

Royal Infirmary of Edinburgh  
Department of General Surgery



# **Whipple's Operation: Patient Information Sheet and Diary**

## **Whipple's**

### **Information Sheet and Diary for Patients**

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This information leaflet is designed to give you and your family/carers some information about your operation. Your surgeon will have described the reasons behind why the operation is necessary and what is involved. This leaflet will give further information about the details of your hospital stay and your recovery following your operation.

We aim to provide an Enhanced Recovery After Surgery (ERAS) service. This aims to optimise your recovery and help you through the operation in the best way possible. We have also provided a patient diary so when you are in hospital you can keep track of where you are on the recovery pathway. This will be different for everybody but can give you and us a good indication of how you are recovering after the operation.

### **Before the operation**

You will have seen your surgeon in the outpatient clinic and discussed the procedure and the reasons for it in detail. Following this you will be seen at the pre-admission clinic where you will have a lot of your medical details recorded by our team before you come into hospital.

*We encourage you to undertake physical exercise in the weeks leading up to your operation. This is known as “prehabilitation” and is a way of improving your fitness for surgery and the recovery period afterwards. It is known that undertaking physical exercises regularly before an operation can reduce your risk of developing certain complications after the operation. The physical activity does not need to be intensive, and regular periods of moderate exercise can be very beneficial.*

*We have provided an information sheet illustrating a range of exercises that the physiotherapists ask our patients to perform during the recovery period. It would be beneficial to become familiar with these before your operation and also to undertake these exercises as well. They can be performed in your house and a graded to start with gentle activity, which can be increased as you become familiar with them*

If you smoke cigarettes or drink alcohol, we will advise to you to try and stop before your operation. Even stopping for four weeks before surgery has been shown to improve patients' recovery and reduce some complications *and we have provided contact details for a smoking cessation service.*

### **Day of surgery**

You will be asked to fast before surgery. You can drink clear fluids like water or tea without milk up to two hours before your operation. You should not eat anything for six hours before the operation.

After the operation you will initially go to the recovery unit and we will monitor you very closely while you wake up from the anaesthetic.

You will have had several “drips and lines” placed. These are to give you fluids and medications as well as to monitor your blood pressure and vital signs. These will include:

- 1) **Intravenous (IV) drip** – this will give you normal fluids directly into the vein to keep you hydrated. You will also have a line in your neck (central line) and in your wrist (arterial line). These monitor your blood pressure very closely and can give medications.
- 2) **Abdominal drain** – this is a tube that is placed at the time of the operation to drain away fluid from the tummy. This will be removed after several days. Occasionally, abdominal drains may not be required.
- 3) **A urinary catheter** – this is a narrow tube that is placed into the bladder via the urethra (the small tube that allows urine to pass from the bladder to the outside). This allows us to monitor how much urine you are producing and allows you to keep your bladder empty without the need to go to the toilet.
- 4) **Pain control: Epidural** – this is a very narrow tube that is placed in your back to control your pain. This will be removed after 2-3 days. Sometimes you may have instead a button to press which delivers pain relief medication into the drip if you need more pain control (Patient Controlled Analgesia – PCA)
- 5) **White stockings (TEDS)** - You will also have a pair of white stockings (TEDS) on your legs. This is to prevent development of a blood clot (Deep Vein Thrombosis – DVT) forming in your legs. You will also receive a blood thinning injection in each evening during your hospital admission and when you go home (for 28 days after your operation).

## **Pain control**

The epidural is the main form of pain control for the first 2-3 days after the operation. The specialist pain team doctors and nurses will keep a close eye on this and make sure your pain is well controlled. The epidural will then be taken out and your pain will need to be controlled by other methods. If you are managing to eat satisfactorily your pain can be controlled with pain relief tablets. Sometimes we need to give you pain killers through a drip.

If you are in pain despite the pain relief you are given then it is important that you let the doctors and nurses looking after you know. Good pain control is a very important part of recovery after surgery. You need to be able to take a deep breath and to cough after your operation. This is important as if you can do these things well it will reduce your likelihood of developing a chest infection. A chest infection can prolong your time in hospital and might need to be treated with antibiotics. Your doctors and nursing team will be encouraging

you to do this and if you are too sore to take a deep breath in then we can alter your pain medication to make you more comfortable.

## **Mobilising after your operation**

This is a very important part of your recovery. The more you can get out of bed and walk around then the less likely you are to develop a chest infection or a blood clot in your legs. We will be able to help you with this throughout your stay in hospital. The amount of movement that you will be able to do will progress with time following your operation.

Immediately after the operation you will sit up in the bed, so you are not lying flat on your back and encourage you to take deep breaths and to cough. On the first day after your operation you will sit out in a chair for at least four hours and should walk to the chair – with assistance from nurses or physiotherapists if needed. From the second day after the operation we will ask you to do progressively sit for longer and walk further, again with assistance if needed. We have highlighted this below in your recovery diary.

## **Eating and Drinking**

Nutrition is another very important part of your recovery. You should view food and nutrition as another form of medication that will help you recover from the surgery.

In the evening after your operation you can have clear fluids like water as soon as you wake up. If this makes you feel sick, then it may be that you need to take small sips to start with. You will have fluids going in through a drip which will keep you well hydrated until you can drink normally.

On the first day after your operation you can start to eat. You should start with small quantities of soft foods such as soup, jelly or ice-cream. Your nurses will help you with choosing food and you should be guided by how you feel and how hungry you are. You might feel sick or even vomit when you start eating and so the best thing to do then is reduce the amount of food you take and wait for things to improve. We can give anti-sickness medication to try and help with this. The amount of food you have will gradually increase over the following days until you are taking a good amount of food. The dietician team will come and see you and make sure you are taking in enough calories. Some people struggle with eating enough calories after this operation and it can sometimes take a while before you are eating enough. We often give patients supplemental high calorie drinks as these can give you lots of nutrition in a small volume of fluid, which is easier to manage than whole meals.

Sometimes the stomach does not empty well for several days after this type of operation (delayed gastric emptying). If this happens, we may need to put a tube down your nose and into the gut and pass feeding fluid directly into the small bowel. This will often resolve in several days' time and you can get back

to eating without the tube but it is a known complication of the Whipple's operation that may delay your recovery.

### **Additional Information**

Below is the recovery diary. Please take the time to familiarise yourself with what is written and the daily goals for your recovery. It does not matter if you do not achieve these goals on the precise post-operative days as everyone recovers in a different way after an operation. It simply allows us and you to aim to get you over the operation in the best way possible.

## RECOVERY DIARY

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### Day of Surgery

Plan: You will now be in the High Dependency Unit (ward 116).

**I was able to sit up in bed:**

Yes                  No

**I was able to drink water:**

Yes                  No

**My pain is well controlled:**

Yes                  No

**My nausea is well controlled:**

Yes                  No

## Post-operative day 1

Plan: You will be in the high dependency unit today. You will be able to sit out of the bed, walk around the bed space and start to eat.

**I was able to sit in the chair for 4 hours in total:**

Yes                      No

**I was able to walk:**

Yes                      No

Assisted                Unassisted

Distance walked: ..... metres

**I was able to drink today:**

Yes                      No

I was able to drink: ..... litres

**I was able to eat:**

Yes                      No

Foods eaten: .....

.....

.....

## Post-operative day 2

Plan: To sit in the chair for 6 hours in total and walk approximately 20 metres. You will be encouraged to eat and drink as you are able to. We will try and take out the lines in your neck and wrist as well as taking the catheter out of your bladder.

**I was able to sit in the chair for 6 hours in total:**

Yes                  No

**I was able to walk approximately 20 metres:**

Yes                  No

**I was able to eat:**

Yes                  No

Foods eaten: .....

.....

.....

**I was able to drink:**

Yes                  No

I was able to drink: ..... litres

**I have passed wind:**

Yes                  No

**My neck line is out:**

Yes                  No

**My wrist line is out:**

Yes                  No

**My urinary catheter is out:**

Yes                  No



### **Post-operative day 3**

Plan: Your epidural will come out today and you will be transferred to the general surgical ward. You will continue to sit out of bed, walk and continue to increase what you are eating and drinking.

**I sat in the chair for 6 hours in total:**

Yes                      No

**I went for two walks over 20m:**

Yes                      No

**I was able to eat today:**

Yes                      No

Foods eaten: .....

.....

.....

**I was able to drink:**

Yes                      No

I was able to drink: ..... litres

**I have passed wind:**

Yes                      No

**My abdominal drain is out:**

Yes                      No

**My epidural is out:**

Yes                      No

**My pain is well controlled:**

Yes                      No

## **Post-operative day 4**

Plan: To spend the day out of the bed and go for two walks around the ward.  
Continue to eat and drink.

**I sat in the chair for over 6 hours in total:**

Yes                      No

**I went for two walks over 20m:**

Yes                      No

**I was able to eat today:**

Yes                      No

Foods eaten: .....

.....

.....

**I was able to drink:**

Yes                      No

I was able to drink: ..... litres

**I have passed wind:**

Yes                      No

## **Post-operative day 5**

Plan: Get dressed into normal clothes and go for a walk by yourself. Continue to eat and drink

**I was able to get dressed:**

Yes            No

**I was able to sit out of bed most of the day:**

Yes            No

**I was able to go for a walk by myself:**

Yes            No

**My bowels have moved:**

Yes            No

**My pain is well controlled:**

Yes            No

**I feel ready to go home:**

Yes            No

**I have an out-patient appointment:**

Yes            No

**I have an appointment to get my clips out:**

Yes            No

**I can administer the blood thinning injections:**

Yes            No