

Patient agreement to investigation or treatment

Whipple’s resection (pancreatico-duodenectomy)

Authors: Cambridge Surgical Hepatobiliary and Pancreas Service

Brief description:

- This is a complex and major operation to remove the head (the ‘right end’) of the pancreas gland. This procedure is carried out in patients who:
 - Have a suspicious lump in the head of the pancreas gland (including cancer);
 - Have a blockage in the terminal part of the bile duct (often first becoming apparent after the patient develops jaundice).
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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About Whipple's resection

The pancreas is an organ in your abdomen close to your stomach, liver, spleen and bowel. It helps you digest food by producing pancreatic fluids. It also produces insulin (which diabetics are deficient in). This operation aims to remove the problem area of the pancreas but preserve some of its function.

There is a strong possibility that the lump in the head of the pancreas will be a cancer. This operation involves the removal of the head of the pancreas, the outlet of the stomach, a segment of the small bowel including the duodenum, the bile duct and the gall bladder.

The surgeon will then carry out four or more anastomoses (joins) between the stomach, bile duct and the pancreas gland with the remaining small intestine. This will restore the normal functioning of the gut. This operation typically takes four to six hours.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a senior member of the surgical staff who will explain all the options to you in detail.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of a general anaesthetic. See below for further details about the types of anaesthesia we shall use.
- Most people who have this type of procedure will need to stay in hospital for a period of 10-to14 days following the operation. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

During the procedure

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- The anaesthetist will place several lines (tubes) into blood vessels in your neck and arms, which allows us to give you fluids and monitor your blood pressure etc during the operation. In addition, a fine anaesthetic tube might also be placed in your back, which allows us to give you pain-killers after the operation (an epidural similar to that used during childbirth).

A catheter will also be placed into your bladder to drain your urine. We will pass a tube through your nose to keep your stomach empty during and after the operation. To allow access to the pancreas and upper abdomen for the operation, the surgeon will make a large incision (cut) in the upper part of your abdomen (tummy).

After the procedure

- After the operation, you will be kept overnight in a special area in the theatre recovery for close monitoring. During this time, we will wake you up from the anaesthetic and place an oxygen mask on your face to help you with your breathing. In exceptional circumstances, you may need to be transferred to high-dependency or intensive care unit bed if you require special monitoring or help to support the vital functions of your body such as breathing or blood pressure. When you awake, you will have some plastic tubes in the veins in your neck or arms. These are attached to either monitors to check the function of your heart and body or to bags of fluid, which give your body the fluids it needs until you are well enough to eat and drink by yourself. There are likely to be further soft drains (tubes) placed into your abdomen to remove the tissue fluids that can collect at the operation site.
- While you are in the recovery room, a nurse will regularly check your pulse and blood pressure. When you are well enough to be moved, you will be taken to your ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. You will have tube placed in your stomach via the nose (nasogastric tube) in order to keep the stomach empty overnight. If you feel sick, please tell a nurse and you will be offered.
- **Eating and drinking:** : Your stomach may not work for a few days after the operation. However, if you do not vomit, you will be allowed to drink the next day and gradually start eating. It is normal for the bowels not to work for a few days after this operation.
- **Getting around and about:** When you are well enough, you will be encouraged to move, sit up and out of bed, do some deep breathing exercises, cough and be generally active. This is for your well-being.
- **When you can leave hospital:** Most people who have had this type of procedure under **general anaesthetic** will be able to go home in 10 to 14 days after the operation. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **When you can resume normal activities including work:** It will be some time before you regain your energy and fitness and most people will need at least three months off work after this operation.
- **Special measures you need to take after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).

- **Check-ups and results:** Before you leave hospital, you will be given a date to return to clinic for the results of your surgery. Any further treatment, if recommended, will be discussed with you then.

Intended benefits of the procedure

- This procedure allows the lump in the head of the pancreas gland to be removed so that the pathologist can look at the tissue under the microscope for example: to look for cancer cells.
- When we have the Pathology Report, we can plan and offer you further treatment (if required).
- The operation will allow bile to drain normally into the gut and get rid of jaundice.
- This operation is the only curative option for cancer in this part of the body (pancreas, bile duct, etc). Depending on how advanced the tumour is at the time of surgery, you have up to a 50% chance of a cure following this operation. The likelihood of cure will depend on the findings reported from the pathology department after your operation. This report will not usually be available until several days after your operation.

Who will perform my procedure?

- A team of surgeons who have the appropriate experience will carry out the procedure.

Alternative procedures that are available

- If we discover that the lump is a cancer, this surgical procedure is the only known curative option. Studies have shown that if you have chemotherapy and radiotherapy alone, you are unlikely to achieve a cure for your pancreas cancer. However, chemotherapy and radiotherapy might be recommended in addition to the surgical procedure. The oncologist (cancer specialist) will discuss this with you after the operation.
- Other surgical methods of treatment include a biliary bypass operation to get rid of the jaundice and a stomach bypass to get rid of vomiting.
- Jaundice alone can be treated by placing a stent (a plastic or metal tube) in the bile duct using an endoscope (a special telescope) passed into the duodenum via the mouth or through the skin.
- Occasionally, at the time of operation, we might find that the lump (or cancer) is more advanced than we thought. If this is the case, we might not carry out the procedure as originally planned, but only take a smaller sample of tissue (a biopsy) and/or carry out a bypass operation to get rid of jaundice and vomiting. After this biopsy has been tested, we will discuss the options with you, which might include further surgery or other treatment.

Serious or frequently occurring risks

- Whipple's operation is a complex procedure for surgeons to perform and it carries some significant risks.

- You have a 1 to 2% risk of dying within the first 30 days after the operation.
- There is a 1 in 10 chance of a leak of pancreatic fluid from the pancreas gland. This complication occurs as a result of pancreatic fluid leaking from the joint between the pancreas gland and the small intestine. If this complication occurs, you may need to stay in hospital for several weeks. However, in majority of patients, the leak is minor and can be controlled by the drains placed at the time of the operation. If the patients remain well, they can often be sent home with the drain which can be looked after by district nurses. If you were to be discharged with a drain you would be seen in the surgical clinic on a frequent basis to monitor your progress. In case of a severe leak, it will be necessary to carry out several scans and you might require further surgery to repair any damage.
- There is also a 1 in 10 chance that you might experience sickness in the early period following this procedure. This is due to the stomach slowing down which then empties poorly. Though this is not a life threatening complication, it can take several days or weeks before it settles down.
- Like any other operation, complications such as infection, bleeding, chest infections, adhesions, hernia, DVT and pulmonary embolus can occur.
- Very rarely, you can develop diabetes after the operation which will require treatment.
- One of the pancreas glands normal functions is to make enzymes to help digest food. Following surgery, it is possible that your remaining pancreas will not provide the required amount of these enzymes. If this happens, additional enzymes can be taken by mouth with food at meal times in the form of capsules.

Information and support

- You might be given some additional patient information before or after the procedure for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of the surgical team. They would be pleased to answer any queries you might have including the more detailed technical aspects of this procedure.
- If you have further questions please contact one of the HPB Specialist Nurses, on bleep number 154 225.

Your anaesthesia

There are different types of anaesthesia. The type chosen by your anaesthetist depends on the surgery you are undergoing as well as your health and fitness. Sometimes the different types of anaesthesia are used in combination.

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets or injections. They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

Authors	Surgical hepatobiliary and pancreatic service
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 245151
Published/Review date	June 2010/June 2013
File name	Hpb_whipple
Version number/Ref	4/CF145

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:..... **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature:..... **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT):..... Job Title: