Manchester Royal Infirmary

Having a Whipple Operation

Information for Patients
Introduction

This booklet is for patients who have been advised that a Whipple operation (also known as a Whipple’s or Whipple resection) is the best way to treat their illness. A Whipple is a major operation that carries risks and the information in this booklet is to help you understand what it involves and to help you make an informed decision about having the operation.

Please remember that this booklet does not replace the advice and information that will be given to you by your Consultant. If you have any concerns or other questions after reading the information enclosed please discuss these with your Consultant, Nurse Specialist or any other members of the team at any time.

Why do I need a Whipple operation?

A Whipple operation is most commonly offered to patients who have, or are thought to have, a tumour (growth) on the head of the pancreas gland, in the duodenum (first part of the small bowel) or in the bile ducts (tubes leading from the liver and gallbladder to the duodenum). A tumour is an abnormal growth of cells and may be described as malignant (cancerous) or benign (non-cancerous). The diagram below will show you where your tumour is.
Before Resection

You will have already undergone many tests and investigations. The results of these tests have been looked at carefully by a team of specialists, known as the multidisciplinary team, which includes Consultant Surgeons, Consultant Physicians, Consultant Radiologists (an expert in taking and reading x-rays and scans) and the Clinical Nurse Specialist. The team has been able to make a diagnosis of your condition/illness and a decision about how best to treat it. As a result they have suggested that you have a Whipple operation. This will have been discussed with you.

Are there any other types of treatment I could have?

Surgical removal of this type of tumour is the only form of treatment that hopes to offer a cure. A Whipple operation can only be offered to a small number of patients (about 1 in 7)
with this type of tumour. This is because the disease is often too advanced or has spread to other organs of the body at the point of diagnosis. Other treatment options will have been considered and will be discussed with you.

**What happens if I have no treatment?**

Your wishes about treatment will be respected at all times by your surgical team. If you choose not to have treatment, your illness is likely to progress and your health will deteriorate. At this time you may wish for us to transfer your care to the Palliative Care Team. A member of the team will then discuss with you what will happen next, help you to manage your symptoms and support you.

**What is a Whipple Operation/Resection?**

A Whipple operation involves removal (resection) of the head of the pancreas, part of the bile duct, the gallbladder, the duodenum (small bowel) and part of the stomach. After these have been removed the surgeon rejoins the remaining pancreas, bile duct and stomach to another part of the small bowel known as the jejunum. This then allows fluid from the pancreas, bile from the liver and food from the stomach to pass into the intestine where food can be digested as before. The diagram below shows the changes made during surgery.
After Transection & Re-Anastomoses

Are there any risks in having the operation?
As with all operations, the surgery and the anaesthetic carry risks to your health. Some of the risks of this operation are serious and can be life-threatening. However, you will be under the care or a specialist team of doctors and nurses, who will monitor your condition to make sure that any complications that occur are treated as soon as possible.

A Whipple operation is a major operation and is done under general anaesthetic. This means that you will be unconscious and unaware of anything during the operation. The operation lasts around 6 hours but may take longer which means you will be under general anaesthetic for a long time.
The main risks of a Whipple operation include:

- **Gastric stasis**
  
  Gastric stasis means that the stomach slows down and does not empty its contents into the bowel properly. It affects 1 in 2-3 patients who have this operation. Symptoms are nausea and vomiting which can last for several days or even weeks before settling down. This is unpleasant but not a life threatening complication.

- **Pancreatic leak or bile leak**
  
  This is a more serious complication and can occur in around 1 in 20 patients. Leaks are the result of pancreatic fluid or bile leaking from the joins made between the remaining pancreas or bile duct and the jejunum (small bowel). If a leak develops you are likely to be in hospital for several weeks and will need to have more scans and tests. The doctors and nurses will check regularly for signs of a leak so it can be treated early on.
  
  In most instances a leak settles down on its own but on rare occasions another operation is needed to repair it.

- **Chest infection**
  
  Because of the cut on your abdomen you may find it difficult to breathe deeply or cough, which can lead to a chest infection. The physiotherapist and nurses will teach you breathing exercises to help prevent a chest infection. It is also important that you tell us if you have any pain as this will make it harder for you to do your exercises. If you smoke your lungs will be more sensitive to the anaesthetic. It would benefit you greatly to stop smoking or cut down before your operation.

- **Wound infection**
  
  Sometimes the wound can get infected. The nurses will check regularly for any signs of infection and keep the wound clean and dry. If an infection does develop you may be given antibiotics.
• **Bleeding**
A blood transfusion may be needed to replace blood lost during or after the operation.

• **Blood clots in the leg or pelvis (deep vein thrombosis or DVT).**
This can lead to a clot in the lungs (pulmonary embolus). Moving around as soon as possible after your operation can help to prevent this. We will give you special surgical stockings (known as ‘TEDS’) to wear whilst you are in hospital and injections to thin the blood. The physiotherapist will show you some leg exercises to help prevent blood clots.

• **Heart problems**
Having a major operation can put stress on the heart. If you already have heart problems the surgery may make these worse.

• **Death**
1 in 10 people who have this operation may die within the 30 days after surgery. This may be due to serious complications associated with this operation or as a result of some other medical problem. It is important to remember that you will be under the care of a specialist team of doctors and nurses. They will be closely monitoring your condition to make sure any complications are noticed and treated before they become a serious risk to your life.

**What will happen before I have my operation?**
A Whipple operation is a major operation and we need to know that you are fit and well enough to have the operation, to help ensure that you have the best chance of making a full recovery. Around 2 weeks before you have the operation you will be asked to attend a pre-admission clinic. Here you will be seen by a doctor and a nurse who will ask you about your general health, and about any previous or current illnesses.
You will be asked about any tablets you are taking, so it is useful to bring either your medication with you or a list of what you are taking.

The anaesthetist may also see you. This is a doctor who looks after you whilst you are asleep during the operation. This includes looking after your breathing and heart rate during the operation, and overseeing your pain relief afterwards. They will also discuss in detail about what they need to do to prepare you for the operation and the options for relieving any pain you may have afterwards.

At the clinic you will have routine investigations such as blood pressure, pulse, urine test, blood tests and an ECG (echocardiogram or heart trace). If you have any heart or lung problems, or have had in the past, you will also be asked to have tests to assess your lungs and more detailed tests to check your heart.

Your surgeon and the anaesthetist will want to see the results of these tests to make sure you are fit enough to have the operation. If there are any concerns about the results of your tests your Consultant will discuss these with you.

At the clinic you and your relatives will be able to ask any further questions about the operation, and talk about any concerns you may have. Please tell the clinic staff if you want to see your Clinical Nurse Specialist while you are in clinic.

If possible the clinic nurse will tell you the date your operation is planned for, and what you need to bring into hospital. You will be asked to come into hospital the day before you are due to have your operation.

**What will happen when I come into hospital?**

You will be asked to come into hospital the day before your operation so you can meet the ward staff and settle into the ward. Your Consultant will come to see you on the ward before
your operation. This is to ensure you fully understand what will happen and to answer any further questions and discuss any concerns you may have.

Once you have had all your questions and concerns answered to your satisfaction you will be asked to sign a consent form giving your permission for the operation to proceed. You should only do this if you fully understand why you are having the operation, and the risks and benefits.

If you did not see the anaesthetist at the pre-admission clinic, he or she will also see you on the ward before you have the operation.

**What will happen on the day of my operation?**

A whole day is dedicated to you having this operation.

You will not be able to have anything to eat or drink for 6 hours before you go to theatre. On the morning of your operation you will be woken early to have a bath or shower. You will be asked to put on a theatre gown and given some medication to help you feel relaxed and sleepy (pre medication). You will be taken on a trolley to the anaesthetic room in the operating department by one of the ward nurses who will stay with you until you are asleep.

The anaesthetist will then prepare you for the operation. This includes placing several lines (tubes) into the veins in your arm and in your neck. This is to allow us to give you fluids during and after the operation until you are allowed to eat and drink again. This also means that we can monitor your blood pressure and fluid levels carefully during and after surgery.

The anaesthetist will have already discussed pain relief with you. The preferred way of providing you with pain relief is through an epidural catheter. This is a very fine tube that is placed into your back. It is attached to a special drip with pain relieving drugs in. This will keep the area that is operated on numb so
that you do not feel anything after the operation. A tube (catheter) will be passed into your bladder to drain your urine during and after the operation. You will also have a tube passed through your nose and into your stomach to keep your stomach empty and rested during and after the operation. These tubes are usually put in once you are asleep, and stay in for a few days after your operation. You will then be asked to take some deep breaths through a mask before you go to sleep. Once you are asleep you will be taken into the operating room.

**What will happen during my operation?**

The Surgeon will make a large incision (cut) across your abdomen (stomach) just below the right hand side of your rib cage. The surgeons will remove the head of the pancreas, part of the bile duct, the gallbladder, the duodenum (small bowel) and part of the stomach. The remaining pancreas, bile duct and stomach will then be rejoined to the jejunum.

The Surgeon will then put some tubes into your abdomen. These allow excess fluid to drain into drainage bags outside your body. We will also be able to take samples of fluid from the drains after your operation to check that you do not have any leakage from the pancreas. They will stay in place until fluid stops draining. This is usually several days, but can be weeks.

In some patients a special feeding tube is placed below your wound so that you can immediately have a special feed after the operation. If this tube is not placed then you will have a special feeding tube placed into your nose and down into your small bowel (jejunum)) again through which you will be fed immediately.

The cut on your abdomen will be closed with metal clips. These will be removed by the ward nurses 10 days after your surgery.

All the tissue that is removed by the Surgeon during your operation will be sent to the Histopathology Department to be
analysed. This is where specialist doctors look at the tissue to determine the nature of the tumour and whether it has spread to any of the glands nearby. The results of this usually take 7-10 days and will be discussed with you as soon as they are available.

**What can I expect to happen after the operation?**

When your operation is finished you will be taken into the recovery room in the operating department. Here the anaesthetist and nurses will look after you until you have woken up from the anaesthetic. Once the Surgeon and anaesthetist are happy with your condition you will be transferred to the High Dependency Unit (HDU) where you will stay for around 48 hours. In the HDU you will be attached to monitors that constantly check your heart, blood pressure and fluid levels. You will be conscious and awake but may feel very sleepy due to the painkillers you are having and the after effects of the anaesthetic. The team of doctors and the anaesthetist who are looking after you will see you every day. Once they are happy with your condition you will be transferred back to the ward.

**Will I be in pain after the operation?**

It is normal to have some pain after this type of operation. The anaesthetist and nurses will check to make sure that you are comfortable, and you will be given medication to keep you as pain free as possible. This is very important as you will find it easier to breathe deeply, cough and move around. This will help reduce your risk of developing a chest infection and deep vein thrombosis.

The epidural will stay in place for 3 days after your operation to give you pain relieving drugs. You will not be able to feel this tube. You may also be connected to a special pump called a patient controlled analgesia pump (PCA).
If you are in pain you must tell the nurses looking after you so that they can give you something to relieve the pain. By the end of the first week after your operation you should only need tablets to control your pain.

**When will I be able to eat and drink?**

You will be able to have small sips of water soon after your operation but it is not safe to allow you to eat or drink too much. This is because the stomach and bowels will slow down for a while, and will not empty as quickly as before. This is only temporary. When you begin to pass wind you will be allowed to take more fluid and once you start to open your bowels you will be able to take some food. This will be a gradual process over the first 5-7 days.

**How long will I need to stay in bed for?**

Moving about as soon as possible after your operation will help to improve your circulation and prevent you developing a chest infection, pneumonia and deep vein thrombosis. It will also help to stimulate your bowels to start working again. For the first couple of days after the operation you will be attached to monitors and drips and you will feel tired and weak. A physiotherapist will teach you how to do deep breathing and leg exercises, and you will be encouraged to move around in your bed. You will be given help to get out of bed, sit in a chair and to walk a short distance as soon as possible after surgery.

**How long will I be in hospital for?**

Most patients are able to leave hospital 2 weeks after their operation. How long you are in hospital for will depend upon how quickly you recover from the operation, your general health and whether you develop any complications.
Once you are able to eat, drink and move about on your own, and your Consultant is happy with your progress and recovery you will be able to leave hospital.

**What will happen once I am ready to go home?**

Your Consultant will discuss with you when he feels you are ready to be discharged home, and will also inform you of the histology results. You will be sent home with a week’s supply of any medication you have been taking in hospital. After that your GP (family doctor) will continue to prescribe medication as you require. If necessary arrangements may be made for a District Nurse to visit you at home but this is not always routine.

**When can I get back to normal?**

It will be some time before you regain the energy you had before the operation. It is important to be aware that it can take 3 to 6 months before you feel completely fit again. Rest as much as possible, gradually increasing your level of activity.

It is important that you do some exercise each day when you go home without overdoing it. Gentle exercise such as walking and swimming will help you to regain your strength. If you can, gradually increase the amount you do each week.

You will need help with shopping and cleaning from family and friends for the first few weeks that you are at home. If you live alone or feel that you may need extra support please mention this to the nurse at the pre-admission clinic and again to the nurses on the ward when you are admitted for your operation.

We advise that you avoid lifting heavy objects and driving for at least 6 weeks after your operation. Before you start driving you are advised to check with your insurance company that they consider you fit to drive or you may not be covered by your insurance.
If you work we advise you to take at least 3 months off, longer if possible. Your GP will provide you with sick notes to give to your employer until you feel ready to return to work.

**Will I need any further treatment?**

Depending on your histology results you may be referred to an Oncologist (a Consultant who specialises in cancer treatments). Your Consultant will discuss your results with you and whether you might benefit from having further treatment. This will be to help reduce the chances of any cancer returning.

If you are referred to an oncologist you should be seen around 2 to 3 weeks after you are discharged from hospital after your operation.

The details of your appointment with the Oncologist will be sent to you by post. The oncology doctors are based at the Christie Hospital but you may be seen by an Oncologist at a hospital nearer to your home. Your Nurse Specialist will tell you the name of the Oncologist you are to be referred to.

When you see the Oncologist they will discuss with you in more detail any further treatment they advise, and where this will take place.

**Are there any long term effects from the operation?**

As with all operations you need time to recover. However there are some things that may particularly affect you after a Whipple’s operation.

- **Fatigue or tiredness**

This is a common side effect following this operation. You will feel very tired for at least the first 6 weeks and it is important that you get plenty of rest. As you start to eat more and are able to exercise more your energy levels will gradually increase but this may take up to 3-6 months.
• **Decreased appetite, increased wind and abdominal bloating.**
You will find your appetite is smaller after the operation and you will not be able to eat large portions of food at any one time. You will feel full very quickly and your sense of taste may change. However, there are no restrictions on the types of food you can eat but you may find that a soft diet is easier to digest for the first few weeks. It is best to have small portions of balanced meals with snacks in-between. If you need nutritional drinks to supplement your diet the ward staff will give you some when you go home. Your GP will prescribe them once you are home to ensure you are getting enough calories.

Most patients lose weight before the operation, during recovery and for the first few weeks following surgery. However, after this we expect you to regain some of the weight you have lost and then maintain a steady weight.

• **Change in bowel habit.**
Most patients notice a change in their normal bowel habit after this operation. You may find that your motion is much looser and that you have to open your bowels more frequently. This may be permanent and is normal.

The pancreas produces a fluid that helps to digest our food. As part of your pancreas is removed, less fluid will be produced. This means that your food may not be as fully digested as before. Because of this you may notice that your bowel motion is pale in colour, offensive (foul smelling) and difficult to flush down the toilet.

If this happens you need to either tell your GP, Consultant or contact your Nurse Specialist. You may need to take some medication to help in the digestion of food and correct your bowel motion.
How often will I be seen at the hospital after my operation?

You will be sent an appointment in the post to attend the outpatient clinic 6-8 weeks after you leave hospital. You will be seen in clinic by a member of the team to find out how you are recovering from the operation. You will also be able to discuss any concerns you may have about your recovery.

After the first appointment you will be seen in clinic every 6 months for the first 2 years and then every year up to 5 years. This is as well as any follow up by the Oncologists if you have been referred for further treatment. You will also have a CT scan every 12 months for 5 years unless otherwise indicated.

What if I have any concerns or questions after I go home?

You have been given the contact numbers for your Clinical Nurse Specialist. If you have any concerns or questions about your recovery and/or health when you go home or between your clinic appointments you can contact your Clinical Nurse Specialist. As your key worker, the nurse can also contact other members of the team involved in your care on your behalf.

Useful contact numbers

Clinical Nurse Specialist 0161 276 4263
(telephone and answer machine)
07659 177597 (pager) (Available Monday to Thursday, 08.00-18.00hrs)

Ward .................................................................................................................................

Consultant’s secretary ....................................................................................................

Oncologist’s Secretary ....................................................................................................
Sources of information and support

Macmillan Cancer Information and Support Centre
Main Out Patients
Manchester Royal infirmary
Drop in centre: 10.00am -15.00pm Monday to Friday
Telephone: 0161 276 6868
Website: www.cancercentre.info
Email: cancer.information@cmmc.nhs.uk
Provides information about cancer, and support for people affected by cancer.

Cancerbacup
Telephone 020 7739 2280
Website www.cancerbacup.org.uk
Provide information on all aspects of cancer and its treatment, as well as practical and emotional aspects of living with cancer.

Macmillan Cancer Support
Telephone 0808 808 2020
Website www.macmillan.org.uk
Email cancerline@macmillan.org.uk
Provide information, specialist advice and support, as well as financial grants, for people affected by cancer.

Greater Manchester and Cheshire NHS Cancer Network
Website www.gmccn.nhs.uk
Website with information on all aspects of cancer and support available for people affected by cancer.
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say “If you require an interpreter, or translation, please ask a member of our staff to arrange it for you.” The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

 اذا كنت بحاجة الى مترجم، أو ترجمة، من فضلك اطلب من أحد موظفيك ترتيب ذلك لك
اگر آپ کو ایک مترجم یا ترجمہ کی ضرورت ہے تو برائے کرم بمبام کے کسی رکن سے کہیں کہو آپ کے لیے اس کا نظام کریں.

अपनार यदि एकजन दोभाषी, अथवा अनुवादक के प्रयोजन है, तो आपको अपने एकजन कर्मियों के साथ आपकी जरूरत इंग्लिश में बताते हैं।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalashayga si uu kuugii.

如果你需要翻译或翻译员, 请要求我们的员工为你安排

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