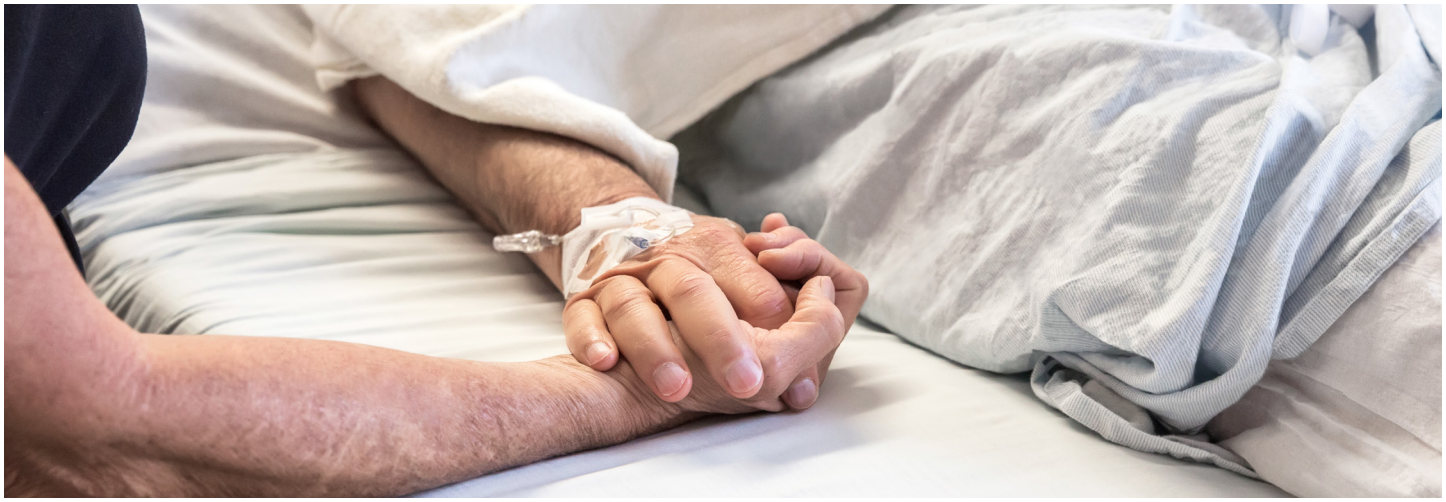
Recovering from a pancreatectomy



The following is intended as a guide for you and your family, following your pancreatic surgery. Your experience may differ from this guide, depending upon the specific protocols used at different hospitals and how you recover after your surgery.

If you have a question about your treatment, or any concerns regarding this surgery, its outcomes and effects, we would encourage you to discuss these with your treating surgeon.

You may wish to share this information with your family and friends who will visit you so that they know what to expect as well.

What should I expect when I wake up?

After your surgery you will be transferred to a bed in the Intensive Care Unit (ICU). This is standard procedure after major surgery.

You will probably be feeling groggy after your surgery and may not exactly know what is happening.

There will be a lot of machines and equipment in the ICU. These can be noisy. You will also have lots of tubes connected to your body in order to monitor you and your recovery after surgery. This can be frightening at first; however, this is a routine process after major surgery.

There will be plenty of experienced staff who will be looking after you, and who can reassure you and explain what is happening.

Some of the common tubes you may have are described below:

Endotracheal tube	• This is a tube in your throat to help with your breathing after your operation. • You will not be able to talk while it is in place. • The anaesthetist or intensive care doctor will remove it when it is safe to do so, either directly after surgery or when you are stable in ICU.
Nasogastric tube	• This is a narrow tube that goes through your nose into your stomach. • It may be uncomfortable (especially in your nose) but it will be removed as soon as possible after your surgery, once you are able to eat and drink.
Intravenous (IV) drip	• This tube is used to give you fluids and/or pain medication. • It usually goes into your arm, chest or neck. • This will be removed when you are drinking well.
Urinary catheter	• This tube collects the urine from your bladder. • It will usually be removed 1–2 days after your surgery.
Surgical drain	• This tube drains excess fluid from the site of your surgery. • It will be checked regularly by nursing staff.

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What happens next?

The ICU staff will care for and monitor you to make sure you are recovering as expected. When you are recovering well enough to be transferred to the general ward, the ward nursing and medical staff will be looking after you. This may take an adjustment given the intensive care you received from the ICU staff.

As a general guide, you will be transferred to the ward two to three days after your surgery, but this may vary according to your specific needs and recovery.

In both the ICU and the general wards, the nursing and medical staff will ensure the following occurs.

They will make sure you are comfortable

- Your pain will be managed by either oral medication, through your IV drip, or by injection. Don't hesitate to ask for pain relief if you need it. Being free of pain will help you breathe more normally and avoid complications after surgery.
- You will be given medication to manage any nausea or vomiting. It is important that you let the nursing staff know as soon as you experience nausea so you can take medication to avoid it getting worse.

They will monitor how you are progressing

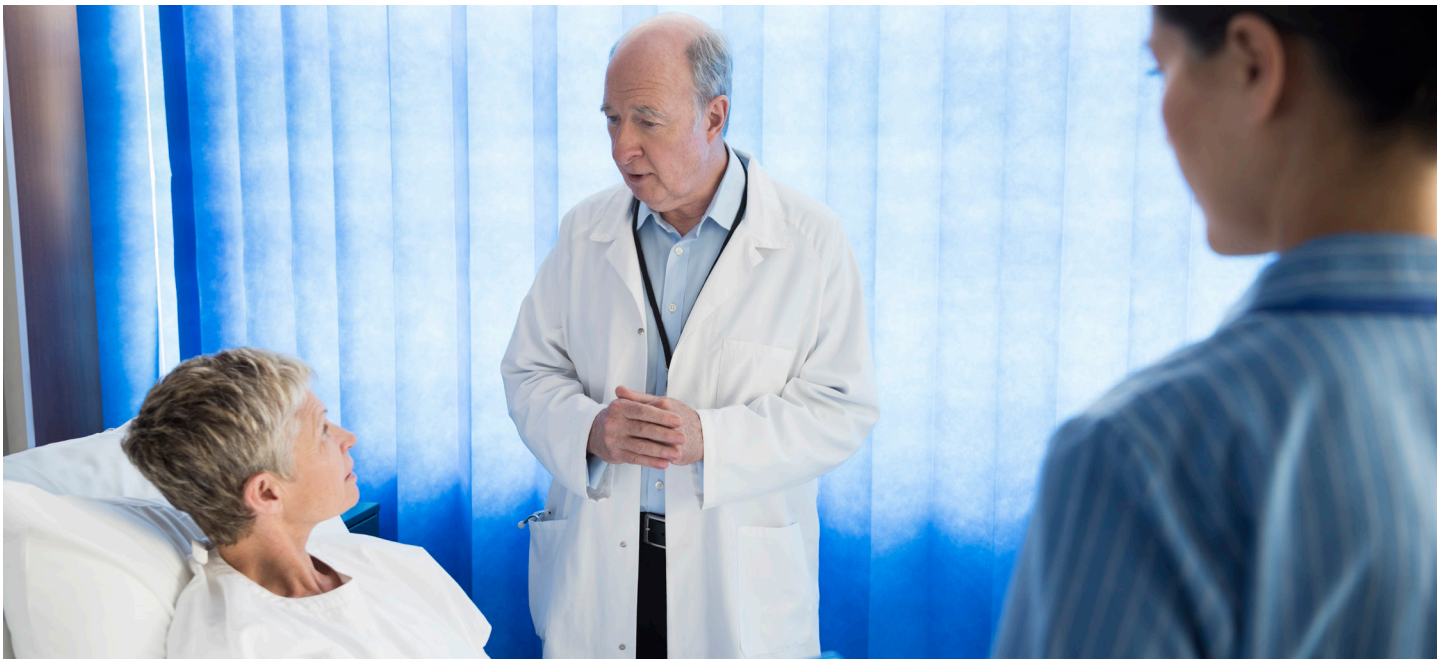
- You will have regular standard observations (e.g. pulse and blood pressure).
- You will have regular blood tests.
- Your fluid intake and output will be measured to make sure it is balanced.

They will get you up and about

- You will need to wear stockings on your legs to prevent any deep vein thrombosis (clots) forming, and will have injections to keep your blood thin. These injections may be continued for up to six weeks after you go home.
- You will be encouraged to do gentle leg exercises and gentle breathing. It is important to do these to avoid potential post-operative complications.
- You will be encouraged to get out of bed and mobilise on the first day after your surgery to avoid potential post-operative complications. This first trip out of bed can be frightening, but you will have experienced staff there to help you.

They will slowly start you eating and drinking

- At first, you can start by sipping water and/or chewing gum when your surgeon says you can.
- Two to three days after your surgery you will be asked to start drinking high protein clear fluids.
- By day five after your surgery, your surgeon will aim to have you eating a high protein soft diet.
- Your stomach may take a while to start working after pancreatic surgery, so you will need to have frequent small meals.
- Around day six after surgery your diet will be reviewed with the help of a dietician. The dietician will give you tips on what types of food to consume to maintain your recommended total daily amount of kilojoules (to avoid losing weight).
- You may need to take regular pancreatic supplement enzymes with meals to help your digestion.



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When can I go home?

A few things need to happen before you can go home. These usually include the following:

- [ ] You are tolerating your diet well.
- [ ] You understand how to manage your diet.
- [ ] Your bowels are working.
- [ ] Your wound is healing as expected, and arrangements have been made for the clips or sutures (stitches) to be removed.
- [ ] Your pain is adequately managed on oral medication.
- [ ] You can move around on your own without assistance.
- [ ] You have enough support at home.

As a general guide, you will go home between 10–14 days after your surgery. This may vary according to how quickly you recover from your surgery.

You may also have some drainage tubes still present, or still require dressings when you are discharged. Do not worry about this as you will be reviewed regularly by community nurses at home or in the ambulatory care unit should this be necessary.

What happens after I leave hospital?

You will be given any medication you need before you leave the hospital. Your surgeon and hospital will send a letter about your surgery and hospital stay to your general practitioner (GP).

A follow-up appointment will be made with your surgeon for several weeks after your discharge.

If you require ongoing wound care or drain care, this will be arranged with community nurses before you are discharged.

You may also need appointments with other specialists if you need any further treatment (e.g. chemotherapy). This may only be decided once any tissue removed during surgery has been reviewed by a pathologist. You should talk to your surgeon at your follow-up appointment about whether you need further treatment.

You should not drive until your doctor advises you that it is safe to do so.

Useful resources

- **Cancer Institute NSW:** cancerinstitute.org.au/cancer-care-tips
- **Cancer Council NSW:** cancercouncil.com.au
- **Cancer Australia:** canceraustralia.gov.au/affected-cancer

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Important

This information sheet is intended as a general overview of pancreatic surgery. It is not a substitute to a discussion between you and your surgeon about the operation.

If you have a question about your treatment or your alternatives, or any concerns regarding this surgery, please do not hesitate to contact your surgeon to discuss these.

Development of this resource

This patient information sheet has been developed by the Cancer Institute NSW Upper Gastrointestinal Clinical Advisory Group, with input from the Cancer Institute NSW Community and Consumer Advisory Panel.

The content has been endorsed by the Cancer Institute NSW and the Surgical Services Taskforce of the NSW Agency for Clinical Innovation.

Useful contacts and notes:

cancer institute NSW

ACI NSW Agency for Clinical Innovation

Working together to lessen the impact of cancer

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