



Whipple Surgery Home Care Guide

To Our Patients,

This guide will provide you with information you need to know after you return home.

At Ochsner, the needs of our patients and their families always come first. Our goal is to maintain the highest level of professionalism and we are committed to providing the best care possible to our patients and their family.

We work as a multidisciplinary team to deliver quality care and services to our patients and their families that will exceed their expectations.

We treat EVERYONE with respect, courtesy and compassion. We hold ourselves accountable to the highest ethical standards in all interactions and services provided. We are here to help you.

Please ask questions and share any concerns you have.



Emergency reasons to immediately call your doctor

- Fever or temperature of 100.7° For higher
- Blood pressure-systolic (top number) below 90 or above 200
- Blood pressure-diastolic (bottom number) below 50 or above 110
- Pus or cloudy drainage leaking from any wound or incision
- Shortness of breath at rest
- Surgical scar becomes inflamed (redness/swelling/tenderness and/or painful) or your incision begins to separate/open or has a smelly discharge
- Develop an unusual increase in your pain
- Develop uncontrolled nausea, vomiting or diarrhea, or cannot eat properly
- Become jaundiced (yellow eyes, dark urine)
- J-tube falls out or you are unable to unclog it at home
- G-tube output is greater than 1200 cc over a 24-hour period

In case of medical emergency call 911.

Contact information

Ochsner Upper Gastrointestinal Surgical Oncology Clinic

Office Hours: 8:00 am - 5:00 pm, Monday - Friday

Phone: 504-842-4070

Fax: 504-842-0045

Our clinic is located on the 2nd floor of the Gayle and Tom Benson Cancer Center. On the weekends or outside of office hours, call 504-842-3000 and ask to speak with the Surgery Resident on call.

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Our Doctors



Nathan Bolton, MD

Dr. Bolton received his medical degree from Louisiana State University School of Medicine in New Orleans. He completed his internship and residency at Ochsner Medical Center. Upon completing residency, Dr. Bolton traveled to New York and completed a fellowship in complex general surgical oncology at Mount Sinai Hospital before returning to Ochsner to practice. Dr. Bolton's expertise is in upper gastrointestinal malignancy (gastric, esophageal), hepatopancreaticobiliary malignancy, neuroendocrine tumors, sarcoma and melanoma, and peritoneal surface malignancy and peritoneal carcinomatosis from GI or ovarian origin (HIPEC).



Russell Brown, MD, FACS

Dr. Brown earned his medical degree from the University of Texas Medical School at Houston. He completed his internship and residency at Ochsner Medical Center in New Orleans, where he received awards for research and teaching. This was followed by a fellowship in surgical oncology at the University of Louisville. Dr. Brown is board certified by the American Board of Surgery, a fellow of the American College of Surgeons, and a member of multiple national surgical societies. He is active in clinical cancer research and has authored numerous publications and presented at national meetings.



Andrew Newton, MD

Dr. Newton received his medical degree from the University of Maryland School of Medicine. He completed his general surgery residency at the University of Pennsylvania in Philadelphia. After residency, Dr. Newton completed a fellowship in complex general surgical oncology at MD Anderson Cancer Center in Houston. He is board certified by the American Board of Surgery. Dr. Newton's expertise is in hepatopancreaticobiliary malignancies, gastroesophageal malignancies, neuroendocrine tumors, peritoneal surface malignancies including HIPEC, sarcoma and melanoma.



David Pointer, MD

Dr. Pointer earned his medical degree and completed general surgery residency at the Tulane University School of Medicine, which included a research fellowship within the Department of Structural and Cellular Biology. Dr. Pointer completed his fellowship training in complex general surgical oncology at H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL, with additional focus on robotic approaches in complex surgical oncology. His clinical interests include gastrointestinal, hepatopancreaticobiliary, skin and soft tissue malignancies with a special focus on the application of robotic techniques. His research interests include surgical education and outcomes in minimally invasive oncologic surgery. Dr. Pointer is double board-certified in complex general surgical oncology and general surgery. He is a member of the American College of Surgeons, the Society of Surgical Oncology, the Association for Academic Surgery and the Americas Hepato-Pancreato-Biliary Association.

Medications

Review all medications with your nurse before you leave the hospital. If you are not clear on any of the information, **ASK QUESTIONS**.

You should only take the medications that are listed on your discharge instructions.



You will be given a prescription for pain medication. You must allow 1-3 days for any refill request to be processed.

- Pain medication can make you constipated. Eat a high fiber diet, and drink plenty of fluids if you are not fluid restricted by your physician. Along with your prescription for pain medications you will also get instructions to take an over-the-counter stool softener to prevent constipation.
- If you are taking Prednisone or Coumadin, you must not take aspirin (Bayer®, Bufferin®, Ecotrin®, St. Joseph®), medications containing aspirin, or other NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) such as ibuprofen (Advil®, Motrin®), naproxen (Aleve®, Anaprox DS®, Naprosyn®). If you have ever been told to avoid these medications, do not take them.
- Loose stools may indicate a need to start or adjust pancreatic enzyme replacement. Let your provider know if this is an issue.
- You will be given a prescription for a blood thinner after surgery. You must take as prescribed for the complete course.
- You should avoid driving while taking prescription pain medication.



Pain Management and Drug Safety After Surgery

After surgery, it is normal to feel some pain or discomfort. At Ochsner, our goal is to help you manage this pain safely. By controlling your pain, we can help you sleep better, be more active and recover faster. To do this, your provider has prescribed a combination of methods that should help control your pain. This may include a short course of prescription pain medication, which can be used if other pain relief methods are not enough. These medications are also called opioids or narcotics. When taken correctly, opioids are very good medicines for post-surgery pain. But they can be misused. The information below will help you understand how to take prescription pain medication safely and keep others safe.

How to use opioids safely

- **Take as directed.** Your provider and pharmacist will give you specific instructions for taking this prescription. Follow these instructions.
- **Keep it to yourself.** Don't share - this prescription is only for you. Sharing prescriptions is illegal and can put other people in danger.
- **Ask about your other prescriptions.** Some medications should not be taken at the same time as opioids because they can slow or stop your breathing. Talk to your pharmacist if you are taking benzodiazepines (such as Ativan®, Xanax®, Valium®), seizure medications, muscle relaxers, or psychiatric drugs.
- **Talk to your provider about other health conditions.** Tell us if you're pregnant, have a history of sleep apnea, mental health conditions, or substance use disorder.
- **Stay sober.** It can be very dangerous to use alcohol and other substances while you're taking an opioid pain medicine. Skip the alcohol, sleeping pills, or illegal drugs until you've stopped this medication.
- **Be cautious.** Don't drive or operate heavy machinery until you know how this medication affects you.

How to store opioids safely

- **Keep it in the original container.** Don't transfer the prescription to another bottle or package. This way you will always know exactly what is in the container and who it is for.
- **Keep it where children can't see or reach it.** The safest place to store prescription pain medication is in a locked cabinet or on a high shelf.

How to dispose of opioids safely

- **Discard properly when done.** Immediately after your pain is gone, dispose of any unused prescription pain medication.
 - Contact your local law enforcement agency or pharmacist to find a drug "take back" or disposal location near you. You can also find a location at this website: www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations.
 - If there is no take back or disposal location near you, check the FDA's Flush List. This is a list of drugs that CAN be flushed down the toilet www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList

- If your medication is not on the FDA Flush List, you can put it in the trash. To do so, remove the medication from its container and combine it with something unpleasant such as used coffee grounds or kitty litter. Place this mixture in a sealable bag in the garbage so it cannot leak or break out. Scratch out all personal information on the original container and throw it away or recycle it.

Know the risks

- **If not used correctly**, prescription pain medications can be just as dangerous as illegal drugs.
- **Misuse can have serious consequences** including dependence, addiction, overdose, even death.
- **Get medical attention immediately** if
 - You have taken your medication incorrectly and you have
 - Overall low energy
 - Physical weakness
 - Nausea and/or vomiting
 - Trouble breathing
 - You have taken more medication than your prescription instructs

How Ochsner providers prescribe opioids

We are committed to helping end opioid misuse and its serious consequences. To ensure we play our part, Ochsner providers are very careful about opioid prescriptions and refills. **We have strict policies to ensure your safety and the safety of those around you.**

1. Some opioid prescriptions cannot be refilled through your pharmacy. We may ask you to make a clinic appointment before your prescription pain medication is refilled. That way we can help manage your pain the best way possible and avoid overuse of opioids.
2. We will only consider refills three days (or less) before the end of your medication regimen. Be sure to take your medication as your provider directs.
3. We do not mail or ship prescription pain medication. Opioids are considered “controlled substances” by law and must be picked up in person.
4. We only use prescription pain medications for patients undergoing surgery or other procedures. If you have pain for other reasons, we have many other resources to help you, including our Pain Management specialists, physical therapists, and others.

Ochsner does not prescribe medical marijuana, CBD or THC products at this time.

To learn more, visit one of these sites or talk to your Ochsner provider

- www.drugabuse.gov - National Institute for Drug Abuse
- www.samhsa.gov - SAMHSA (Substance Abuse and Mental Health Services Administration) or call the SAMHSA National Helpline at 1-800-662-HELP (4357) for treatment referrals
- www.fda.gov/drugs/resources-you-drugs - Find resources to answer regulatory and drug-related questions

Activity

On your return home, you will find movement and activities difficult for the first three weeks. You are likely to need help with activities of daily living, such as bathing, dressing or preparing meals.

Rest

It is important to keep as active as possible, but rest is also important. Get a good 7-8 hours of sleep a night. Pace yourself during the day to avoid fatigue. Daytime naps are good as long as they don't prevent you from sleeping at night.

Hygiene

SHOWER DAILY. Do not soak in a bathtub, hot tub, or swimming pool following your surgery. Wash with warm soap and water. You may need to use a stool or shower chair until your strength increases.

Once the wound is completely healed you may soak it under water.

Exercise

Exercise is important for everyone in the first month. During this time, limit your exercise to walking and passive range of motion for legs and arms. Small weights can be added to legs and arms as you get stronger.

Walking is probably the best exercise. As your strength builds up increase the distance you walk to achieve a goal of 30 minutes per day. Increase your pace to a brisk walk for short distances. Be sure to wear comfortable walking shoes with good support.

Riding a bike is also good exercise. Immediately after surgery a stationary bike is preferred. Later, when strength and balance have returned, a two-wheel bike is also good exercise. Again, start with short distances and slowly work up to longer ones.



Avoid lifting anything heavier than 20 lbs. for the first six weeks after your surgery.

Diet and Nutrition

There are no restrictions to your diet after the operation. You may only be able to eat small amounts at one time. You may need to have small meals and snack between meals to minimize bloating or discomfort.

Because pain medication can make you constipated, eat a high fiber diet and drink plenty of fluids, if you are not fluid restricted by your doctor.

The dietician can give you advice about your diet and supplements that you can have between meals to improve your nutrition. Supplemental protein drinks such as Ensure® or Boost® are an excellent source of protein and calories. **High protein intake is important after surgery to help your body heal.**

It will take several months for your digestion and ability to eat to return to normal. The long-term consequences of the surgery are

1. Malabsorption

This is the poor digestion and absorption of food, resulting in loose stools that are greasy, pale and tend to float. The pancreas produces enzymes required for digestion of food. Removal of part of the pancreas will decrease production of these enzymes.

2. Weight loss

It is common for patients to have lost weight during their illness. We would expect you to start regaining some of the lost weight by three months after surgery.



Incision and Wound Care

Follow these important guidelines

- Always wash your hands right before you begin taking care of your surgery wound.
- Shower daily. Remove all dressings and bandages prior to showering.
- Do not soak in the bathtub following your surgery until all tubes or drains are removed and your incisions have healed well.
- Gently wash with regular soap, water and a clean washcloth.
- After your shower, gently pat all incisions/wounds dry with a clean towel.



Check your incision daily. If you notice redness, cloudy or foul-smelling drainage, swelling, or run a fever greater than 100.7° F, contact your provider immediately.

A small clean dressing or Band-Aid® may be placed over the drain holes on your sides if they are still draining any fluid. Otherwise, leave them open to the air after the dressing is removed.

If you have stitches or staples closing your incision or wounds, let the warm soapy shower water run over the incision. Pat the area dry very gently with a clean towel. The staples and stitches used in your surgery will be removed when you return to the clinic for your post-op visit.

DO NOT USE any ointment, rubbing alcohol, iodine, lotions, peroxide or powder on any of your wounds or incisions.

Care of surgical drains (If present)

You may have drains in your abdomen to allow extra fluid to be removed. The drains use suction to pull fluid into a bulb. The bulb can then be emptied and the fluid inside measured. At first, this fluid is bloody. Then, as your wound heals, the fluid changes to light pink, light yellow, or clear. Depending on how much fluid drains from your surgical site, you will need to empty the bulb every 8 to 12 hours. The bulb should be emptied when it is half full.

Before you leave the hospital, your nurse will show you how to

- Empty the collection bulb
- Record the amount of fluid collected
- Squeeze the bulb flat and plug so that the suction works again
- Keep the drain site clean and free of infection

Patients and caregivers should

- Always wash hands before and after handling the drain or site
- Measure and record output on a form
- Bring the record output form to appointments or hospital visits
- Know potential risks and possible complications

Care of intestinal tubes (If present)

Gastrostomy tube (also called a G-tube)

The G-tube is inserted through the skin and abdominal wall into your stomach. It is utilized to decompress the gastric content and is connected to gravity drainage or low intermittent suction. Opening the G-tube may relieve fullness, bloating, or nausea if these sensations are present. If you go home with your G-tube to drainage, be sure to ask about your clamping schedule and record all outputs and clamping time on the chart found on the next page.

Jejunostomy Tube (also called a J-tube)

A J-tube is inserted through the skin and abdominal wall into the jejunum, a part of your small intestine. The tube is used for feeding and to help you maintain good nutrition, hydration, and body weight. The tube is put in place for those who cannot take in enough food or drink by mouth, have trouble digesting food or emptying their stomachs.

Feedings through a J-tube are done by a feeding pump. A case manager or patient navigator will help arrange for your feeding pump. The nurses will teach you how to use the J-tube. The home health nurse can also assist you in care for your J-tube at home. If you are having abdominal pain, bloating, nausea or vomiting with tube feeds, stop the pump and call your provider.

- Flushing the J-tube is important to reduce the risk of clogging.
- Flush the J-tube whenever the feeding is interrupted, started and finished.
- Flush the J-tube three times a day even if it is not used. Use 200 ml of lukewarm water to flush the J-tube.
- Keep the head of bed elevated during tube feedings.
- Do not crush medicines or solid food to put through this tube.

If you are on an insulin regimen, you must call to adjust the regimen if your J-tube is clogged and not working or if the tube feeding solution or rate is changed.

If your J-tube becomes clogged at home, call your home health nurse to help unclog it. If it remains clogged, call our office.

Gastronomy Tube Clamping Schedule

Date/Time	Clamped	Unclamped	Residual

Tube Feeding Record

Date/Time	Tube Feedings/ ML (Rate)	Flush Amount	How Patient Tolerated

Output for Blake Drains

Date	Morning	Evening	Night	Total

Blood Sugar Control After Surgery

Many patients require short-term treatment with insulin after a Whipple procedure. This may be due to the stress of the surgery or nutritional supplements that can increase the blood sugar. Since the pancreas (the organ that produces insulin) is partially removed during a Whipple procedure, some people require ongoing treatment for blood sugar control. The Ochsner Endocrinology Department works closely with your surgical team both in the hospital and after discharge.



Good blood sugar control after surgery decreases the risk of infection and promotes wound healing.

Patients who need insulin or blood sugar monitoring at will receive diabetes education. This is to make certain that you and your family members are comfortable with the use of insulin and the blood sugar monitoring equipment.

For patients sent home on Total Parenteral Nutrition (TPN) or Tube Feeding (TF), please notify the Department prior to your visit if

- Your TPN or TF rate is changed
- You change from continuous to overnight TPN or TF
- Your TPN or TF have stopped and you resume eating meals
- Your J-tube becomes clogged or discontinued and your feedings stop

Use the Patient Blood Sugar Record chart on the next page to record your blood sugar readings.

Patient blood sugar record

At least one week of blood sugar records is needed by your healthcare provider for ongoing evaluation of your treatment. You will be given a Patient Blood Sugar Record in the hospital to begin to record your blood sugar upon discharge home. The record should always be updated with your blood sugar level as directed by your healthcare provider.

Remember to

1. Keep all scheduled appointments
2. Bring your blood sugar records and your blood sugar meter to all appointments

Instructions for sending your blood sugar record

Endocrinology Main Phone.....504-842-4023
After Hours Help Line (ask for Endocrine Staff on call) 504-842-3000

Medications: _____

If BG <100 eat a snack

Date	Breakfast		Lunch		Dinner		Before Bed	Comments
	Before	Units	Before	Units	Before	Units		

Additional Instructions			
<input type="checkbox"/> 150-200: +2 units 201-250: +4 units 251-300: +6 units 301-350: +8 units >350: +10 units	<input type="checkbox"/> 150-200: +1 unit 201-250: +2 units 251-300: +3 units 301-350: +4 units >350: +5 units	<input type="checkbox"/> 180-230: +2 units 231-280: +4 units 281-330: +6 units 331-380: +8 units >380: +10 units	<input type="checkbox"/> 180-230: +1 unit 231-280: +2 units 281-330: +3 units 331-380: +4 units >380: +5 units

At least one week of blood sugar records are needed by your healthcare provider for ongoing evaluation of your treatment.

Maintaining Your Health

It is up to you to do routines that keep you healthy.

- Keep current with Immunizations/booster shots, such as tetanus and influenza (flu) vaccines.
- Avoid smoking.
- Keep your appointments with your providers and dentists.
- Utilize your Incentive Spirometer (breathing machine) at home. (You will take it home with you). This is important to prevent complications such as pneumonia.
- Please be sure to obtain your prescriptions from your healthcare provider to take home.
- Ensure you have a list of your medications to take home. It is important to take only the medications listed on your instructions when you leave the hospital. The nurse will provide this before you are discharged.

Additional Information

Test Results

Your provider is the only person who will discuss the results of your pathology report with you. This will usually be discussed during your post-operative clinic visit. **The clinic nursing staff is not able to discuss your pathology results over the phone with anyone.**

Medical Leave and Insurance

You must allow 7-10 business days for Family Medical Leave (FMLA) or disability paperwork to be processed. All patient information areas of the forms must be completed before it is submitted. The disability office will complete sections where physician information is required. For questions and additional information contact the disability office during business hours.



Contact Information for Disability Paperwork

Office Hours: 8:00 am - 5:00 pm Monday - Friday

Phone: 504-842-0534

Fax: 504-842-2014



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