



DISTAL PANCREATECTOMY – THE PANCREAS IS EXPOSED AND FREED FROM THE ADJACENT ORGANS. THE TAIL (DISTAL) HALF OF THE PANCREAS IS REMOVED. THE BLOOD VESSELS THAT GO TO THE SPLEEN PASS THROUGH THE PANCREAS. AS A RESULT THE SPLEEN ALSO SOMETIMES NEEDS TO BE REMOVED.

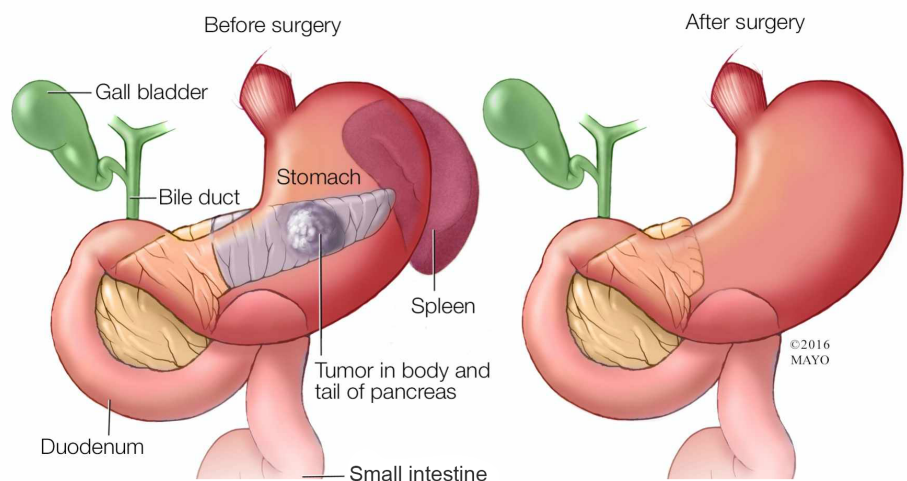
Indications:

The operation is performed for tumours located within the tail of the pancreas in 84.8% of cases. It is intended to remove the tumour completely, and thus achieve cure of the tumour. The operation is performed for Chronic Pancreatitis in 11.9% of cases.

Procedure:

An incision (cut) is made in the midline just below the ribs down to and extended a bit next to the belly button. The pancreas is exposed and freed from the adjacent organs. The tail (distal) half of the pancreas is removed. Since the blood vessels that go to the spleen pass through the pancreas, the spleen is also removed if the blood vessels cannot be spared. This operation is often performed laparoscopically by surgeons experienced with this type of surgery. This technique is less invasive as 3-4 small incisions are used rather than the usual large incision. It may be necessary to convert from laparoscopic surgery to an open cut if difficulties arise during the surgery.

Distal pancreatectomy



Possible complications:

- The major complication is a leak from the edge of the remaining pancreas. This occurs in 20-30% of cases.
- This fluid should drain out of the abdomen via the drain that will be left next to the pancreas. Most leaks stop by themselves after a while, but they require that you stay in hospital for longer than usual. Sometimes severe complications can result in death. This occurs in around 2% of patients
- In the long term having a reduced amount of pancreas can cause you to become diabetic and require insulin. You can also develop impaired digestion of food and resultant fatty stools (steatorrhea). This is treated with enzyme replacement capsules. One of these problems occurs in about a third of people in the long term.
- Having your spleen removed puts you at very slightly increased risk for severe infections with certain kinds of bacteria (OPSI – overwhelming post-splenectomy infection). You will be given vaccines to prevent these infections. OPSI is rare in adults. The current guidelines advise vaccination against pneumococcus as well haemophilus infections. The vaccines should be given prior to surgery if possible and need to be repeated every 5 years.



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Before:

After your consultation:

- Obtain authorization from your medical aid and book your bed for your hospital admission
- Carefully read through pre-operative information provided

Day before surgery:

- Do not eat/drink after 22h00, the night before your surgery, unless otherwise specified by your surgeon or anaesthetist (you should be fasting for at least 6 hours before the procedure for solids but you are allowed to take clear liquids up to two hours before your procedure).

Day of surgery:

- Arrive for admission at indicated time on 'Code & Consent' sheet
- Change into theatre attire, remove all valuable belongings

Duration of procedure: Approximately 3 - 5 hours

After:

Duration of hospital stay:

- Usually 7 - 10 days (dependent on post-operative progress of patient)

Activities:

- Refrain from strenuous activities (incl. exercise) for at least 4 weeks post-operatively

Back to work:

- Sick leave required post-operatively is approximately 3 - 4 weeks in total

Pain:

Some pain and discomfort post operatively may be expected following any operation, but the following measures are used to lessen the pain experienced:

- Warming devices in theatre as well as warm intravenous fluids
- Intra-operative pain medication through the drip, a device which releases pain medication into the wound bed periodically will be inserted in theatre to assist with pain management during the initial postoperative phase.
- Post-operative medication through the drip, please inform the nurses if you are in pain so that medication will be administered to you

Follow-up:

- As close to one week after discharge as possible. Please contact the rooms to schedule an appointment

If you experience any worrisome problems, please contact the rooms during working hours or the emergency number (012) 333 6000 after hours