The Whipple Procedure: A Brief Overview for Family and Friends

This information will help you understand your family member or friend’s Whipple procedure (pancreaticoduodenectomy). Please use it as a reference while you wait during the surgery and when getting updates from your nurse liaison.

The Whipple procedure is a surgery to remove a tumor in the head of the pancreas.

About Your Organs

Pancreas

The pancreas is an organ located in the back of the abdomen (belly) behind the stomach and just above the small intestine (see Figure 1). It has 3 sections: the head, body, and tail. The head of the pancreas is attached to the duodenum (the first part of the small intestine).

The pancreas has 2 main functions:

- It makes digestive fluids that help break down fats and proteins.
- It makes insulin and glucagon, hormones that help regulate blood sugar levels.
Even though part of the pancreas is removed during surgery, there’s usually enough left to keep making digestive fluids and hormones.

**Gallbladder**
The gallbladder is a small, tear-drop shaped organ located under the liver. Its main job is to store bile. Bile is a substance made in the liver that helps the body digest fat. When food is eaten, the gallbladder sends stored bile to the duodenum to help with digestion.

**Common bile duct**
The common bile duct is a small tube. It moves bile from the liver to the gallbladder to be stored, then from the gallbladder into the duodenum.

**Duodenum**
The duodenum is the first part of the small intestine. It’s directly attached to the stomach. Partially digested food moves from the stomach into the duodenum, where it’s further digested by bile from the gallbladder and digestive fluids from the pancreas.

**Jejunum**
The jejunum is the middle part of the small intestine, where the digestive process continues.
About the Whipple Procedure

The Whipple procedure is done using one large incision (surgical cut) in the abdomen. Sometimes, before making the large incision, the surgeon will make several small incisions and put a small video camera into the abdomen. They use this camera to look at the organs to see if the cancer has spread outside of the pancreas. This is called a diagnostic laparoscopy (a minimally invasive procedure). If the cancer has spread, the surgeon may decide not to continue with the surgery. If the cancer hasn’t spread, the surgeon will make a large incision and continue with the Whipple procedure to try to remove the tumor.

During the surgery, the surgeon will remove the gallbladder, the head of the pancreas, the duodenum, and the end of the common bile duct. Sometimes, part of the stomach must be
removed.

Then, the surgeon will connect the rest of the common bile duct, the remaining pancreas (the tail), and the stomach to the jejunum. This is so the pancreatic fluids and bile will flow into the small intestine, as before (see Figure 2).

![Diagram of the pancreas and surrounding organs after surgery]

Figure 2. The pancreas and surrounding organs after surgery

**Once You’re in the Hospital**

When you arrive at the hospital, take the B elevators to the Presurgical Center (PSC) on the 6th floor.

**In the PSC**

Check in at the PSC concierge desk. The clerks will ask for your cell phone number so the nurse liaison and others can contact you throughout the day. If you don’t have a cell phone number, please tell them. They will make arrangements for you to stay on the 6th floor, where you will get updates during the surgery.
Please remember that food and drinks aren’t allowed on the 6th floor.

Once the patient is checked in, they will go to the Presurgical Unit to be examined before surgery. One person can go with them, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join when the nurse has finished the exam. The nursing staff will let you know how many visitors can be in the room and how long the visits will last.

Sometimes, surgeries are delayed. This could happen if an earlier surgery takes longer than expected or for other reasons beyond our control. We will make every effort to notify you if that happens.

When the operating room (OR) is ready, the surgical team will take the patient there. They will get the patient ready for surgery, which can take 15 to 90 minutes.

**The nurse liaison role**

When the patient is taken to the OR, you will be directed to the waiting area in the main lobby on the 1st floor. Check in at the main lobby desk when you arrive. While you’re there, a nurse liaison will bring you updates about every 2 hours while the patient is in surgery. We may also call you with the exact start time of the surgery. Please remember that surgeries are sometimes delayed, even after the patient has been brought into the OR. If your nurse liaison hasn’t called you to tell you
the start time of the surgery within 90 minutes of the scheduled start time, you can call the nurse liaison at one of the numbers below.

If you choose to leave the waiting area, the nurse liaison will call you every 2 hours with updates.

Sometimes, the surgeon will need to speak with the patient’s family and friends during the surgery to talk about what they see during surgery. If this happens, the nurse liaison will be there for the conversation. The nurse liaison or the concierge clerk will also arrange for you to meet with the surgeon after the surgery is finished.

Please contact the nurse liaison if a problem comes up or if you just need to talk. To reach your nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- Ask a staff member at the front desk to contact the nurse liaison for you.

**During the Surgery**

The surgery usually takes about 4 hours, but the time may vary. You will be updated throughout the procedure.
While you’re waiting, here are some things you can do:

- Food and drinks are available on the 1st floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria. Please remember that food and drinks aren’t allowed anywhere on the 6th floor.

- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 AM to 4:00 PM. If you have small bags or luggage with you and want to leave the lobby, you can leave these items in the coat-check room.

- Wireless Internet access is available in most areas of the hospital. You can also use the computers in the rooms off the main lobby. They’re located in the hallway going towards the cafeteria.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.

- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. The room is located just past the computer room going towards the cafeteria. It’s open at all times for meditation and prayer.

- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they’re supervised by an
adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainments are available in this area. To get to the pavilion, take the M elevators to the 15th floor.

The nurse liaisons will continue to update you on the progress of the surgery by phone, so please feel free to leave the lobby area at any time.

**After the Surgery**

A team member will contact you by phone or in person when the surgery is almost finished. At this time, please take the B elevators to the 6th floor and check in with the PSC concierge. You will wait here to meet with the surgeon.

**Meeting with the surgeon**

During the meeting, the surgeon will explain what was found during the surgery and you will be able to ask questions. After you meet with the surgeon, go back to the concierge desk and tell them that you’re finished your consultation. You will then have a seat in the PSC waiting area until you’re able to visit the patient in the Post Anesthesia Care Unit (PACU). This is the surgical recovery room.

**Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.
When the patient is able to have visitors, a family nurse liaison will tell you about the visitation policies and procedures and escort you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

The patient may be tired, groggy, or uncomfortable after their surgery. They will be getting oxygen through a thin tube that rests beneath their nose. They may also be connected to other tubes and wires, such as an intravenous (IV) line to give them pain medication and a pulse oximeter to measure their oxygen level and heart rate.

After your visit, the nurse will escort you back to the waiting area and continue to update you on the patient’s condition. The PACU nurse will explain the plan of care for the patient, such as whether the patient is staying overnight and when they will be moved to an inpatient room.

We will give you a card with the PACU phone number. Please choose just one person to call for updates.

More Resources

*Information for Family and Friends for the Day of Surgery* ([www.mskcc.org/pe/information_family_friends](http://www.mskcc.org/pe/information_family_friends))

Patient-to-Patient Support Program
www.mskcc.org/experience/patient-support/counseling/groups/patient-patient-support
212-639-5007
patient2patient@mskcc.org
A peer support group that connects patients with other people who have been through a similar cancer diagnosis and treatment.

Caregiver-to-Caregiver Support Program
www.mskcc.org/experience/patient-support/counseling/groups/patient-patient-support
212-639-5007
patient2patient@mskcc.org
A peer support group that connects caregivers with others who have supported loved ones through a similar cancer diagnosis and treatment. This support group is run through the Patient-to-Patient Support Program.

Pancreatic Cancer Action Network
www.pancan.org
877-573-9971
A national patient advocacy organization for the pancreatic cancer community. This organization helps patients and caregivers find information about pancreatic cancer, clinical trials, and support resources. It also has a survivor and caregiver support network.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.