University Hospitals Coventry and Warwickshire NHS Trust

Patient Information

Hepatic Pancreatic and Biliary Service (HPB)

Patient's guide to surgery for cancer of the pancreas

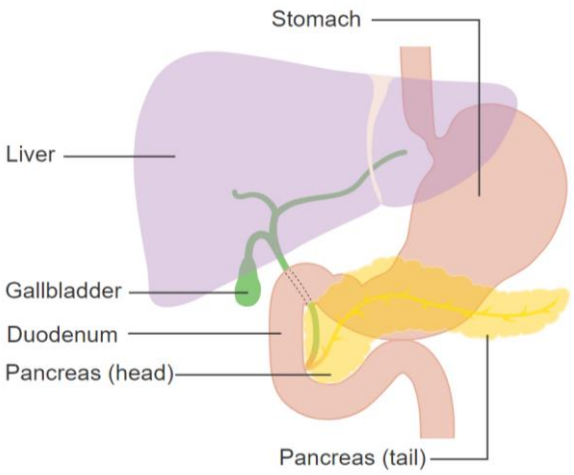
This leaflet been designed to help you to understand your surgery and what to expect.

We hope it will assist in:

- reducing any anxiety, you may have
- answering some of your questions and
- offering some practical advice

Throughout your journey you will have access to the Hepato-pancreatic and Biliary Nurse Specialist (HPB Nurse) for support and advice.

What is the pancreas?



The pancreas is a solid gland. It lies in the upper half of the abdomen behind the lower part of the stomach. If you place your hand flat onto your stomach at the V where the ribs meet to the left, your hand will cover the pancreas.

The large, rounded section of the pancreas is called the head. The mid-section is known as the body. The narrow part is called the tail. It is very close to other organs.

The pancreas secretes:

- insulin - this controls the sugar in your blood
- pancreatic juices (enzymes) - these help with the process of digestion of food.

The pancreas also works with other organs close by to create, store and secrete bile to aid digestion.

What treatments are available for cancer of the pancreas?

- **Surgery** - this is not always possible (to take out the cancer or relieve the symptoms).
- **Radiation** using high doses of X-ray or other high energy to kill cancer cells. May be given with chemotherapy (chemo-radiotherapy) to help control the cancer and slow the growth.
- **Chemo-radiotherapy** is sometimes used to shrink the cancer. The aim here is to make the cancer operable.
- **Chemotherapy** using drugs to kill cancer cells is one of the most common treatments for pancreatic cancer. But will not cure the cancer. Chemotherapy will also be offered after surgery within eight weeks if you are fit enough to tolerate it.
- **Endoscopic treatment** is probably the most common for relief of symptoms of jaundice.

Sometimes a combination of the above may be used.

Surgical treatments

Your consultant will decide the best way to proceed. The cancer may be taken out using one of the following surgical procedures:

- Removal of the head of the pancreas, part of the small bowel, surrounding tissue and in some cases part of the stomach. This is commonly known as a **Whipple procedure**.
- Removal of the whole pancreas, part of the small bowel, part of the stomach, the bile duct, gallbladder, spleen and most of the lymph nodes in the area. This is known as a **total pancreatectomy**.
- Removal of the tail end of the pancreas is commonly known as a **distal pancreatectomy.** This surgery may also require removal of the spleen due to where the spleen is positioned.

  You will be required to have certain immunizations at your GP's. You will be given the information you need about this.
- **Biliary bypass -** If it's not possible to remove the pancreas, it may be possible to re-direct the tubes from the gallbladder. This will help to overcome any blockage and relieve symptoms.

Whilst surgery is the best chance of a cure, there is always a possibility that the cancer can reoccur. If you want more information on rates of recurrence, discuss this with your clinical nurse specialist or consultant. Written information can be made available on request.

What happens before surgery?

Once surgery has been agreed on as the favoured option, you will be asked to attend a pre-assessment.

- The pre-op nurses will ask you questions about previous medical problems, your social circumstances.
- They will check your blood pressure, pulse and temperature.
- You will also have some routine tests carried out such as blood tests, breathing tests, a heart scan and a heart rhythm recording (ECG).
- You will meet with an anaesthetist to make sure you are fit enough to undergo major surgery.

In some circumstances you may be asked to perform a cardiopulmonary exercise test (bicycle test). This helps the surgeon know if you are able to undergo a major surgery. These results will be discussed with you back in clinic.

You will normally be admitted on the day of surgery. In some cases, for medical reasons, you may need to be admitted the night before to one of the surgical wards. Once admitted a doctor will complete all relevant documentation and do any further tests that may be required.

You will be asked for your ‘written consent’ to allow the doctors to operate. At this time, you should ask any final questions about the type of surgery and the risks involved.

What are the risks involved?

As with any surgery there are certain risks. Some risks are associated with the anaesthetic, some with the type of surgery and some with the recovery.

Some of the identified risks with this type of surgery are:

- Anastomotic leak – 1 in 10
- Chest problems – 1 in 10
- Wound infection – 1 in 20
- Delayed gastric emptying – 1 in 10
- Abscess – 1 in 20
- Heart problems – 1 in 10
- Haemorrhage – 1 in 20
- Blood clots – up to 3 in 100

Mortality rates are individually assessed for each patient.

4 hours before surgery your dietary and fluid intake will be restricted. The nursing staff on the ward will advise you accordingly. This may be changed as directed by the doctors.

What happens after surgery?

Immediately after surgery, your recovery will be carefully monitored in the General Critical Care Area found on the 1st floor.

When you come around after your surgery you will have some tubes attached to you. The type and number of tubes will be different depending on what surgery you had:

- A tube in the vein to give you fluid.
- A tube that passes through your nose and into your stomach. This allows us to drain off digestive juices in your stomach that might make you feel uncomfortable.
- Near the site of your wound, you may find one or two drainage tubes (drains) that go under the skin. These drain off fluid to prevent swelling.
- A catheter (a fine tube) will have been placed into your bladder to collect your urine into a bag. This means you do not have to worry about getting out of bed initially and we are able to monitor what you are producing.

Your drains and tubes will be removed as directed by the doctor.

Will it be painful?

The amount of pain felt is varied and is very individual. We will work with you to make sure that pain is kept to the minimum. The pain team will monitor you regularly on the ward.

It is important that you tell the nursing staff if you have pain, discomfort, or if there is any change in the amount of pain felt.

There are several ways of reducing pain. These include:

- Epidural
- Patient Controlled Analgesia (this should be explained to you before surgery)
- Tablets or liquid

When can I get out of bed?

We will encourage you to get up as soon as you are able. To help, you will be visited by the physiotherapist.

The physiotherapist will give you advice on moving about and breathing exercises. It is important to do these exercises as they help reduce the risk of blood clots and chest infections after surgery. Also, the sooner you become mobile the better for your recovery.

When can I eat after surgery?

The doctors will assess this daily. Fluids and food will gradually be introduced, building up to a normal diet during your hospital stay. Your appetite may be reduced initially.

Once food is introduced you may experience a feeling of fullness within the stomach. This is known as delayed gastric emptying. Delayed gastric emptying may take a few weeks to settle.

As the pancreas produces insulin, we keep a check on your blood sugar levels to see if you have any signs of diabetes. To do this, the nurse will use a needle to obtain a drop of blood from your finger. It may be necessary for you take insulin, although this is rare.

Pancreatic juices help to digest fats and proteins. If you do not have enough of these juices, fat and protein will pass out of your body. If this happens your poo may:

- become pale in colour
- have an unpleasant odour
- be difficult to flush away

If this happens you should let the doctors or nurses know. You will be able to take capsules to replace the pancreatic juices. This will help with the digestion of fats and proteins.

We have a dietitian working closely with the surgical team. They will meet with you during your stay and offer dietary advice.

What happens when I go home?

The average length of stay after this type of surgery is anything from 7-14 days and is very individual. Your recovery will continue at home once you're discharged.

The nursing staff will discuss with you and your family the arrangements for going home. Any support you need to assist you at home will be identified before you are discharged. This will be provided by the appropriate agency.

Your GP will be notified of your discharge. If you have any worries, you should contact the GP. Alternatively, contact the ward staff or HPB Nurse who will do their best to advise you.

Lots of rest, gentle exercise and a healthy diet are the key factors for a good recovery. Do not forget that **pancreatic surgery is a major operation.** It will take time for you to recover fully.

The HPB nurse specialist will contact you within a few days of your discharge. They will offer advice and support and answer any questions you may have. Please call them if you need support before this time.

When can I drive?

Your surgery has involved incisions (cuts) into the large stomach muscles. **Do not lift any heavy objects or drive a car** until you have had a chance to fully heal. **This will be at least six weeks.**

It is recommended you check with your insurers. **Many policies will not cover you to drive in this period.** Some policies extend this until you have been back to the Outpatient Department to see the consultant.

Check list of do's and don'ts

Do:

- Eat small meals and often.
- Contact us with any questions, worries or concerns.
- Take gentle exercise and build up gradually.
- Give yourself time to recover.
- Wear your support stockings until mobile.

Don't:

- Do any heavy lifting for up to 6 weeks.
- Drive without seeking medical advice.
- Stay on a fluid type diet.
- Drink large quantities of fluid when eating.
- Return to work too early.

Long term follow up care

4 weeks after surgery, you will see the consultant in the Outpatients clinic. They will review you post-operatively and give you the results of the tissue taken at the time of surgery. We will advise on your personalised care plan and referral process, if required.

If you have any queries or there is something you would like explained in more detail, please ask any of the medical or nursing staff looking after you.

Contact numbers

If you would like further information, please contact:

Hospital Switchboard	024 7696 4000
Cancer Information Centre	024 7696 6052
Nurse specialist	024 7696 5618

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 5618 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History	
Department:	HPB
Contact:	25618
Updated:	September 2024
Review:	September 2026
Version:	10
Reference:	HIC/LFT/011/06

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:
www.uhcw.nhs.uk/feedback