

Patient Information and Daily Programme for Patients Having a Total Pancreatectomy (with or without Splenectomy)

Date of admission	
Date of surgery	
Expected Length of Stay in hospital	We will aim to discharge you within 8 days following your operation

Please bring this diary with you when you come in to hospital.

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About your Programme/ Diary

This leaflet is for patients having their pancreas and possibly their spleen removed. This operation is performed for benign (non-cancerous) and malignant (cancerous) disease.

The programme/diary is intended to help prepare and support you and your family / carers for your stay in hospital. It outlines what should happen on each day. Sometimes there will be a specific reason why something isn't done but the team should explain this to you. If you have any concerns about what has or has not happened on any day, please let a member of the team know.

The diary advises on what you can do each day to help your recovery after surgery and get you home as soon as it is clinically safe. It is a good idea to start planning for when you go home **before** you come into hospital, so that your discharge is not unnecessarily delayed.

Evening before Operation

In the pre-assessment clinic you were given **6** cartons of a pre-operative carbohydrate drink called **Nutricia preOp**. **Nutricia preOp** are clear, non-carbonated, lemon flavoured drinks that are rich in carbohydrate. These drinks will help to provide fuel for your body as you prepare for surgery. Nutricia preOp drink is ready to drink and is best served chilled.

It is important to take these drinks according to the instructions below.

Evening before surgery

In addition to your usual meals, aim to drink **4** cartons of **Nutricia preOp**. Sip these drinks over the course of the evening.

Day of Operation (Day 0)

Before coming to hospital

On the morning of surgery, aim to drink **2** cartons of **Nutricia preOp**. **Finish** the drinks by

06:30 am if you are coming into hospital at 07:00 am
or

11:00 am if you are coming into hospital at 11:00 am

Coming into Hospital

Please go to the Admissions Unit as advised on your admission letter. You will be checked in by a nurse and seen by members of the surgical and anaesthetic team before you are taken to theatre for your operation.

After your operation

After your operation you might be taken to the Intensive Care ward (Penrose or Pencarrow). You will stay on this ward for at least 24 hours before going to a surgical ward.

Drips, Drains and Tubes

After your operation you will have several drips, drains and tubes in place:

An intravenous (IV) drip is used to give you fluids until you are able to drink normally.

A naso-gastric (NG) tube is a fine tube that passes down your nose into your stomach and allows any fluids to be removed so that you don't feel sick. This allows the area of the operation to recover.

An abdominal drain is a tube inserted near your abdominal (tummy) wound to help drain off fluid and prevent swelling.

A urinary catheter is a tube (catheter) put into the bladder to drain your urine into a collecting bag

Reducing the risk of developing deep vein thrombosis (blood clots) – DVT Prophylaxis

You will wear TED stockings which help to maintain circulation in the leg and reduce the risk of blood clots forming (DVT – deep vein thrombosis). You will also be given a daily injection of a blood thinning medicine (Clexane) which you will need to carry on using for 28 days once discharged from hospital.

Pain Control

It is important that your pain is well controlled so that you can

- walk about,
- breathe deeply
- eat, drink and sleep well

- recover more quickly

If at any time you feel your pain is not well controlled, it is important that you tell a member of the team.

On the first few days after the operation, your pain will be controlled by an epidural. You will also be given regular paracetamol through a drip. Once the epidural is stopped, your pain will be controlled by medicine in liquid or tablet form.

Sickness

If you feel sick (nausea) let the doctors or nurses know as there are medicines which can help.

Exercise

Moving around as soon as possible after your operation will reduce your risk of developing a chest infection and blood clots and will help you recover from your operation more quickly.

- In bed keep the backrest raised at a slight angle
- Every hour you are awake do some gentle breathing and leg exercises as follows:
 - Cough 2 to 3 times
 - Take 2 to 3 slow deep breaths to help keep your lungs clear
 - Flex your ankles by pointing your toes up towards the ceiling and then down towards the floor, then circle your feet in one direction and then the other
- The nurses will assist you to get out of bed and sit in a chair. Try to sit out in the chair for short periods in the morning and afternoon. Each day you should aim to spend longer periods of time in a chair than the previous day

- The nurses will assist you to gradually start walking. Build up the distance and time spent walking each day
- As well as building up your level of activity every day, you also need to have proper rest periods

Eating and Drinking

You will be encouraged to start drinking sips of water as soon as you feel able after your operation.

From the second day after your operation you can drink normally and on the third day after your operation you will be able to start eating. Initially you might prefer to eat little and often.

You may find that your sense of taste is altered and your appetite is less than normal after your operation. It can take several weeks for taste to return to normal.

It is important to eat and drink as your body needs fuel to repair.

CREON

As you are having your pancreas removed your body will no longer be able to digest food normally because you cannot make enough digestive enzymes. To replace these enzymes you will always need to take a medicine called CREON with everything you eat - snacks and meals. The team will give you more information about CREON and how to use it.

Diabetes

After surgery your body will no longer be able to make insulin because the pancreas has been removed. This means that you will become diabetic and will need to use insulin. A few days after your operation the Diabetes Specialist Nurse will come and see you.

Splenectomy – Removal of the spleen

The spleen is part of the immune system. If you have your spleen removed during surgery you will need to take low dose antibiotics for life. You should also have some vaccinations before surgery to boost your immune system. If you didn't have the vaccinations before surgery the team will advise your GP to do them after you are discharged from hospital.

Personal Care

The nursing team will help you to wash yourself until you can manage on your own.

Try to wear your day clothes in hospital as this can help you stay more active and be positive about your recovery.

Review

- A member of the surgical team will see you at least once a day
- If you or your family/carers need additional support or would like to talk to the Pancreatic Cancer Nurse Specialist or the surgeons please speak to a member of staff
- If your family / carers would like to talk to the surgeons, please let the nurses know.

Daily Care (see page 4 for explanation of words)

- The next pages outline the routine for each day and include things that you should do to improve your post-surgery recovery.
- Sometimes there will be a specific reason why something isn't done but the team should explain this to you.

Day of operation (Day 0) and First day after operation (Day 1)

Monitoring:

Your blood pressure, temperature, pulse and breathing will be checked at least hourly on Day 0 and 2-4 hourly on Day 1

You will have a heart monitor attached (removed on Day 1)

You'll have blood tests

Pain Control:

You will have an epidural in place and will be given paracetamol through a drip until Day 3

DVT Prophylaxis:

You'll be wearing TED stocking and have a blood thinning injection (in the early evening) every day while in hospital and for 28 days once home

Drips, Drains and Tubes:

Oxygen will be given through a mask (stopped on Day 1)

Abdominal drains will be in place

A urinary catheter will be in place

A naso-gastric (NG) tube will be in place

You'll have fluids through an intravenous (IV) drip

Drinking:

You can have sips of water as soon as you want

Exercise:

Keep your backrest raised at a slight angle when in bed

Do your deep breathing and leg exercises in bed (see page 5)

You'll be assisted to sit in a chair in the morning and afternoon on Day 1 and to start walking

Diabetes Management:

You will be given insulin to manage your diabetes from the day of your operation onwards. You will also be taught how to check your blood sugars which will need to be checked daily by pricking your finger.

Second day after operation (Day 2)

Monitoring:

From Day 2 onwards your blood pressure, temperature, pulse and breathing will be checked every 4-6 hours

Drips, Drains and Tubes:

Your urinary catheter will be removed

Your naso-gastric (NG) tube will be removed

If you are drinking well your IV drip will be removed

Drinking:

You can now start drinking normally

Wound Care:

If your wound is dry, the wound dressing will be removed

Exercise:

You should now be able to sit in the chair for longer periods of the day, aim for 8 hours out of bed

You should be aiming to walk at least 4 times a day

When in bed do your deep breathing and gentle leg exercises and keep the backrest raised at a slight angle

Dressing:

You should try to wash yourself and dress in your normal day clothes.

Third day after operation (Day 3)

Pain Control:

Your epidural will be removed

You will be given medicine as liquid or tablets to manage your pain

Drips, Drains and Tubes:

Your abdominal drain will be removed (if there are no concerns)

Your IV fluid drip will be removed

You will have blood tests

Drinking and Eating:

You can now eat and drink normally. At first, you might find it easier to eat little and often. You will need to take Creon tablets with all food (CREON 40,000 with meals and CREON 25,000 with snacks)

Exercise:

Aim to sit in the chair rather than using the bed during the day. Try to walk further and more often than yesterday.

Fourth day after operation to leaving hospital (Day 4 onwards)

All your drips, drains and tubes should now be removed.

Your tablets / medicine should be controlling any pain.

You should continue to help your recovery and reduce the risk of developing a post operation complication by eating and drinking, sitting in a chair for most of the day and walking further than you did the day before.

You will be discharged when

- Your blood pressure, temperature, pulse and breathing are all stable
- You have been reviewed by the diabetes team and they are satisfied with your diabetes control
- All your test results are appropriate
- Your wounds are healing well
- Your pain is well managed
- You are able to walk
- You have someone to support you at home
- None of the team have concerns about your fitness

When you go home

Check with the nurse if you are going to be seen by a practice or district nurse.

If you had the operation to treat cancer, the cancer nurse specialist will ring you, normally within 7 days of discharge, to check up on your recovery.

Surgical Follow Up Appointment

Once discharged you will receive an outpatient appointment. This appointment should be 4-6 weeks from the date you were discharged. If you don't receive an appointment please ring the consultant secretary on 01752 432070 or 01752 432071.

You should also receive an outpatient appointment to see the Diabetes Specialist Nurse.

If you have any concerns or problems, please ring:

Stonehouse Ward	01752 431488
Claire Downing, Cancer Nurse Specialist	01752 517905
Derriford Hospital Switchboard:	0845 155 8155

**This leaflet is available in large print and
other formats and languages.
Contact: Patient Services
Tel: 01752 437035**

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