**Brisbane Specialist Surgery**

**Greenslopes Private Hospital**

**WHIPPLE’S**

**PROCEDURE**



YOUR OPERATION - WHAT IS IT?

A Whipples is a surgical procedure involving the removal of the head of the pancreas, the duodenum, the gallbladder, the common bile duct and sometimes the end of the stomach.

**WHY DO I NEED THIS OPERATION?**

Common reasons to perform this surgery are, cancer of the head of the pancreas, bile duct, duodenum or ampulla. For these cancers, Whipple’s operation offers the only chance of cure.

There are also many non-cancerous conditions that are treated with this procedure: eg cysts of the head of the pancreas and bile duct, pancreatitis, to remove a pre-cancerous tumour and rarely even for gallstones lodged in the head of the pancreas.

**THE OPERATION**

The Whipple’s procedure is performed in two stages:

**1.Removal stage**

Removal of the gallbladder (cholecystectomy), the common bile duct (choledochectomy), the head of the pancreas, duodenum, a small part of the small bowel, the lymph glands in the area and sometimes part of the stomach.

**2. Reconstruction stage**

Consists of attatching the pancreas to the jejunum, the bile duct to the jejunum and finally the stomach is attached to the jejunum to allow food to pass through.

**On Discharge**

Your dressing will be removed before you leave the hospital and if it is not leaking it will be left open to the air. You may wear cloths over the top of it.

Your incision may be slightly red along the cut. This is normal. You may gently wash dried material around your incision and let water run over it. Gently pat dry with a towel. Do not rub soap or moisturizer into your incision until at least 4 weeks or it is fully healed.

It is normal to feel a ridge along the incision. This will go away. It is normal to have a patch of numbness under the wound.

Do not use any ointments on the incision unless you were told otherwise.

You may see a small amount of clear or light red fluid staining your dressing or cloths. If it is minor, cover that part of the incision with a pad. If staining is severe, you should call your surgeon.

Over the next few months your incision will fade and become less prominent.

Do not drive until you have stopped taking narcotic pain medication and feel you could respond in an emergency.

You may climb stairs.

You may go outside, but avoid travelling long distances until you see your surgeon at your next visit.

Don’t lift more than 10kg for 6 weeks. (This is about the weight of a briefcase or a bag of groceries) This applies to lifting children, but they may sit on your lap.

You may start some light exercise when you feel comfortable.

You may swim after 4 weeks.

Heavy exercise may be started after 6 weeks – but use common sense and go slowly at first.

**Drain tubes**

You will have a number of plastic tubes in your body following surgery. They will vary a little depending on your particular medical need. They will be removed at variable times following your surgery under the direction of the surgeon.

**1. IV line:** In your arm and in your neck (placed under anaesthesia) to give you fluids and pain relief after surgery.

**2. Urinary catheter:** tube placed in your bladder so you don’t have to get up to pass urine

**3. Abdominal drain tubes:** two or three soft plastic drains coming out of your abdomen that are placed around the pancreas to drain any fluid, bile or pancreatic juice, so it does not collect in you abdomen.

**4. Stomach/small bowel feeding tube:** a double barrelled tube that sits in your small bowel and emerges through the skin. It has the dual function of draining fluid from your stomach whilst feeding your small bowel with high energy food. This tube is not used in all cases.

**Eating**

You will not have anything to eat or drink for the first several days after surgery. An intravenous infusion will provide you with the necessary fluids. In some cases you will have a nasogastric tube (NG) in your nose which will remove the stomach contents until your stomach and intestines recover. A feeding tube also called a jejunostomy tube may be inserted to help with feeding after the surgery. Your surgeon will let you know when you will be able to eat.

**Urinating/Bowel Movements**

During the first few days after the surgery, the tube placed in your bladder will drain your urine. You will probably not have a bowel movement until several days after the surgery.

**Intensive Care**

It is likely you will be looked after in intensive care for at least the first day after your surgery. Your continued stay here will depend on your condition.

**Activity**

**Walking and sitting out of bed are vital activities to assist your recovery and will decrease your chances of post-op complications.** You can expect your nurse and physiotherapist to help you to get out of your bed on the first day after surgery. You will be able to walk short distances even with all of the tubes and intravenous lines. As each day passes your tolerance for walking and sitting in a chair out of bed will increase. This is extremely important to prevent pneumonia, clots in the legs and loss of general condition. You can expect to have to wear stocking on your legs whilst in hospital to prevent clots and have an injection of heparin twice a day under the skin for the same reason.

**Your Incision**

You can expect to have a bandage over your incision for the first several days. Your surgeon will remove the dressing at the appropriate time. You will be able to shower with the waterproof dressing on. It is quite common to have a small amount of leakage from the wound.

Most commonly you will not have stitches to remove; they will be of the dissolving type.

**Other Important Information**

You can expect to see your surgeon every day. On weekends or in times when your surgeon is operating elsewhere, you will see one of the practice partners. All are very experienced in this type of surgery and commonly assist each other in the operating theatre.

We will make every effort to keep you informed of your progress. We are always honest and open with you and your family. Feel free to ask questions.

**Length of Stay in Hospital**

On average most patients will expect a 2 week hospital stay. This time however differs greatly for individual patients. Some stay shorter, some much, much longer. Some patients (around 20%) can get a pancreatic leak, which will prolong your hospital stay. You may also go home on pancreatic enzymes supplements. You will not be discharged before you can walk unaided and care for yourself.

**WHAT TO EXPECT IMMEDIATELY AFTER SURGERY**

**Pain relief**

On the first day after surgery, there may be a moderate amount of discomfort at the site of the operation.

You will have some form of pain relief. There will be your choice of:

* epidural (if medically suitable)
* PCA and painbuster – a button to press with strong pain killers in it combined with a timy catheter in the wound providing local anaesthetic.

Your anaesthetist will discuss the pros and cons of both types with you prior to surgery and it is your choice.

Every effort will be made to minimize the discomfort and keep it bearable. Your physicians and nurses will be monitoring your level of pain control frequently.

When you are back on a normal diet, you will be converted to oral pain relief.

**What are the advantages of good pain relief?**

* Allows for early mobilization
* Can perform deep breathing and coughing exercises
* Decreases sleep deprivation
* Decreases potential complications eg. Blood clots, chest infections
* Shorter length of hospital stay