Penn Medicine

PANCREATIC SURGERY at PENN

Your Team

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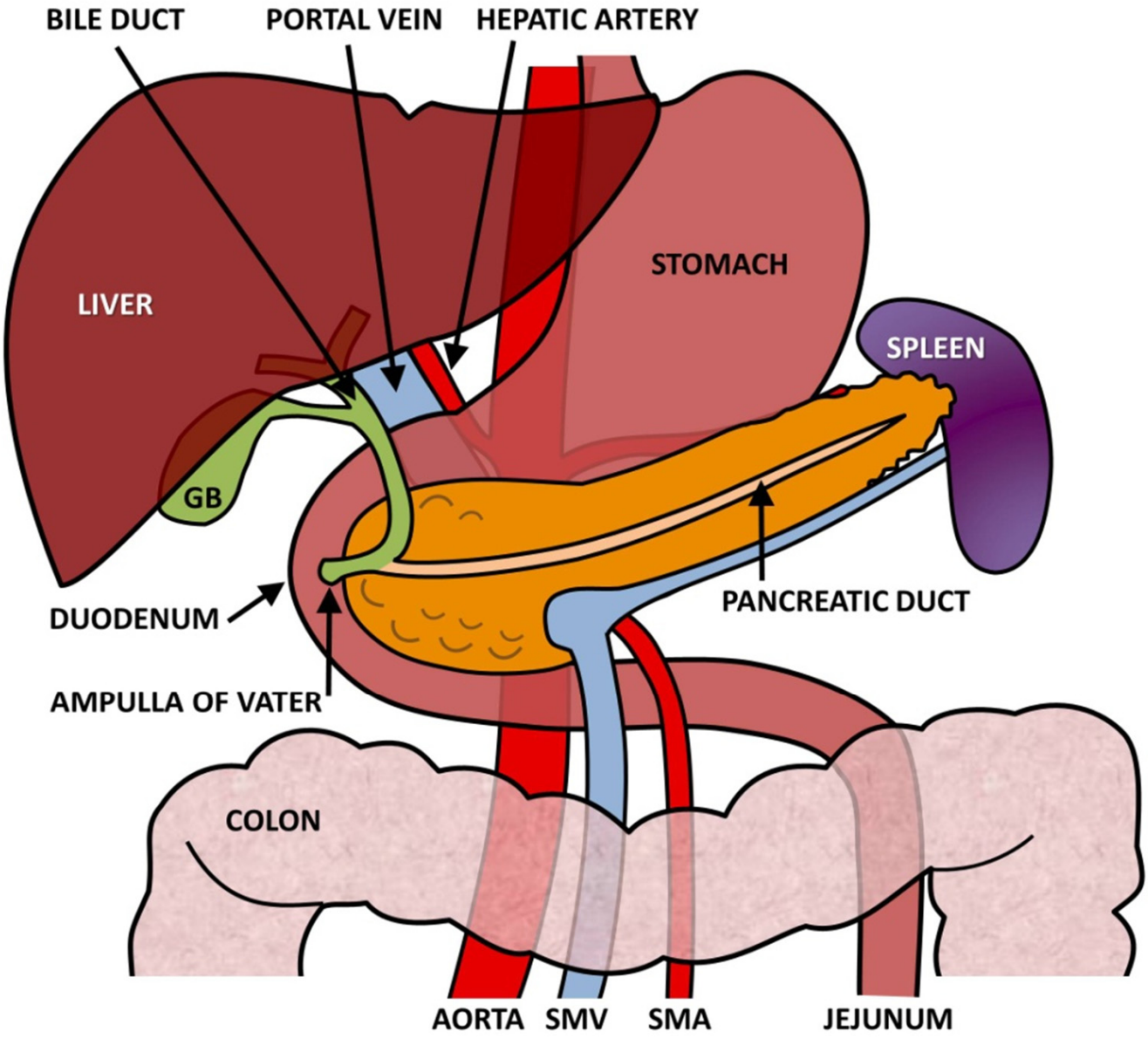
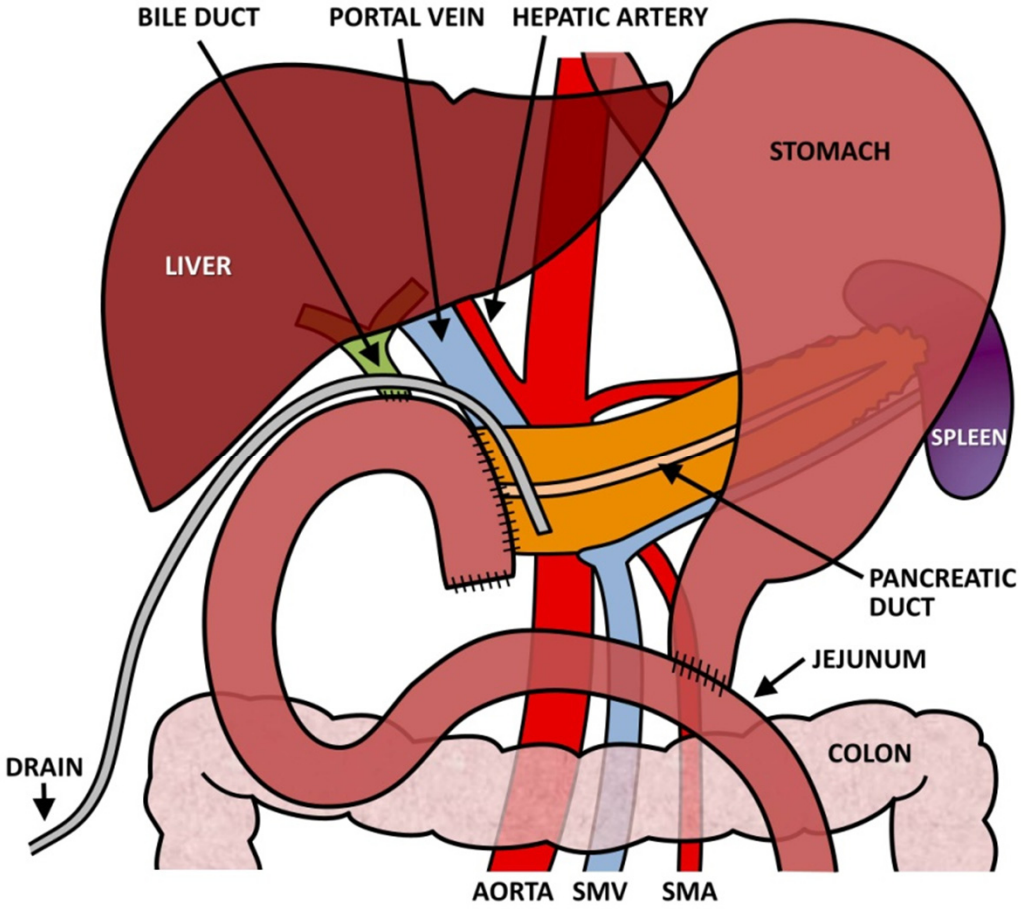
Upper Abdominal Anatomy

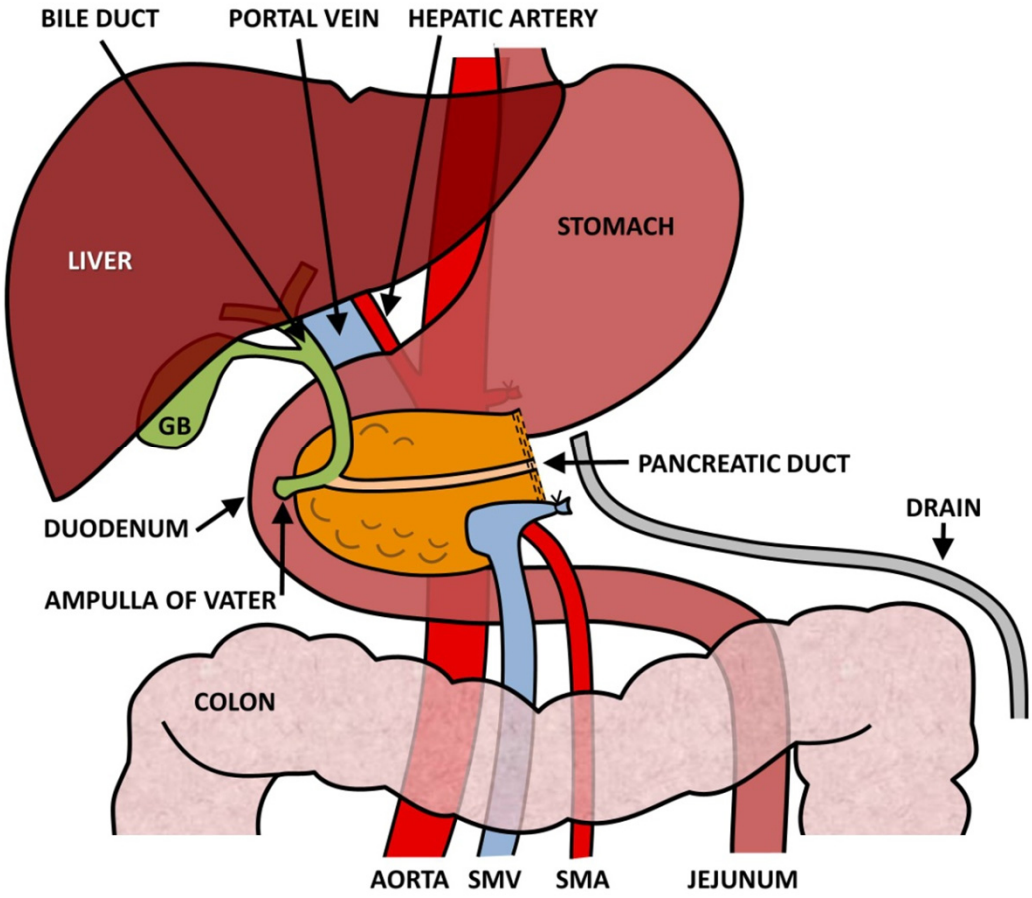


Notes:

Whipple Reconstruction



Distal Pancreatectomy



Notes:

Your Recovery Pathway

	Post-Op Day 1-2	Post-Op Day 3-4	Post-Op Day 5-6	Post-Op Day 7+
Nutrition	▪ You will have a nasogastric (NG) tube in your nose for around two days, which will keep your stomach empty. ▪ You will not have anything to eat or drink during this time except for a very small amount of ice chips and swabs with water. ▪ You will receive your nourishment and medications through the IV.	▪ You will be allowed to have sips of liquids on Day 3 which will be advanced to clear liquids (including Jello and broth) on Day 4. ▪ Your IV fluids will be weaned off as you are able to eat and drink more	▪ Your diet will be advanced to regular food as tolerated ▪ Your family will also be able to bring you food that you like from home	▪ You will be sent home when you tolerate a regular diet; it may be supplemented with Boost/Ensure shakes. ▪ More frequent meals (5-6/day), with smaller portions, may be preferable. ▪ Stay as hydrated as possible.
Activity	▪ You will be encouraged to be out of bed to a chair (day 1) and take short walks around your room (day 2)—with assistance! ▪ You should use the incentive spirometer (10x per hour) which will help you take deep breaths to expand your lungs to prevent pneumonia. ▪ Your blood will be drawn for routine testing, and blood glucose levels will be checked by fingersticks every 6 hours.	▪ You will work with physical therapy and start taking walks in the halls (with assistance). ▪ Oxygen support will be discontinued as you will continue to use the incentive spirometer regularly throughout the day.	▪ You will continue to walk in the halls (AT LEAST 2-3 times per day!). Your family can assist you. ▪ Discharge planning will be initiated with the Case Managers and Social Workers to plan your release from the hospital (when cleared by Physical Therapy).	▪ You will be discharged and may be set up with a Visiting Nurse (to assess your incision or any drains) and possibly home physical therapy. ▪ You should continue to walk regularly and be as active as you can be when you are at home.
Pain Control	▪ You will experience a moderate amount of pain/discomfort the first few days after surgery. Most patients will have an epidural catheter (in your back) for pain control; if not, you will have a Patient Controlled Anesthesia (PCA) device with IV medication. ▪ Please tell your nurse or the Anesthesia Pain Service if your pain is not well controlled!	▪ The epidural will be capped and then later removed by the Pain Service on Post-Op Day 3 or 4. ▪ Your pain control will be transitioned to the PCA. ▪ Please notify your nurse or the surgical team if your pain is not well controlled.	▪ Pain control will be transitioned to oral medications, usually Dilaudid or Percocet, which can be supple-mented with oral Tylenol or Ibuprofen. ▪ Please notify your nurse or the surgical team if your pain is not well controlled.	▪ You will continue to use oral narcotics for a while, but are encouraged to transition to Tylenol or ibuprofen as needed.
Medications	▪ Pain medicine (as above) ▪ Zantac (IV) to protect the stomach from ulcers. ▪ To prevent blood clots, you will receive heparin shots subcutaneously every 8 hours throughout your entire hospitalization. ▪ IV Insulin (if needed based on blood glucose levels). ▪ You will receive your regular medications as appropriate.	▪ Pain medicine (IV). ▪ Insulin (IV) as needed. ▪ Zantac (switch to pill form). ▪ Reglan (for stomach motility). ▪ Heparin shots subcutaneously. ▪ You will be restarted on all pertinent home medications when you tolerate sips of liquids.	▪ Pain pills. ▪ Bowel regimen (colace/senna). ▪ Zantac. ▪ Reglan. ▪ Heparin shots subcutaneously. ▪ You will be vaccinated (x3) if your spleen was removed during surgery (distal pancreatectomy).	▪ You will be discharged with prescriptions for pain medicine, a bowel regimen, ulcer prophylaxis, stomach motility, and digestive enzymes (Creon – if there is a pancreatic stent in place). ▪ You will receive education and teaching about the new medicines that you will be taking at home.
Incision / Tubes / Lines	▪ NG tube (usually until the morning of day 2). ▪ Foley catheter in bladder to drain urine. ▪ Epidural for pain control. ▪ Blake drain(s) +/- a pancreatic stent. ▪ A central line in your neck to make blood draws easier. ▪ Oxygen through your nose (if needed). ▪ Intermittent Compression Devices—"squeezie boots" placed on legs to improve circulation and prevent blood clots. You will wear while you are in bed. ▪ Your surgical bandage will be removed on Day 2 and your stapled incision will be left open to air for the remainder of your stay.	▪ Your incision will be assessed by the surgical team each morning. ▪ The Foley catheter will be removed when the epidural is removed or earlier if there is no epidural. You can now use commode or bathroom. ▪ The central line in your neck will be removed and you will have peripheral IV's instead. ▪ A pancreatic stent, if you have one, will drain to a bag.	▪ Your Blake drain will be sent for amylase analysis, and if it is within normal limits and the fluid appears appropriate, it will be removed prior to discharge. ▪ You will continue to have peripheral IV's in place. ▪ A pancreatic stent, if you have one, will drain to a bag.	▪ Your staples may be removed prior to discharge, otherwise they will be removed in the office at your follow up appointment. ▪ If you have a pancreatic stent, it will stay in place for 4-6 weeks after your surgery and be removed in your office at a follow-up appointment.