day while you are in the hospital. After you go home, you will give yourself Lovenox shots. Your nurse will remind you how to do this before you leave the hospital.

Bowel Movements

It will be several days after surgery before you have your first bowel movement. Loose stools are normal at first. After you go home, your bowels may still be irregular.

Bladder Catheter

You may have a catheter in your bladder for up to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Self-care at Home

Incision Care

- You will need to check your incision every day. Call your doctor if you have any of the signs of infection listed on the last page of this handout.

- Not putting stress on your abdomen will improve healing. For 6 weeks after surgery, do **not** lift anything that weighs more than 10 pounds. (A gallon of water weighs almost 9 pounds.)
- As you heal, there will be a thick healing ridge along your incision. This will soften and flatten out over several months.

Pain Control

Use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Nutrition

If you need tube feedings at home, you may have the feeding tube for up to 3 months. We will help arrange for:

- A supply company to provide the supplies you will need
- A nurse who will visit you at home and check on your progress

Bowel Movements

- If you have diarrhea that does not go away in 2 or 3 days, or nausea or vomiting, call your nurse.
- Avoid getting constipated. Read the handout "Constipation After Your Operation."

Shower

You may shower every day. Do **not** take a bath, sit in a hot tub, or swim until your incisions are fully healed. This will take about 4 weeks.

Lovenox Shots

If you received Lovenox shots while you were in the hospital, keep giving yourself Lovenox shots at home for 28 days after your surgery.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do **not** lift anything that weighs more than 15 pounds for 5 weeks after your surgery.
- For the first 5 weeks you are home, avoid gardening, vacuuming, or any activity that puts stress on your abdominal muscles or increases your heart rate.

Return to Work

How much time you take off work depends on what you do for a living. Most people take from 1 to 2 weeks to a few months off to recover after this operation.

Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

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First Follow-up Visit

At your first clinic visit after surgery, your nurse and doctor will talk with you about how you are doing at home. They will:

- Ask how your appetite is and how your bowels are working
- Weigh you and check your incision
- Remove the surgical staples, if they are still in place
- Ask about your pain and what pain medicine you are taking
- Ask about your activities and when you plan to return to work
- Review your pathology report

When to Call

Call the Nurse Advice Line or your doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Increasing abdominal pain
- Any sign of infection in your incision:
  - Redness
  - Increasing pain
  - Swelling
  - Foul-smelling drainage
  - A change in the type or amount of drainage
- Nausea or vomiting
- Concerns that cannot wait until your follow-up visit

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UWMC Surgical Specialties Nurse Advice Line: Call 206.598.4549 weekdays from 8 a.m. to 4 p.m.

SCCA Surgical Oncology Clinic: Call 206.606.7555 weekdays from 8 a.m. to 5 p.m.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the resident on call for Surgery.

Or, ask to page your surgeon:

Dr. _____

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