

## Patient Information and Daily Programme for Patients Having Whipple's Surgery (Pancreatico-duodenectomy)

<b>Date of admission</b>	
<b>Date of surgery</b>	
<b>Expected Length of Stay in hospital</b>	We will aim to discharge you within <b>8 days</b> 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 part of their pancreas removed (Whipple's procedure). This operation is performed for benign (non-cancerous) and malignant (cancerous) disease.

This 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 Admission Ward 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 go to the Intensive Care Unit (Penrose or Pencarrow ward). You will normally 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 helps the area of the operation to recover. The nurses might **spigot** the NG tube which means that a bung is put in it. It will be cleared every 4-6 hours to drain off any excess fluid that may still be in your stomach.

**An abdominal drain** 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 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 part of your pancreas removed your body may be unable to digest food normally because you can not 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.

## **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 the team.

## **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 and blood sugar 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)

2 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

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

## **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

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 in the form of tablets / medicine to manage your pain

### **Drips, Drains and Tubes:**

Your NG tube will be removed

Your abdominal drains will be removed (unless there are 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 from hospital when**

- Your blood pressure, temperature, pulse and breathing are all stable
- Your test results are in acceptable levels
- 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 this operation to treat cancer, the cancer nurse specialist will ring you, normally within 7 days of discharge, to check on you and 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.

## **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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