

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Whipple’s Operation

1. Introduction

- 1.1. Whipple’s operation is a major operation, which describes resection of head of pancreas, distal common bile duct and adjoining duodenum and/or distal stomach.
- 1.2. It is indicated in various conditions like benign or malignant tumors around the ampulla, cancer in the head of pancreas and distal common bile duct, chronic pancreatitis and other inflammatory lesions.

2. Procedural Preparation

- 2.1. You may need to admit one day before this elective operation.
- 2.2. Blood tests and Electrocardiogram (ECG) will usually be performed in the pre-operative assessment.
- 2.3. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.4. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.5. Do not eat or drink for 6 to 8 hours before operation, according to doctor’s order.
- 2.6. Shower and hair washing are recommended before operation.
- 2.7. Empty bladder before operation.
- 2.8. Wear compression stockings prior to operation.
- 2.9. Prophylactic antibiotics and subcutaneous octreotide injection may be given.
- 2.10. Pre-medications and intravenous drip maybe needed before operation.

3. Procedure

- 3.1. The operation is performed under general anesthesia.
- 3.2. A rooftop-like incision will be made on the upper abdomen.
- 3.3. Gut continuity will be restored by gastro-jejunostomy, pancreato-jejunostomy and hepato-jejunostomy following resection, i.e. the remaining stomach, pancreas and bile duct are rejoined to the intestine.

4. Recovery Phase

- 4.1. You may be temporarily intubated and ventilated in Intensive Care Unit.
- 4.2. Several tubes will be attached to the body after the operation which will be removed when condition improved. The tubes include:
 - 4.2.1. An oxygen cannula attached to the nostrils or an endotracheal tube via the mouth.
 - 4.2.2. A nasogastric tube for drainage of excess acid or bile from the stomach.
 - 4.2.3. An intravenous catheter is inserted on the extremity for administration of intravenous fluid and medications.
 - 4.2.4. One or more tubes on the abdomen to drain out excessive fluid from the operation site.
 - 4.2.5. A foley catheter inserted into the bladder to drain urine.
- 4.3. Do not remove any tubes without doctor’s advice.
- 4.4. Usually after operation, you may feel:
 - 4.4.1. Mild throat discomfort or pain because of intubation
 - 4.4.2. Nausea or vomiting
 - 4.4.3. Wound pain
- 4.5. Inform nurses if the symptoms persist or become severe.
- 4.6. Antibiotics and also need medication for nausea may be required.



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- 4.7. It is important that you can breathe properly to prevent developing chest infection.
- 4.8. Continue to wear special compression stockings to help prevent blood clots formation in deep veins.
- 4.9. Resume diet gradually according to doctor's advice, usually on the fourth day after operation.
- 4.10. Recovery usually takes about 2 weeks and you can resume normal activity in few weeks' time.
- 4.11. Follow up as scheduled.

5. Possible Risks and Complications

- 5.1. The mortality rate for patient undergoing this operation is around 5 %.
- 5.2. The procedure-related morbidity is about 30% which includes:
 - 5.2.1. Pancreatic fistula (10%)
 - 5.2.2. Delayed pancreas dysfunction with fatty diarrhea (50%)
 - 5.2.3. Bile leak or bile duct injury
 - 5.2.4. Jejunostomy leakage
 - 5.2.5. Delayed gastric emptying
 - 5.2.6. Bleeding
 - 5.2.7. Wound infection or intra-abdominal collection
 - 5.2.8. Deep vein thrombosis
 - 5.2.9. Other possible complications may include heart attack, cardiovascular accident, chest and urinary tract infection

6. Remark

- 6.1. This information sheet provides general information pertaining to this operation or procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

7. References

- 7.1. Operation Information Pamphlet: Whipple's Operation. Department of Surgery, United Christian Hospital, Hospital Authority.
- 7.2. University Hospital Southampton, National Health Service (NHS) Foundation Trust. The Whipple's Procedure – Information for patients, families and carers.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

