



**Dr Anubhav Mittal**

BHB, MBChB, PhD, FRACS

**North Shore Medical Centre**  
Suite 2 Level 3 / 66 Pacific Hwy  
St Leonards NSW 2065

Tel: 9460 7727  
Fax: 9475 0603  
Email: [info@drmittalsurgery.com](mailto:info@drmittalsurgery.com)  
Web: [drmittalsurgery.com](http://drmittalsurgery.com)

**Castle Hill Medical Centre**  
Level 1, 4-16 Terminus St  
Castle Hill NSW 2154

**Macquarie Park**  
Wise Emergency Clinic  
17 Khartoum Rd  
Macquarie Park 2113

## UG15 Whipple's Procedure

Expires end of July 2018

### Further Information and Feedback:

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)

Get more information, references and share your experience at [www.aboutmyhealth.org](http://www.aboutmyhealth.org)

ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS



## What is pancreatic cancer?

Pancreatic cancer is a malignant growth in your pancreas which often causes weight loss, jaundice (your eyes and skin turning yellow), itching and pain. About 2,500 people develop pancreatic cancer every year in Australia.

## What is a Whipple's procedure?

A Whipple's procedure involves removing part of your pancreas and other nearby structures, including sometimes part of your stomach (see figure 1). Your tests have shown that a Whipple's procedure offers the best chance of you being free of pancreatic cancer. Chemotherapy before or after surgery may also be recommended to increase the chance of you being free of pancreatic cancer. This has side effects and complications too.

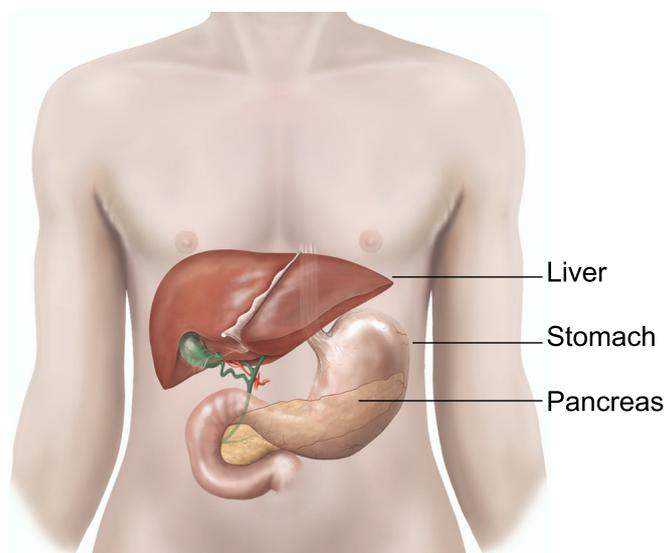


Figure 1

Your surgeon can mark where the cancer is

A Whipple's procedure (also called pancreatico-duodenectomy) is a major operation with significant risks involved. It is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## What are the benefits of surgery?

The aim is to remove all the cancer. Even if all the cancer cannot be removed, you should still live longer and have a better quality of life.

## Are there any alternatives to surgery?

Chemotherapy has less serious complications than surgery but will not cure you. Your surgeon and oncologist (doctor who specialises in treating cancer with medication and radiotherapy) will be able to discuss this option with you.

## What will happen if I decide not to have the operation?

The healthcare team will arrange for you to have chemotherapy or other non-surgical treatment and will continue to be involved in your care.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 4 to 6 hours.

You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on your upper abdomen. They will remove the head of your pancreas, duodenum, gallbladder, end of your common bile duct and surrounding lymph nodes (glands).

Your surgeon may also need to remove part of your stomach and the valve between your stomach and small bowel (pylorus). Sometimes they are able to perform a pylorus-preserving operation, where your stomach and pylorus are preserved. This will help your stomach work more normally.

Your surgeon will connect the remaining part of your pancreas, bile duct and stomach to your small bowel (see figure 2).

Your surgeon will insert drains (tubes) in your abdomen to drain away fluid that can sometimes collect. They will close the cut with stitches or clips.

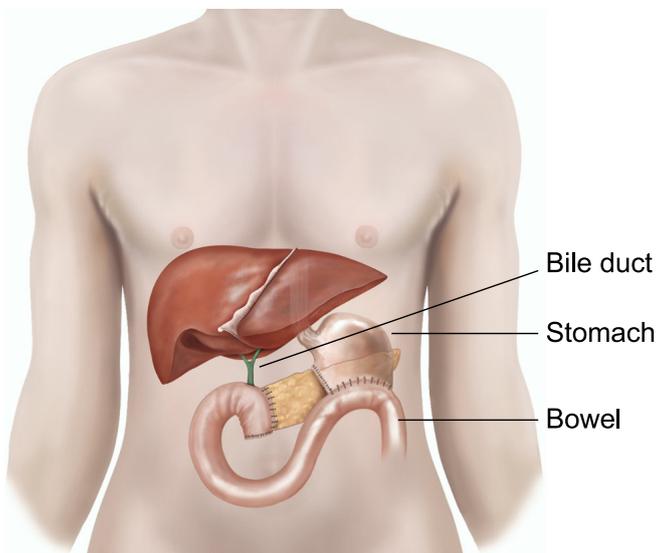


Figure 2  
A Whipple's procedure

The healthcare team will place a small tube in a vein in your arm (drip) and in your neck (central line). They will also place a catheter (tube) in your bladder to help you to pass urine. They may also place a tube (nasogastric or NG tube) into your nostrils and down into your stomach. This tube keeps your stomach empty to help your stomach and intestines to heal.

All organs and tissues removed will be examined carefully for evidence of cancer and will be stored. They may be used in the future to help find new treatments for cancer. Let your surgeon know if you do not want your organs and tissues used in this way.

## Should I have chemotherapy as well?

If you may benefit from chemotherapy before or after surgery, your oncologist will discuss the treatment with you.

## What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

## What complications can happen?

The healthcare team will try to make the operation as safe as possible. A team of doctors and nurses, who perform this operation regularly, will look after you. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

### Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### General complications of any operation

- Pain can be severe with this operation. The healthcare team will give you strong painkillers either by an epidural or through the drip. It is important that you take the medication as you are told so you can move about and cough freely.
- Bleeding during or after the operation. This often needs a blood transfusion. You may need another operation to stop the bleeding.

- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Developing a hernia in the scar caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

### Specific complications of this operation

- Anastomotic leak (risk: 1 in 10). This is a serious complication that may happen if the join (anastomosis) between your pancreas which is left and small bowel, or bile duct and small bowel, fails to heal, leaving a hole. Pancreatic juices leak into your abdomen, leading to pain and serious illness. You may need another operation.
- Continued bowel paralysis (ileus), where your bowel stops working for more than a few days, causing you to become bloated and to be sick. You may need an NG tube until your bowel starts to work again.
- Developing an abscess caused by blood or fluid collecting at the site of the operation. You will need treatment with antibiotics and the abscess will usually need to be drained using a needle.

- Failure to remove the cancer. Sometimes the cancer is too far advanced for your surgeon to remove it safely. Your surgeon will usually perform a bypass procedure so you can eat and drink normally and to relieve symptoms of jaundice.
- Death sometimes happens with a Whipple's procedure (risk: less than 10 in 100). The risk is less the fitter you are.

### Long-term problems

- Diabetes, because removing part of your pancreas removes some of the cells that make insulin (a hormone that works to move sugar from your blood into your cells to give you energy). You may need to take medication to control this (risk: 1 in 10).
- Weight loss and malnutrition, because fewer enzymes that help you to digest food will be produced. You may need to take enzyme supplements to help you to absorb nutrients from your food.
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen. Adhesions do not usually cause any serious problems but can lead to bowel obstruction. You may need another operation.

### How soon will I recover?

#### In hospital

After the operation you will be transferred to the intensive care unit or high dependency unit for a few days, so the healthcare team can monitor you more closely. You will then go to the ward.

The healthcare team will help you with deep breathing, coughing and moving about.

It is normal for your bowels not to work for a few days and you may get diarrhoea when they do start to work. This settles with time.

You will not be given anything to eat or drink for a few days until your surgeon is satisfied that you are progressing well. You will be given fluid through the drip. The healthcare team will use the central line to monitor the pressure of blood returning to your heart. This will help your doctor to know how much fluid to give you.

If your surgeon decides you need one, you will have an x-ray to find out how well the joints are healing. If they are satisfied that the joints are healing well, you will be able to drink and the NG tube will be removed. You will then be able to eat. A dietician will monitor your progress and advise you on how to achieve and maintain a healthy weight.

The drains, drips and catheter will usually be removed after 2 to 5 days.

You should be able to go home after 10 to 14 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

## Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

A Whipple's procedure is a major operation and it will take you at least three months to recover fully. You can expect to feel tired once you return home but you should gradually feel stronger and be able to do a bit more week by week.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

## The future

Unfortunately, the healthcare team cannot guarantee you will be cured even after the cancer is removed by surgery. Overall about 1 in 10 people will be cured.

Your doctor will be able to give you a better idea of your chance of being cured once the cancer has been examined under a microscope. If the cancer is at an early stage with no lymph nodes affected, there is a higher chance of you being cured. An advanced cancer is likely to come back despite the best available treatment.

There is evidence that giving chemotherapy after surgery increases the chance of you being cured and your doctor may recommend this for you.

Even if surgery does not lead to you being cured, you should survive longer and have a better quality of life than if you did not have surgery.

## Summary

Pancreatic cancer is a serious condition. Your tests have shown that there is a good chance of you being free of pancreatic cancer if you have surgery. However, a Whipple's procedure is a major operation and serious complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

### Acknowledgements

Authors: Mr Ian Beckingham DM FRCS, Mrs Cathy van Baalen RGN BA (Hons)  
Illustrator: Medical Illustration Copyright ©  
Medical-Artist.com

**This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.**