Pancreaticoduodenectomy enhanced recovery programme (PD ERP)

Information for patients
Welcome to the pancreaticoduodenectomy enhanced recovery programme (PD ERP). The aim of the programme is for you to be well enough to go home within seven days of your operation. This factsheet is designed to help increase your understanding of the programme, so you and your family can take an active part in your recovery.

Please read this factsheet together with the Whipples procedure booklet. If you have any further questions you can ask at your pre-assessment appointment or contact the PD ERP nurse (telephone number on the back cover).

Before the operation – diet and bowel clearing

We will give you an enema to take home with you at your pre-assessment appointment. This enema should be administered at 8pm the night before your operation. The nurses at pre-assessment will explain to you about how to use your enema and will give you written instructions.

- On the day before your surgery you should eat and drink as normal.
- Continue with your normal diet up to 2am on the day of your surgery.
- After 2am, only drink clear still water.
- Between 5.30 and 6am on the morning of your surgery you must drink the entire two cartons of PreOp drink given to you at pre-assessment. These drinks are designed to be taken before an operation.
- After 6am you should have nothing more by mouth.

Medicines

Please bring all of your usual medicines with you when you come into hospital. We encourage you to use your own medicines from home while you are in hospital. This helps the doctors to prescribe them correctly, improves your care and reduces waste.

Please keep them in their original containers, as we cannot use them if they have been transferred into anything else.

We will always try to make sure that you have enough medicines when you leave hospital. To help us achieve this, please make sure you have plenty of your usual medicines at home before you come into hospital.
**Stopping medicines before the operation**
If you have to stop any medicines before the operation (such as aspirin, warfarin, clopidogrel, dipyridamole and any diabetic medication), you will be given written information when you attend the pre-assessment clinic to remind you which medicines to stop, and when.

**Eating and drinking after your operation**
Nutrition and hydration are important after your operation and will help you with your recovery. We will prescribe you nourishing drinks from the first day after your operation, called Fortisips or Fortijuice. The nurses will advise you how much you should drink of these each day, as it is important to build up fluids slowly on the first three days. The nourishing drinks come in a range of flavours so please ask for an alternative if you do not like the flavour you have been given. Fortisips and Fortijuice can also be diluted with water or milk to make them easier to drink if you find them too rich.

If you are able to manage drinking without feeling sick you will be able to try food to eat on the third day after your operation. If you are able to manage solid food ask your nurse or dietitian to advise you what to choose from the menu. We will give you medication containing enzymes which help your body break down and absorb the food. This capsule is called Creon and you may have already been taking this before your operation. Please see the Whipples procedure book given to you with this fact sheet for more information about this medication.

Your ability to eat and drink may be affected by feelings of sickness. This is nothing to be concerned about. Please tell the nurse looking after you and they will provide you with medication for the sickness and advise you on what you should be eating and drinking during this time and when you go home. A dietitian will be involved in your care and will visit you during your stay. They will provide you with further advice and support regarding diet, supplements and Creon.

**Pain relief**
Depending what you and your anaesthetist have discussed at your pre-assessment appointment you may have a pain relieving infusion into the muscles surrounding the operation area. These are put in during your operation and stay in for three to five days after your operation.

You will also have an infusion in your arm called patient controlled analgesia (PCA). This is a way of giving you pain relief after your operation that allows you to control your pain relief yourself. If you are having a PCA you will be connected to a pump containing a pain relieving medicine – usually morphine. The pump is linked to a handset that has a button. When you press the button you receive a small dose of medicine. We will stop this when you no longer need it and give you oral pain relief as required.

You may also need oxygen via a mask.

**Getting out of bed and walking**
After you wake up from your operation it is important to start deep breathing exercises to help prevent you developing a chest infection. We will give you an information sheet at your pre-assessment appointment to explain how to do these exercises. If you need any further help regarding these exercises please speak to the nurse looking after you.

To help reduce the risk of developing blood clots in your legs after your operation you will receive a daily injection, which thins your blood. It is also important to wear the white anti clot stockings for the duration of your stay.

The ward staff will help you out of bed the day after your operation. You should spend two hours out of bed in a chair. You will be also encouraged to walk on the spot, with help, to encourage blood flow around your body.

On the second day after your operation you should spend four hours sitting in a chair. You will also be encouraged to walk a short distance with the assistance of a nurse.
From the third day you should sit out of bed for six hours and take two walks.

From the fourth day you should aim to take four walks during the day around the ward.

By being out of bed in an upright position, and by walking regularly, your lungs will work better and there is less chance of you getting a chest infection.

After your operation you should wear your own day clothes as soon as you are able to, as these are more practical for walking around in. Loose t-shirts and tracksuit bottoms are ideal.

Occasionally there may be reasons why your surgeon decides that you should not follow the enhanced recovery programme anymore. This is likely to be because you need longer than seven days to get better. Your medical team will advise you if this has been decided and the reasons why.

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At home

Looking after your wounds
The cut on your tummy will be covered with a dressing when you go home. You may also have clips or stitches in the wounds. Your practice nurse or district nurse will need to remove staples around a week after you go home. Stitches may also need removing if they are not dissolvable. The ward nurses will advise you about removal of the stitches or clips and how often your wounds need to be dressed.

Bathing and showering
You should not get your wounds wet for five days after your operation. When showering or bathing during this time, cover your wounds with a waterproof dressing to protect them.

Diet and fluids
For information on diet and fluids see the Whipples procedure booklet.

Pain control
After your surgery you will be sent home with some pain relieving medication. You should continue to take this regularly for the first two weeks after your operation to enable you to regain full mobility and be comfortable to resume normal activities. The nurses will explain to you when you should be taking your pain relief, as some must be taken with food.

You will also be given other medications to take home, including laxatives, anti-acid and anti sickness medication, vitamins and enzymes. A list of these medications will be sent to your GP. You will also be given a copy of your discharge summary to take home.
Your bowels
Your bowel movements are likely to change after your operation, but will settle with time. You may develop constipation, in which case make sure you eat regular meals, three or more times a day, drink plenty of water and take regular walks during the first two weeks after your operation.

If you are passing loose stools more than three times a day for more than three days, or if you have not had a bowel movement for more than three to four days, contact your specialist nurse or GP for advice.

Passing urine
Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually resolves in time. If it does not, or if you experience stinging when passing urine, contact your GP. You may have a urine infection, which can be treated with antibiotics.

Getting back to normal

Exercise
Activity is encouraged from the first day after your operation. You should continue to take regular exercise daily when you go home. Gradually increase your exercise during the six to eight weeks following your operation, until you are back to your normal activity level.

The best exercise you can take is to walk and gradually increase the amount you walk each day. It is normal to feel rather tired when you first start exercising. Ensure you take regular rests. Do not do any heavy lifting until six weeks after your operation.

Common sense will guide your exercise and rehabilitation. Once your wounds are pain free you can do most activities. Please discuss with your specialist nurse or doctor if you are unsure.

Mobilisation also decreases the likelihood of developing a clot in your legs known as a deep vein thrombosis (DVT). However, if you develop pain or swelling in the back of your leg or develop breathlessness or chest pain you should contact your GP immediately.

For information regarding getting back to work, driving and resuming sexual relations please see the Whipples procedure booklet.

Complications
Complications after surgery do not happen very often, but it is important that you know what to look for.

The enhanced recovery nurse practitioner will phone you at home after being discharged; to check how you are, and discuss any questions or concerns you might have relating to your surgery.
If at any point in the first three weeks after your operation you are worried about any of the symptoms below do not hesitate to contact us. Please phone the telephone numbers on the back of this booklet, or your specialist nurse if you have one. If you are unable to contact any of the people listed then ring your GP.

After going home you will also be sent information in the post about your follow up outpatient appointment. Your appointment will be around two to three weeks after you go home.

Abdominal pain
It is normal to suffer griping pains during the first few weeks after surgery. The pain usually lasts for a few minutes and will go away completely in between spasms.

Severe pain that lasts for several hours may indicate leakage of fluid within your tummy. This can be a serious complication, which fortunately happens rarely. Should this arise it may be accompanied by a fever. On occasion leakage may occur which makes you feel generally unwell with a fever but without any pain.

If you have severe pain lasting more than one to two hours or have a fever and feel generally unwell, you should contact us as soon as possible on the numbers provided.

Your wounds
It is not unusual for your wounds to be slightly red and uncomfortable during the first one to two weeks. Please let us know if the wounds are:

- becoming red, painful or swollen
- leaking any kind of fluid.

We hope this booklet has been useful in your journey through the enhanced recovery programme. We welcome any feedback or suggestions of how it can be improved for future patients.

Contact numbers

PD enhanced recovery nurse practitioner, Hannah Clarke
Telephone: 07500 975 734

You can call this number 24 hours a day. It will be held by the nurse practitioner from 8am to 4pm, Monday to Friday. Outside of these hours it will be held and answered by a senior nurse on ward E8.

Ward E8
Telephone: 023 8079 6510

Secretary for Mr Johnson and Mr Armstrong
Telephone: 023 8079 6796

Secretary for Mr Abu Hilah and Mr Pearce
Telephone: 023 8079 6977