
Recovering after pancreatic surgery

GI Unit

Patient Information



Introduction

Most patients stay in hospital for 10–14 days after pancreatic surgery. Recovery from the operation happens very much at your speed. Many patients initially feel ‘washed out’ and lack energy. You have just gone through a major operation and full recovery can take some time.

Before you leave hospital, we will remove the various tubes and help you to gradually eat a more normal diet. The ward physiotherapist will help you regain mobility, and advise and practise a number of different exercises with you regularly. During your hospital stay, your pain relief requirements will change. The anaesthetist and members of the pain control team will visit you regularly to adjust the type and frequency of your pain relief.

How will the surgery affect my eating?

Initially, you will not be able to eat or drink anything whilst the various joins (anastomoses) are given time to heal. This may be two to five days. During this time, you may be given nutrition through the Nasojejunal (NJ) tube or Total Parenteral Nutrition (TPN). Your surgeon will advise you on when you can start drinking and then eating. Occasionally the stomach takes a little longer to start working properly again after surgery so you may not be able to take anything by mouth for a while. Once you are able to drink, the amount allowed is gradually increased until a light and then normal diet is introduced. The dietitian will discuss what sorts of food are appropriate with you.

When patients can start eating and drinking, some feel nauseous or experience bloating. This may be because part of the stomach may have been removed, making it smaller. Or it may be because the join to the small bowel is swollen and temporarily does not allow fluid and food to pass through. In extreme cases, this can lead to vomiting. In these circumstances, you will need to cut down how much you eat and drink. As the swelling goes down, the nausea improves and the vomiting stops. You will then be able to start eating and drinking again.

Sometimes you might need extra help with your nutrition after going home. This may be because there are not enough calories in what you are eating and drinking. You may find high calorie drinks provided by the dietitian help or if you have a NJ tube, you may need to continue with the feeding regimen (at night). If you continue with the feeding regimen, the nurses will show you how to look after the NJ tube and the equipment before leaving hospital. The nurses will also organise district nurse support at home. It is rare that this is required for longer than six weeks.

Depending on which part of the pancreas is removed, you may develop one or other of the following problems:

Loose motions

The pancreas normally produces enzymes that help dissolve fat. However, when part of the gland is removed, the amount of enzymes which continue to be produced may not be enough. This only becomes apparent after you start eating a normal diet. You may start passing frequent bowel motions that are clay coloured and difficult to flush away. Taking some tablets before you eat a meal easily solves this problem. These tablets are called 'Creon' and they help replace the pancreatic enzymes that you are no longer producing.

Diabetes

Another part of the pancreas produces insulin that helps control blood sugar levels. Some people develop diabetes before the operation, while other people may become diabetic and require insulin injections afterwards. You will usually know if you are going to need insulin before you leave hospital.

If you are found to be diabetic then you and your family will be given plenty of time, support and information by the dietitian, nurses and doctors. You will also learn how to inject the insulin and check your blood sugar levels. Before leaving hospital, we will refer you to relevant community services which can continue providing care and support once you are back at home.

Mobility and physiotherapy

The physiotherapist will see you before you are discharged from the ward in order to:

- discuss any anticipated problems with moving around at home
- practise going up and down stairs, if necessary
- teach you exercises for shoulder movement and abdominal strength
- give you advice about your posture
- discuss increasing your activity.

Activity and lifestyle

Recovering your strength and increasing your level of activity

- For the first few days at home, you should rest much the same as you did in hospital
- Try to alternate periods of gentle activity, such as walking around, climbing stairs or walking outside, with resting on a chair or in bed
- Do not be surprised if you continue to feel tired – your body needs time to recover
- Aim to gradually increase your activity
- Continue to take your painkillers, as prescribed, so that you are able to move around easily, breathe deeply and cough
- Try to maintain good posture when sitting, standing and walking. Avoid long periods of stooping or sitting slumped in a chair as this may cause back pain later on.

Resuming sexual relationships

This is a very personal and individual issue and it is difficult to give general advice. You may well feel very tired and rather sore for the first few weeks. After you feel more comfortable, there is no reason why you should not resume sexual activities when you feel ready. Many aspects of your illness and its treatment will affect the way you feel. If you are concerned, please talk it through with your doctor or nurse or another member of the team caring for you.

Returning to work and study

This depends on your particular level of recovery and also on your occupation. Discuss your own situation at your first outpatient clinic appointment.

Leisure and sport

Again, discuss your individual needs at your first clinic appointment. When you do resume, start slowly and build up exercise gradually. If you have difficulties, stop. If you need further advice, please contact the physiotherapy department (contact details on page 6).

Lifting, housework and gardening

The general rule is to go gently for the first six weeks after your operation while your wound and muscles have time to heal. This means you must not carry out pushing, pulling, stretching and twisting activities. You should lift nothing heavier than 1kg (equivalent to a bag of sugar).

From six to 12 weeks you may gradually increase your activity. Always be aware of your posture when you bend or lift anything – bend your knees, keep your back straight and hold the object close to you. Always stop lifting if you notice any pain.

Do not carry out activities such as carrying heavy shopping, lifting children, lifting wet washing, ironing, vacuuming and moving furniture for the first six weeks. After this time, introduce these activities gradually and slowly build up the amount you do.

Discuss your individual needs and concerns at your first outpatient clinic appointment.

Driving

You may start driving again from about six weeks. This is once you are able to move freely and quickly, turn and move adequately in the car, concentrate sufficiently and tolerate the pressure of the seat belt over your wound. Remember that you should be able to react and move fast enough should you need to make an emergency stop. Start by going somewhere quiet and take someone with you in case you become tired. Check that your insurance is valid after major surgery before you resume driving.

Contact details

Often you may have questions you wish to ask. Writing these down beforehand may help you to remember them. You are also welcome to bring someone with you to your appointments.

Your Consultant

Name

Tel

Registrar

Tel 020 7352 8171 Ext 1783

Senior House Officer (SHO)

Tel 020 7352 8171 Ext 1505

Your Clinical Nurse Specialist (Key Worker)

Name

Tel 020 7811 8063

Physiotherapist

Name

Tel 020 7808 2821

Dietitian

Name

Tel 020 7352 8171 Ext 1653

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

For further information and support on living with cancer, please talk to your specialist nurse or contact Macmillan Cancer Support via *www.macmillan.org.uk*

Notes and questions

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References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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