

Surgical Options for the treatment of Pancreatic Cancer

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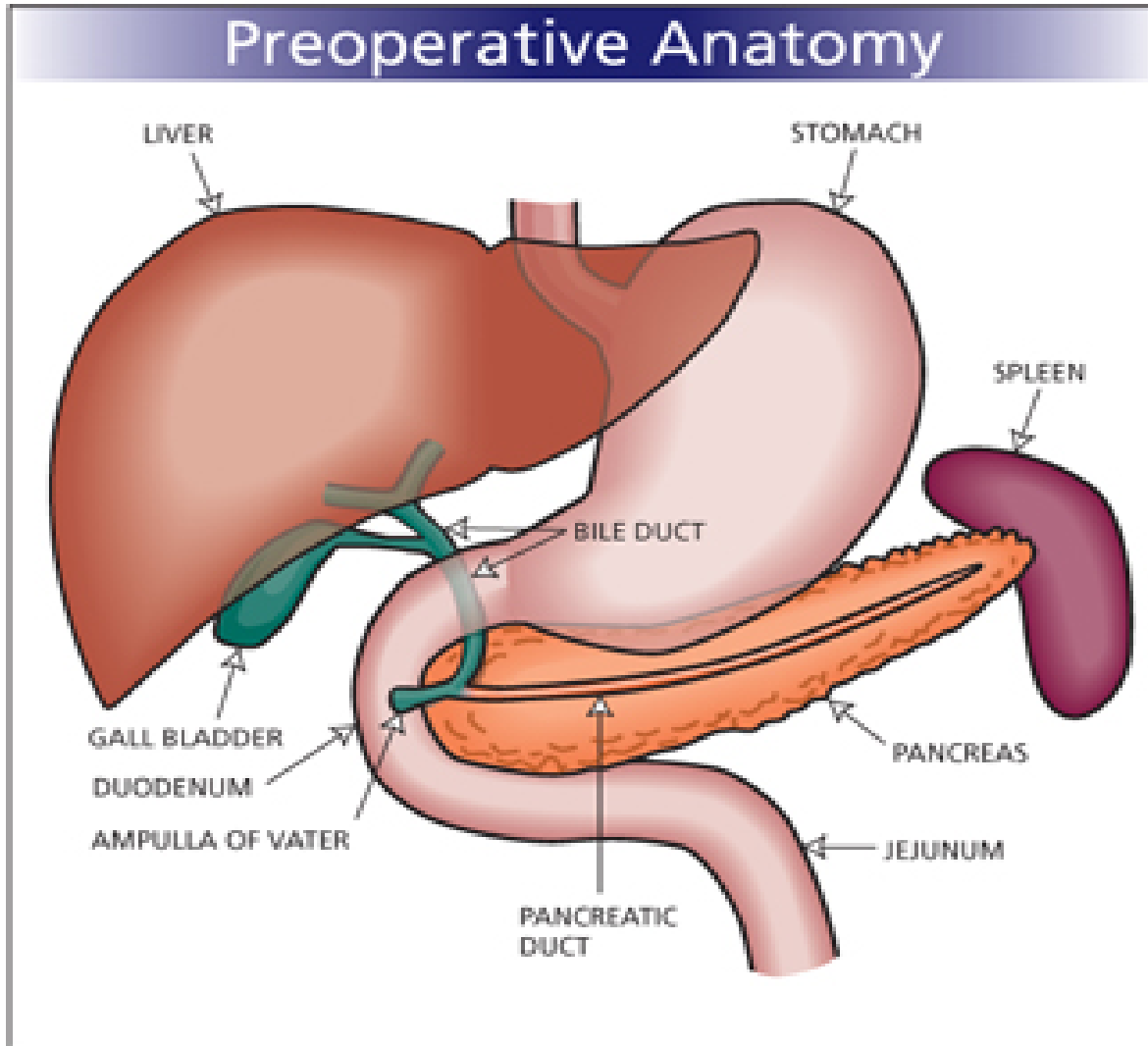
 RUSH UNIVERSITY
MEDICAL CENTER

IT'S HOW MEDICINE

SHOULD BE

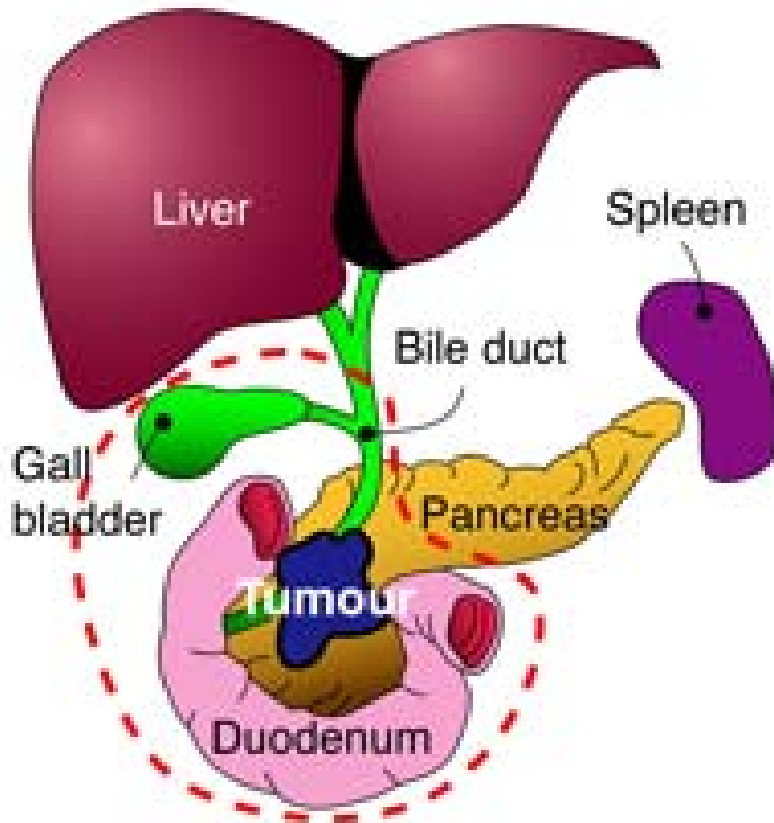
- ❁ Preoperative workup
- ❁ Operation
 - ❁ Anatomy
 - ❁ Location of tumor
 - ❁ Whipple operation (pancreaticoduodenectomy)
 - ❁ Tail pancreatectomy
- ❁ Complications (risks and benefits)
- ❁ Postoperative care
- ❁ Follow up

- Ensure ability to remove tumor
 - Preoperative imaging (CT, PET, EUS)
 - evaluate for local invasion, metastatic spread
- Ensure that patient can tolerate surgery
 - cardiac, medical clearance for surgery
- Develop treatment plan
 - surgery, chemotherapy, radiation, combination

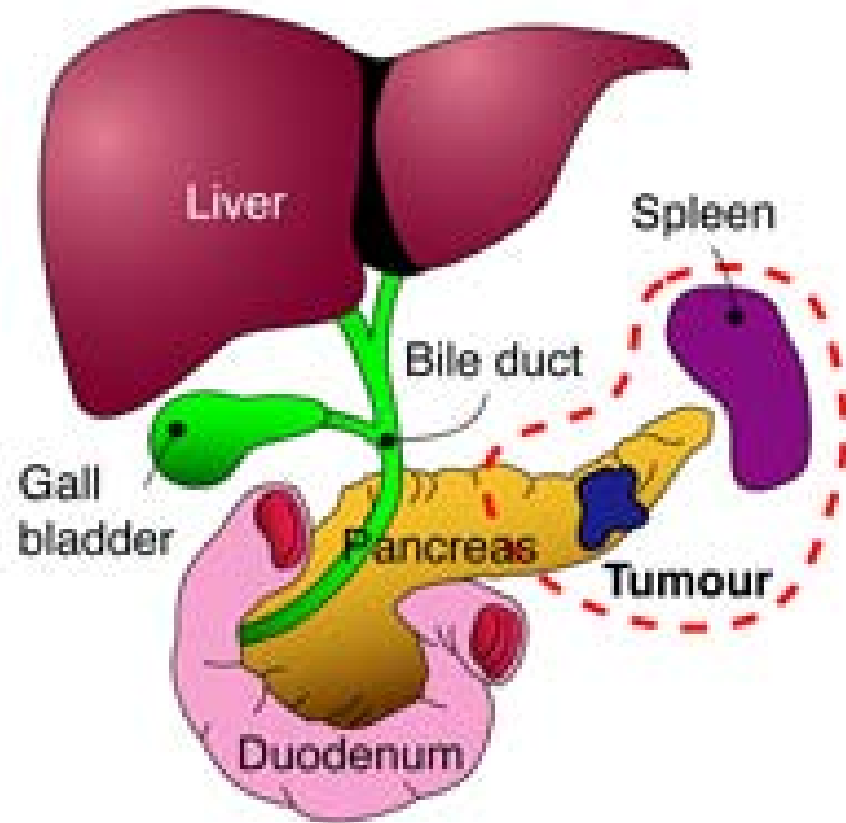


Operation: Location of Tumor

Head of Pancreas

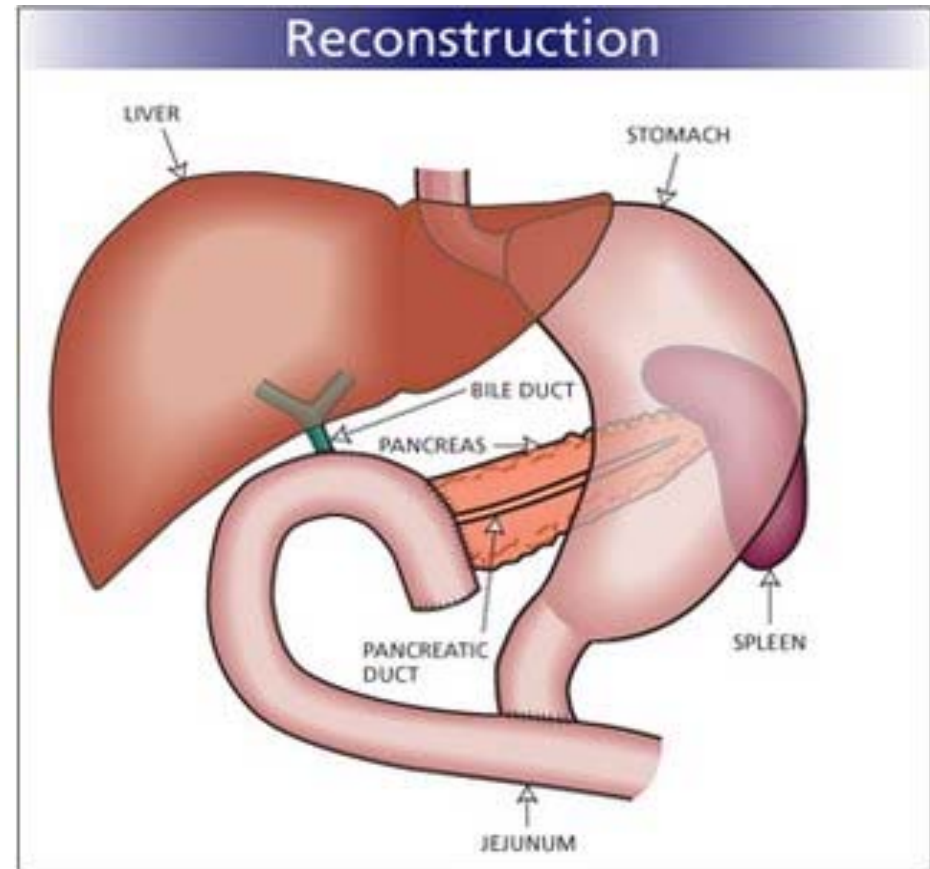
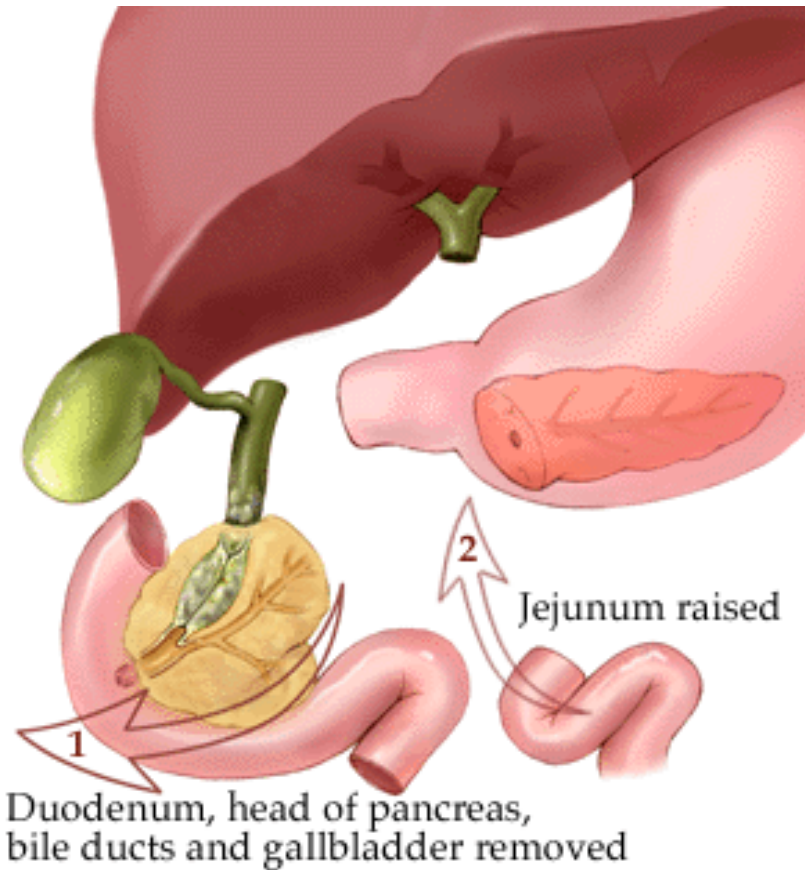


Tail of Pancreas



Operation: Whipple (Pancreaticoduodenectomy)

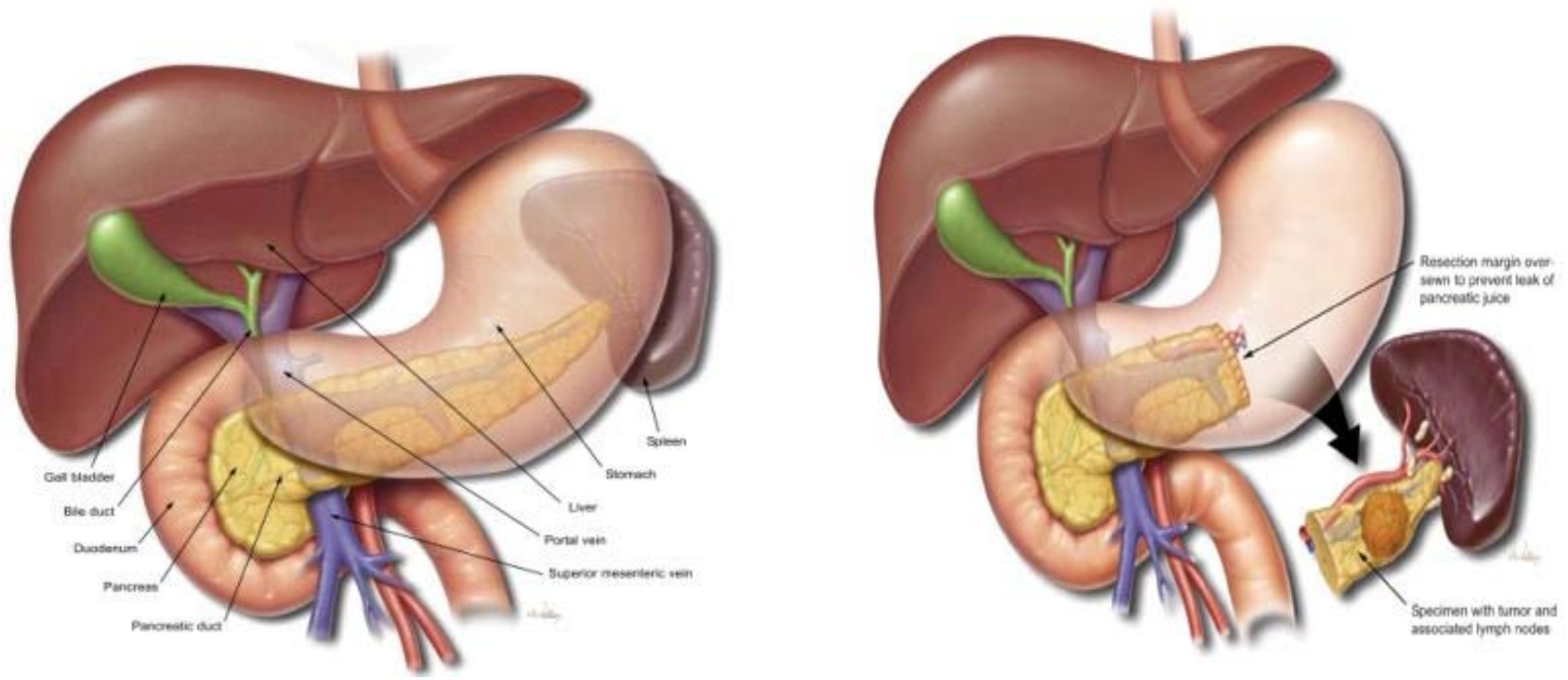
Head of pancreas tumors



open incision

Operation: Tail Pancreatectomy (with or without splenectomy)

Tail of pancreas tumors



open or laparoscopic incision

- Bleeding
- Infection
- Heart or lung problems
 - Heart attack, pneumonia, stroke, blood clots
- Anastomotic leak
 - leak from stomach, pancreas, bile duct hook ups
- Death

- Hospital stay up to 2 weeks
 - shorter if laparoscopic approach
 - ICU stay 1-2 days
- Tubes and drains
 - bladder catheter, stomach draining tube, feeding tube, drains common

- Early ambulation and physical therapy
- PCA (pain pump) for pain control
- Discharge with home care nursing as needed
- Multidisciplinary approach
 - arrange to meet with medical oncology/radiation oncology prior to discharge

Follow up

- ✿ Return to surgeon's clinic 1-2 wks post op
- ✿ Advance diet as tolerated
 - ✿ may need to eat several small meals/day
- ✿ Follow up with med/rad oncology
- ✿ Resume full activities 2-4 mos post op
(may be fatigued for several months)
- ✿ May lead normal life after surgery