

PANCREATECTOMY - DISTAL / SPLENECTOMY

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

An incision (cut) is made across the upper abdomen (tummy) below the ribs on both sides. The pancreas is exposed and freed from the adjacent organs. The tail (distal) half of the pancreas is then removed. Since the blood vessels that go to the spleen pass through the pancreas, the spleen is also removed.

WHY IS THIS OPERATION NECESSARY?

The operation is usually performed for tumours located within the tail of the pancreas. It is intended to remove the tumour completely, and thus achieve cure of the tumour.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Complete removal of the tumour is the only option for complete cure. Chemotherapy and radiotherapy are not curative.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or

complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The major complication is a leak from the edge of the remaining pancreas. This occurs in 20-30% of cases. This fluid should drain out of the abdomen via the drain that will be left next to the pancreas. Most leaks stop by themselves after a while, but they require that you stay in hospital for longer than usual. Sometimes severe complications can result in death. This occurs in around 2% of patients.

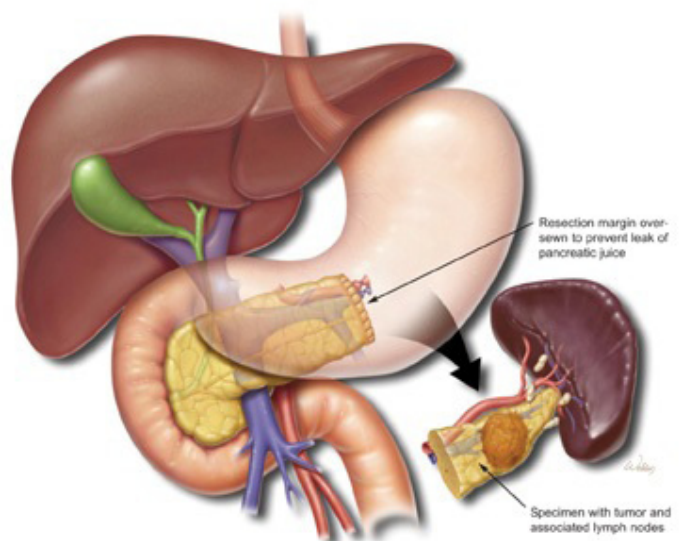
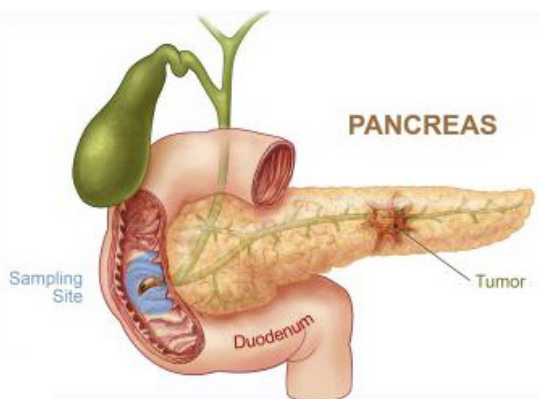
In the long term having a reduced amount of pancreas can cause you to become diabetic and require insulin. You can also develop impaired digestion of food and resultant fatty stools (steatorrhea). This is treated with enzyme replacement capsules. One of these problems occurs in about a third of people in the long term. Having your spleen removed puts you at very slightly increased risk for severe infections with certain kinds of bacteria (OPSI - overwhelming post-splenectomy infection). You will be given vaccines to prevent these infections. OPSI is rare in adults.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. You should stop certain medication such as aspirin, warfarin, or other blood thinning medicines a week before the operation.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

About 3 hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred to High Care. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed in High Care. You will have a drip in your neck (CVP line), a tube in your nose (Naso-gastric tube), and a drain coming out of the left side of your tummy. You will also have a urinary catheter. You will have a very thin tube in your back to give you pain relief (epidural catheter).

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You can have sips of water immediately once you wake up. Feeds will be introduced slowly over a few days.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

Your ability to climb out of bed will be limited initially by the epidural. However once you return to the ward you will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 7-10 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You should report any high fevers, or prolonged vomiting.

HOW SOON CAN I START EXERCISE?

You can resume walking immediately, but it will be a few weeks before you are able to resume your pre-operative level of activity.

HOW SOON CAN I DRIVE A CAR?

Usually about 2-3 weeks after discharge from hospital.

HOW LONG WILL I BE OFF WORK?

3-4 weeks in total

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.