Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Surgical treatment for cancer of the pancreas

Information for patients
Hepatobiliary

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

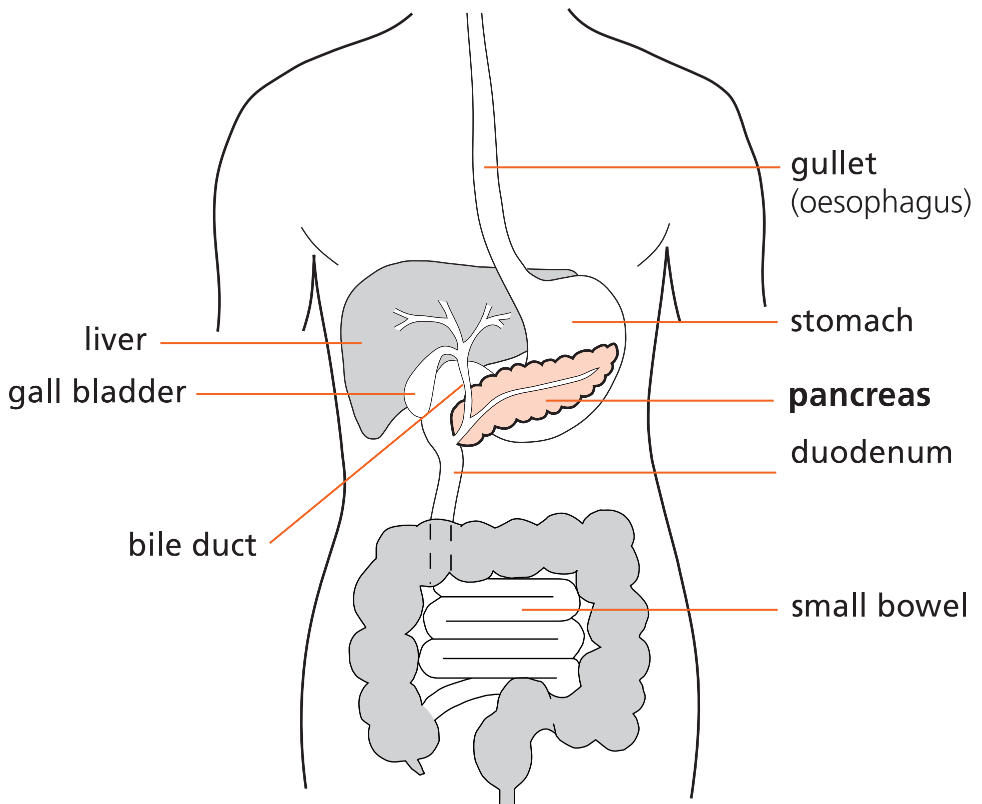
The aim of this booklet is to help you to understand your diagnosis and treatment. We hope it will help to lessen any anxiety you may have, answer some of your questions and offer some practical advice.

Everyone responds differently to treatment and will therefore require varying amounts of information. Throughout your illness you will have access to a clinical nurse specialist/ key worker for support and advice.

What is the pancreas?

The pancreas is a solid gland that lies in the upper half of the abdomen. If you place your right hand flat on the top of your stomach (at the V where the ribs meet) your hand will cover the pancreas. It is divided into three sections, the head, body and tail. The spleen is attached to the tail of the pancreas.

The pancreas produces digestive juices which help with the process of food digestion. The pancreas also produces insulin which enables the body to use sugars and store fat.



What treatments are available for cancer of the pancreas?

- Surgery is the most common way of treating early stage pancreatic cancer (to take out the cancer or to relieve the symptoms).
- Chemotherapy (using drugs to contain or kill the cancer cells).
- A combination of surgery and chemotherapy.

Who will provide my care?

You will be cared for by a number of professionals who work together. These professionals will be specialists in different areas of your care and are collectively named 'the multidisciplinary team'.

The multidisciplinary team meets weekly to discuss all individuals affected by cancer of the pancreas.

The team consists of professionals who are involved at different stages in your care.

Consultant surgeon:

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Consultant surgeon's secretary:

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Nurse specialist:

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Hospital ward:

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Dietitian:

....

Other members of the multidisciplinary team include:

Radiologist

Histopathologist

Oncologist

Palliative care consultant

Surgical treatment

Your consultant will decide which is the best option using one of the following operations:

- Removal of the head of the pancreas, the distal bile duct, gall bladder, part of the small bowel and some of the surrounding tissue which often includes part of the stomach. This is commonly known as **Whipple's procedure**.

- Removal of the body of the pancreas. This is known as **central pancreatectomy.**

- Removal of the tail of the pancreas is known as **distal pancreatectomy.** This may include removing your spleen. However, sometimes this decision can only be made during the operation by the surgeon.

- Removal of the whole pancreas, part of the small bowel, part of the stomach, the distal bile duct, gall bladder, spleen and most of the lymph nodes in the area. This is known as a **total pancreatectomy**.

- It is not always possible to remove the tumour even if an operation has started with the intention to do so. Instead of removing the pancreas, it may be possible to redirect the tubes from the liver to overcome any blockages and relieve symptoms, This is commonly known as **biliary bypass surgery.**

What happens before surgery?

Surgery for cancer of the pancreas takes place at the Northern General Hospital and the multidisciplinary team work together to standardise treatment.

You will be asked to attend the preoperative assessment clinic before your surgery. During this time, you will be given further opportunity to ask questions and we will be carry out some simple tests to prepare for your operation.

If you have any questions, please contact your nurse specialist who will go over anything you wish to re-discuss following your clinic visit or preoperative assessment.

What happens on the day of my operation?

You will be admitted to hospital on the morning of your surgery and will need to ensure you have had nothing to eat or drink. The exact times will vary depending on the time of your operation.

Before you have your surgery an anaesthetist (the specialist who puts you to sleep and monitors you during surgery) and the surgeon that is operating on you will come to see you. You will be offered the opportunity to ask any questions and sign your consent form if not completed already.

You may also be seen by the physiotherapist.

What are the risks involved?

With any surgery there are certain risks involved. These risks may be associated with the type of surgery, the anaesthetic or the period of recovery.

Some of the identified risks with this type of surgery are:

- Haemorrhage (bleeding)
- Heart problems
- Internal wound leak
- Blood clots
- Chest infection
- Wound infection

What happens after surgery?

Immediately after surgery you will be carefully monitored in the recovery unit before being transferred to the high dependency unit to recover. You will have various tubes attached, the type and number will vary depending on your operation. These may include:

- An oxygen mask to help your breathing.
- A tube in a vein to give you fluid (a vein in your arm or neck will usually be used).
- Two tubes that pass through your nose, one that sits in your small intestine to feed you initially after surgery and the other sits in your stomach to drain off bile and excess stomach contents.
- Possibly one or two drainage tubes (drains) near to the site of your wound that go under the skin.
- A catheter (a fine tube) placed into your bladder to collect your urine into a bag. This is to monitor how much urine you are passing.

As you recover your drains and tubes will be removed as directed by the doctor.

Will it be painful?

The amount of pain felt is varied and very individual. However, it is very important that we work with you to keep any pain well controlled so that you can do your breathing exercises and start to mobilise.

There are several ways of reducing pain. These include:

- Epidural - This is when a painkilling medication is given directly into the space around your spine which is inserted in the anaesthetic room before surgery. It is given continuously via a pump and sometimes you can give yourself extra medicine by pressing a button (PCEA).
- Patient Controlled Analgesia (PCA) - This is when pain killing medication is given into a vein and is controlled by a pump. You control the amount of pain killers you receive by pressing a button, but which also has a timer built in.
- Pain killing injections and simple painkillers such as paracetamol are used from the onset and then continued as tablets or suppositories.

A combination of drugs is usually most effective at controlling pain and encouraging deep breathing. The anaesthetist will discuss this with you when they see you before your surgery.

When can I get out of bed?

You will be encouraged to get up as soon as you are able and this is often the day after surgery. To help you with this you will be seen by a physiotherapist who will give you advice on moving about and performing breathing exercises whilst in bed or mobilising. It is important to do these exercises as they help reduce the risk of blood clots and chest infections after surgery. The sooner you can become mobile the better for your recovery.

When can I eat after the operation?

You will not be allowed to eat or drink immediately after your operation. The site of the operation is rested to allow the body the chance to start healing. This will be assessed on a daily basis and fluids will gradually be introduced on the doctor's instructions. During this period, you will receive intravenous fluids and liquid food via the tube through your nose.

Will there be any side effects?

Because the pancreas produces insulin we keep a check on your blood sugar levels to monitor for any signs of diabetes.

Pancreatic enzymes help to digest fats, proteins and carbohydrates. If you do not have enough enzymes food will pass through your digestive system without being broken down and absorbed into your body causing malabsorption. This can be corrected using medication called Creon which you will be prescribed to take with meals and snacks.

Some patients experience difficulty sleeping, have nightmares and hallucinations immediately after surgery but they do subside over time.

Patient diary

You may find it helpful to continue your diary at home to note any concerns or questions you may have for the specialist nurse, district nurse, or consultant. Please use this space to record any concerns or questions:

Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Day 9	
Day 10	
Day 11	
Day 12	
Day 13	
Day 14	

Any concerns you wish to discuss in clinic:

What happens when I go home?

Your recovery will continue once you are at home and your energy will gradually start to increase. The nursing staff will discuss arrangements for going home with you and your family. Any support you need to assist you at home will be identified before your discharge and provided as required.

Your GP and district nurse will be notified of your discharge.

Following discharge, please contact your nurse specialist if you have any concerns or questions.

How should I care for my wound?

The staples holding your wound together will be removed around 14 days after your operation by the district nurse or practice nurse. The ward staff will arrange this before discharge.

You may have a shower as normal when you get home, try to avoid soaking your wound to begin with and avoid using any creams or powders directly on the wound until it has healed fully. You can expect some soreness around the wound for several weeks after your operation. You should keep taking your painkillers regularly to ease any discomfort. If your wound becomes increasingly sore or red, or begins to leak you must contact your district nurse, practice nurse or GP. If you are concerned out of hours you can call the ward Firth 9 on **0114 226 6186** or **0114 226 6185**.

It is normal to feel a ridge along your wound and this will disappear over time. You may also notice numb or over-sensitive areas along the wound and may experience tingling sensations and itching where small nerves in the skin have been cut during the operation. These sensations will disappear over time but you may be left with a permanent area of

numbness in a certain area of your wound. The incision itself will fade and become less prominent over the next few months.

Is there anything to look out for when I go home?

If you have any concerns about your progress, need advice or are worried contact your Clinical Nurse Specialist (Key Worker):

Monday to Friday:

- **0114 271 4739** (Heather Allen)
- **0114 305 2289** (Maria Wenton)
- **0114 271 5751** (Marcia Bennett)

When can I drive?

Because the surgery has involved cutting into the large abdominal muscles you must not drive a car until your operation site has fully healed. This will take at least four to six weeks. You should not drive whilst taking strong painkillers as these can make you drowsy.

It is recommended that you check with your insurers as many policies will not cover you to drive in this period and some extend this until you have been back to the outpatients clinic.

Increasing activity and exercising

Should I do any exercise?

The type of activity/exercise you are able to do after your operation will depend on your general health and previous levels of fitness. Gentle exercise/activity will benefit you in the following ways:

- Help to speed your recovery and get back to the activities you enjoyed before the operation.
- Improve your confidence and reduce stress.

What exercise should I do?

- Walking is the best form of exercise. When you go home it is safe to walk outside, gradually increasing the distance and speed that you walk.
- Continue with the breathing exercises (deep breathing) that the physiotherapist taught you. Keep an upright posture, resisting the tendency to lean to the side of your operation or stoop.

Remember to listen to your body. Exercise as much as you feel comfortable with each day. It is normal to become short of breath, to feel warm or for your heart to beat faster. This shows you are working.

However you should not be so short of breath that you cannot talk, feel sick or faint, or feel so tired that you have to sleep after exercising. If you experience any of these, then you are doing too much.

How can I increase my exercise?

It is important to increase your exercise/activity level gradually starting from the level you were at in hospital. Please speak to your consultant or nurse specialist who will advise you when it is appropriate to increase your exercise level. This is usually 6 weeks to 12 weeks following surgery depending on your recovery.

- Increase the time you exercise for.*
- Increase the distance you walk or number of repetitions of each exercise.*
- Increase the pace you exercise at.*
- Increase the number of exercise sessions you do each week.*

* Only change one of these at a time.

- Start slowly and finish slowly allowing your body to warm up at the beginning, and cool down at the end.
- Wear loose clothing and sensible footwear.
- Take notice of the weather. If it is very wet, cold or windy you may have to lessen what you do or exercise indoors.
- Do not exercise if you feel unwell.
- Avoid swimming until your wound is fully healed.
- Avoid strenuous activities such as heavy lifting, straining or any activity that makes you breathless.

How can I meet other people and share experiences?

There are a variety of support services that can be offered to you and your family in the community setting. Please contact your clinical nurse specialist for further information and they will be able to direct you to your local cancer support centre.

Can I claim benefits?

If you need any advice on this matter please contact one of the following:

- Your Clinical Nurse Specialist
- Cancer Support Centre - Welfare advice service
- Macmillan helpline and website

When can I go on holiday following my discharge from hospital?

The time at which patients are safe to travel is very individual and therefore it is important that each person asks their consultant or clinical nurse specialist.

Travel insurance can be very expensive following medical treatment and you are advised to ask your clinical nurse specialist.

Other sources of advice include Macmillan Cancer Support on helpline or website, or the Weston Park Cancer Support 0114 5533330. They will be able to give information and an update on which companies are providing cover for a reasonable price.

When can I return to work?

If you were working before your treatment it is likely that you will be off sick for some months. It could be more than 12 months or so before you are really at your best, although you will feel much better long before

that. It may help to discuss this with your clinical nurse specialist, consultant or GP. Your return to work will also be governed by the type of job that you do, so it is beneficial to talk to your employer about their return to work and capability policies.

Other contacts you may find useful

Cavendish Centre for Cancer Care
Offers support, assessment and a range of complementary therapies for patients and their carers. All services are provided free of charge and referrals are taken directly from you.

Weston Park Cancer Support
Provides support and information on an informal basis.

- **0114 553 3330**
- www.westonpark.org.uk

Macmillan Cancer Support

- **0808 808 0000**
- www.macmillan.org.uk

Pancreatic Cancer UK

- www.pancreaticcancer.org.uk

Pancreatic Cancer Action

- **0303 040 1770**
- www.pancreaticcanceraction.org

What if I have any more questions?

Once you have read this booklet, if you have any other queries or there is anything further you would like to discuss please contact your specialist nurse/ keyworker.

Notes

To help support your local hospitals visit
sheffieldhospitalscharity.org.uk
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