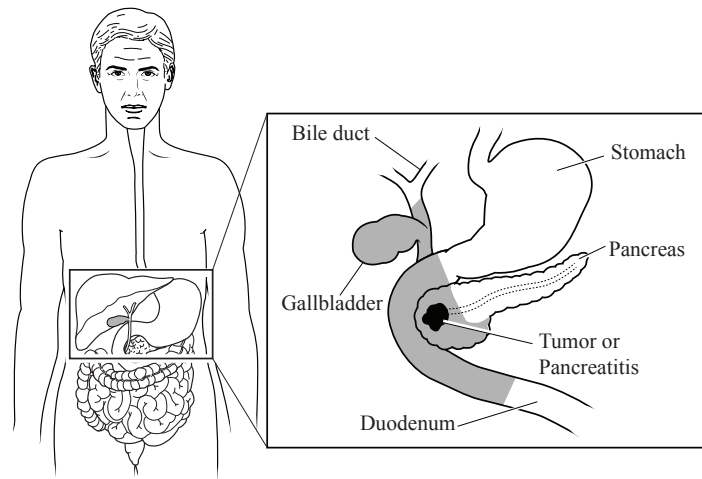


Robotic Whipple or Distal Pancreatectomy and Splenectomy

Robotic Whipple surgery uses a robotic system to remove your gallbladder, part of your bile duct, the duodenum (the first part of your small intestine) and the head of your pancreas. This surgery may also include the removal of the body or tail of your pancreas (**distal pancreatectomy**) and your spleen (**splenectomy**).



The robotic system used for this surgery is called the **da Vinci Surgical System**. A robotic system lets your doctor do your surgery with smaller incisions. This is called minimally invasive surgery.

What is a robotic surgical system?

The robotic surgical system is made up of 3 major parts:

- A high definition 3-D (dimensional) camera, called a laparoscope lets your surgeon see the area inside your body.
- Tiny robotic arms with small surgical tools that are put in your body through small incisions (cuts) on your abdomen (belly). Your surgeon controls the robotic arms to do your surgery.
- A special worktable lets your surgeon control the camera and robotic arms and tools.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

How is a Robotic Whipple or Distal Pancreatectomy and Splenectomy done?

Small surgical incisions will be made on your abdomen. A small plastic tube called a port is put into each incision. The ports are used to keep your incision open. The small camera and robotic arms are put through the ports. From the worktable, your surgeon moves the camera and the robotic arms to do your surgery.

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots and any medicines from the list below. You may need to change these medicines or adjust the amount you take before surgery. The brand name of each medicine is listed in ().

These medicines include:

- aspirin
- NSAIDs such as ibuprofen (Advil, Motrin) or naproxen (Aleve)
- clopidogrel (Plavix)
- prasugrel (Effient)
- ticagrelor (Brilinta)
- warfarin (Coumadin)
- enoxaparin (Lovenox)
- dalteparin (Fragmin)
- fondaparinux (Arixtra)
- dabigatran (Pradaxa)
- apixaban (Eliquis)
- rivaroxaban (Xarelto)
- edoxaban (Savaysa)
- betrixaban (Bevyxxa)
- cilostazol (Pletal)

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take any anti-inflammatory or pain medicine, talk to your doctor about what medicine you can take before your surgery.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Talk to your doctor about all Monoamine oxidase inhibitors (MAOIs) that you take, such as phenelzine (Nardil), tranylcypromine (Parnate) and selegiline (Eldepryl). **Your doctor may tell you to stop taking these medicines before your surgery.**

Will I be asleep for this surgery?

You will have anesthesia for this surgery and will be asleep.

How long will the surgery take?

This surgery can take 6 to 8 hours. You may be in the recovery room for 2 hours or longer after your surgery.

What happens when the surgery is over?

At the end of the surgery, the camera and robotic arm are taken out of your body. Your surgeon will close your incisions with stitches (sutures) or surgical glue. You will then go to the recovery room and stay until you are awake and stable. Your nurse will watch to make sure your blood pressure, pulse and oxygen levels are good.

How long will I stay in the hospital?

Your recovery time in the hospital will depend on your specific needs after surgery. Your doctor will talk with you about when you can expect to leave the hospital.

Why is this type of surgery better for me?

With minimally invasive surgery, you have:

- Smaller surgical incisions
- Less blood loss during surgery
- Faster recovery and return to your normal activities

Are there any risks to this surgery?

There are risks for any type of surgery. Your doctor will go over the risks with you before your surgery.

What medicine will I take after this surgery?

Before you leave the hospital, your doctor will give you a prescription for pain medicine. You may need to take this medicine for a few days at home to help with pain. Take your pain medicine with food.

It is best to continue to take a stool softener after your surgery. Some pain medicines can cause constipation. **Do not** push, bear down or strain when you have a bowel movement.

To decrease your use of opioid pain medicine, you may take extra-strength acetaminophen (Tylenol) every 4 hours or ibuprofen (Advil, Motrin) every 6 hours, as needed.

You may restart your daily medicines after you leave the hospital. **It is important to talk to your doctor about when it is okay to restart aspirin or any blood thinning medicines, such as Coumadin.**

How do I care for myself at home after this surgery?

Here are general guidelines for your care at home after your surgery. Your doctor may give you other instructions based on your needs and situation. If you have a problem or question, call your surgeon's office.

- **Activity**

- ▶ **Do not** sit still in one position for more than 45 minutes.
- ▶ You may shower after your surgery. You do not need to cover your surgical incisions when you shower. Gently wash the areas with soap and water and pat dry.
- ▶ **Do not** use bathtubs, swimming pools or hot tubs for 4 weeks after your surgery.
- ▶ **Do not** drive for at least 1 week after your surgery. **Do not** drive if you are taking opioid pain medicine.
- ▶ Your doctor will talk with you about when it is safe for you to return to work or school.

- **Your skin and surgical incisions**
 - ▶ The surgical incisions, called **port sites** will have special “glue” or staples that holds them together. The glue or staples will be removed at the follow-up visit after your surgery.
 - ▶ It is normal to have a small amount of drainage from your incisions.
 - ▶ You may bruise around your incision site. Bruising can develop 1 to 5 days after you surgery and should go away in a few weeks.
- **If you had a drain placed during your surgery**
 - ▶ The area where the drain was taken out will be covered with a bandage or dressing. You can remove this dressing when you take your first shower after surgery.
 - ▶ If you have a bile or pancreatic leak, you may be sent home with a drain in place after your surgery. Your health care team will give you more information about how to take care of your drain at home.

What care will I need at home after this surgery?

Before you leave the hospital, you will meet with a Patient Care Resource Manager (PCRM). The PCRM will work with you and your caregiver to help with any needs you may have after you leave the hospital.

You and your caregiver will be taught about your care before you leave the hospital. Your follow-up visit will be about 1 week after your surgery.

Before you leave the hospital, you will be given information about when and how to report problems you may have at home. **It is important to call your doctor if you have any of the following symptoms:**

- Temperature of 101.5 degrees Fahrenheit (38.1 degrees Celsius) or higher
- Pain that is getting worse and not relieved by your pain medicine
- Drainage from your incision site that smells bad
- Redness, warmth or swelling around your incision site
- Pain in your lower legs (calves)
- One leg that becomes larger or more painful than your other leg