

*Better
Together*

Patient information

Major Pancreatic Resection

Patient Diary and Education Booklet

Surgical Division :Royal Liverpool Hospital and Broadgreen
Hospital

PIF1563/V2

Details
Consultant
Specialist Nurse

Introduction

This booklet will give you a simple outline of what you can expect at the Royal Liverpool University Hospital Trust. It shows how we can all work together to achieve a speedy recovery after your treatment, getting you home and out of hospital as soon as possible.

The Information provided here begins with what you can do in the weeks before your operation, How you can help yourself by preparing for your recovery.

You will find a day to day plan of what you can expect from admission to discharge. Targets, goals, and expectations have been set by the team although these are often achievable they are not set in stone. We are all individuals and some people will recover more quickly than others. These targets are a guide only, and are subject to change after daily medical and nursing review.

Although you will have had your condition, treatment and recovery explained to you in your pre-operative assessment, we would like to reassure you that the staff are here to help you. They are always available to answer any questions you may have, and to hopefully reassure you, offering encouragement and support to you and your relatives at all times.

Nutrition

Pancreatic diseases often affect your ability to digest and absorb food properly. This could delay your recovery therefore an assessment will have been made in Pre-Operative Clinic regarding your nutritional status. We need to know if your nutritional intake is meeting your daily needs. If it is not you may be seen by a dietician who will give you dietary advice and prescribe you high calorie supplement drinks.

Attempting to eat three meals a day is recommended however you may find it easier to take smaller more frequent meals with these drinks as an addition.

On the evening of admission you will be a simple carbohydrate-load drink diluted in water to take, and again the following morning, this helps to prevent post operative complications. You may be given additional information offering more specific dietary advice if felt appropriate.

Physiotherapy - Pre-Operative

An assessment will be made in Pre-Operative Clinic of your current level of fitness. We will be looking at how you are managing at home and hope to pre-empt and solve any problems which may delay your recovery and discharge home.

You may have been given specific information by the physiotherapist. If you are able, we recommend you take light exercise such as a short walk on a daily basis in the weeks leading up to your admission.

Being as mobile and fit as possible pre-operatively will aid your recover and speed up your discharge home.

Day before surgery

You will be asked to come into hospital the day before your planned surgery to enable us to perform some last minute routine checks. You will either then go back home to be re admitted on the morning of surgery or asked to stay. You will be informed prior to admission so you can plan your transport.

On admission you will:

- Be clerked in by a doctor or specialist nurse and have a blood sample taken.
- Nursing admission, this will be completed by a member of ward staff/specialist nurse.
- Be seen by an anesthetist, who will be present throughout your surgery. (This will be to confirm your suitability for theatre and to discuss issues such as pain control).
- Be seen by a senior member of the Hepatobiliary Team to consent you for your surgery and fully explain all outcomes and eventualities.
- Be given a carbohydrate drink and an Octreotide injection. If you are sent home you will be given your carbohydrate drink to take at 8pm that evening (diluting guidelines are on the sachet).
- Be given surgical stockings and you will be given an anti-coagulant injection to prevent deep vein thrombosis.
- You will have been asked not to eat after midnight; however you will be able to take clear fluids until 6:00am unless otherwise stated.

Day of theatre: Pre-Operative

- A further carbohydrate drink is taken at 6:00am. If you are at home mix the drink as instructed on the sachet.
- You should have a wash or shower
- If at home please present to ward 11z at 07.30am.
- You will be given a gown and hospital underwear to wear for your procedure.
- Surgical stockings to be re-applied and should be worn every day until discharge.
- If you have not been seen by an anesthetist or surgical team last night, you will be in the morning.
- A further Octreotide injection will be administered which is to continue for seven days post operative.
- Nurses will complete a theatre checklist.
- You will go to theatre at approximately 8:30am.

Day of theatre: Post-Operative

You will be taken from theatre to the Post Operative Clinical Care Unit (POCCU) as a planned admission.

Here you will be very sleepy, and may find it difficult to stay awake which is normal. Staff will reassure you and orientate you to your surroundings.

You will have a lot of leads and wires at this point, all of which will be serving a different purpose. If requested the staff will give an explanation of what they are for.

Such attachments will include a nasogastric tube, a catheter, oxygen therapy, intravenous fluids and an epidural or similar pain relief.

- You will be allowed to take 30-60ml sips of water unless stated otherwise.

Post-Operative: Day One

This is where your recovery will begin. Medical and nursing staff will look after everything that needs to be attended to, however there will be daily targets which you can achieve, some of these will be assessed and met automatically but some will require input from yourself, and this is all in a bid to enhance your recovery.

- You will be assisted with your hygiene needs, however simply doing hands and face will be a good step at this point.
- You will be expected to sit out in the chair today for a short period of time.
- The respiratory physiotherapist will visit you today, co-operating and working with them will reduce your risk of developing a chest infection which could set back your recovery.
- We will monitor output from your nasogastric tube and this may be removed if appropriate.
- You will be allowed to drink cautious free fluids and high calorie vitamin drinks.

Post-Operative: Day Two

- You will be moved to the Pancreatic Enhanced Recovery Unit (PERU) unit today. This unit specialises in nursing patients who have undergone major pancreatic surgery.
- You will be given an assisted wash again encouraging you to do what you can yourself.
- If you are managing to drink fluids you can start to eat a light diet.
- You will be required to sit out once or twice today and we will assist you to mobilise. Regular standing is an excellent simple exercise that you can perform with minimal supervision.

Post-Operative: Day Three

- If your abdominal drain output is acceptable in colour and volume a member of nursing staff will shorten these for the first time.
- Continue to eat and drink as you can tolerate.
- Begin to mobilise with staff and physio.
- You will be given an assisted wash again encouraging you to do what you can yourself.

Post-Operative: Days Four to Six

Now settled in the ward environment, your determination here will play a big part in how your recovery progresses.

Post-Operative Day Four

- Epidural discontinued and removed.
- Urinary catheter to be removed.
- Commence oral pain relief/analgesia.
- Continue to mobilise with staff and physio.
- Continue diet and fluids.
- Begin enzyme replacement tablets.
- You will be given an assisted wash again encouraging you to do what you can yourself.

Post-Operative Day Five and Six

- Independent wash.
- Start wearing your own loose comfortable clothing.
- Shorten Drains for the second time if acceptable output.
- Discontinue intra-venous fluids.
- Discharge arrangements will be discussed.

Post-Operative: Day Seven

- Drains removed today if appropriate. Depending on the type of surgery you have had you may be discharged with your drains in.

Post-Operative: Day Seven onwards.

Hopefully you have achieved the targets listed for previous days we will be well on our way to getting you home with a perspective discharge date.

At this point you should be:

- Independent in personal hygiene.
- Tolerating diet and fluids.
- Mobilising independently.

Discharge Home

On your discharge home although you will be classed as medically fit, you are however still very much recovering from a major operation. At times you may find that you are tired and require more sleep than previously. A good idea is to try and get yourself into a regular sleep pattern. You may find that a short nap at some point in the day is beneficial.

Initially simple tasks such as climbing the stairs and walking in the garden can seem quite strenuous, but over time your mobility will improve. The fitter and more active you are, before your operation the easier you will find it to get back to fitness post operatively. It is important to appreciate a full recovery can take up to six months.

It is important before you come for your operation to plan ahead for your return home. For example simple frozen meals would be useful. Also support from family or friends for basic housework and shopping.

If you do foresee a problem on discharge please make staff aware of this on admission so steps can be taken to resolve this.

When will I be able to drive is a common question asked, and we advise that you refrain for at least six weeks from your date of theatre. Ensuring that your wound is fully healed and you are confident to perform an emergency stop. It is also vital that you inform your insurance company as failure to disclose information may invalidate your insurance.

District Nurse Information

On discharge it is likely that you will need to be seen by the district nurse in the days following your return home as you will still have a wound that needs attending to. The information below can be used by you and also shown to the district nurse.

Procedure.....

Date.....

Ward name and contact number:

Named Nurse

District Nurse contact number

Wound dressing and need

.....

.....

.....

.....

.....

Dressings/equipment supplied: Yes / No

Clinic appointment date:/ to be posted out

Further Information / Useful Contacts

Royal Liverpool University Hospital

Tel: 0151 706 2000

Text phone number: 18001 0151 706 2000

Ward 5A

Tel: 0151 706 2355

Text phone number: 18001 0151 706 2355

PERU

Tel: 0151 706 3868

Text phone number: 18001 0151 706 3868

Ward 5B

Tel: 0151 706 2356

Text phone number: 18001 0151 706 2356

Visiting Times: 2.00 pm to 4.00 pm and 6.00pm-8.00pm

POCCU

Tel: 0151 706 2888

Text phone number: 18001 0151 706 2888

Visiting Times: 12.00 to 2.00pm and 4.30pm to 7.00pm

Hepato Biliary Specialist Nurses

Tel: 0151 706 2654

Text phone number: 18001 0151 706 2654

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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