UW Medicine

UNIVERSITY OF WASHINGTON MEDICAL CENTER

Distal Pancreatectomy with or without Splenectomy (Robotic) CareMap

How to prepare and what to expect during your hospital stay

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 During the 2 weeks before surgery: Meet with your surgeon and other members of your care team. Learn about what to expect before, during, and after surgery. Sign your consent papers. Make sure your follow-up visit is scheduled for 1 to 2 weeks after your surgery. Walk 2 miles a day. 7 days before surgery: Stop taking aspirin and NSAIDS (<i>non-steroidal anti-inflammatory drugs</i>) such as ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn) Starting 5 days before surgery: Drink your immunonutrition supplement drink 3 times a day. If you have diabetes, drink ½ serving 6 times a day. Day before surgery: Receive a call from the hospital with your arrival time. Before you go to bed, take a shower with chlorhexidine gluconate (CHG) soap: Shower and shampoo with your regular soap Rinse well Wet a clean washcloth, then turn the shower off Pour 1/2 bottle of CHG on the washcloth and use the washcloth to wash from your shoulders to your knees – include your groin crease, but not your private parts Leave the soap on your skin for 1 minute Rinse well 	 Take another shower using the same steps as you did last night. Tarting 2 hours before your surgery, do tot eat or drink anything, EXCEPT: Right after you park at the hospital, drink one 8-ounce bottle of apple juice. It the hospital: Check in at Surgery Registration (Surgery Pavilion, 2nd floor) at your assigned arrival time. A nurse will call you to come to the Pre-Op area. An <i>intravenous</i> (IV) tube will be placed in your arm to give you fluids and antibiotics. An Anesthesiologist will talk with you about the anesthesia (sleeping medicine) you will receive acetaminophen (Tylenol) for pain relief. You will meet with nurses to review questions about your health. You will be given a heating blanket to keep you warm, improve healing, and lower your risk of infection. Keep the blanket on even if you feel warm enough. The Anesthesiology team will take you to the operating room. 	 After surgery, you will: Wake up in the recovery area Be moved to a bed in a hospital unit You will have: An IV in your arm to give you fluids Compression devices on your legs to help blood flow A patient-controlled analgesia (PCA) machine so that you can give yourself pain medicine as needed A Foley catheter (tube) in your bladder to drain urine Your nurse will: Teach you how to use your incentive spirometer (breathing device) Help you sit up on the edge of your bed Remind you to sip clear liquids, and chew on ice chips and gum to help your digestion work

Day 1	Day 2	Day 3 (Discharge)	After Discharge
 Medicines and Treatments You will have a PCA pain pump that allow Use this as needed. Your Foley bladder catheter will be removed. A pharmacist will review enoxaparin (blow) Your nurse will teach you how to give you 	ws you to help control your pain. oved. ood-thinner) information with you. ourself enoxaparin injections.	 Medicines When you can handle solid food, your PCA will be stopped and you will take pain pills by mouth. You will be prescribed: Stool softeners Pain medicine Enoxaparin injections for 28 days 	 Medicines Give yourself 1 enoxaparin shot every day for 28 days. Take a stool softener or Milk of Magnesia for constipation (if needed).
Diet Eat 5 to 6 small meals a day. Eat Activities and Self-care		 and low in carbohydrates. Activities and Self-care Shower and dress in your own 	Activities and Self-care Walk as much as you can.
 Use your incentive spirometer (blue breathing device) 10 times every hour to keep fluid out of your lungs Staff will help you sit up in a chair for all meals and take you on 3 to 4 walks a day Aim to be out of bed 6 hours a day Do not get out of bed without a nurse beside you Day 1: Sponge bath Day 2: Receive diabetes education for diet and insulin (if needed) 		 Shower and dress in your own clothes by about 9 a.m. Discharge goals are met: You can handle your diet. Your pain is under control. You are passing gas or having bowel movements. You received diabetes and pharmacy teaching (if needed). 	 Wark as much as you can. For 6 weeks, do not lift anything over 10 pounds (a gallon of milk weighs almost 9 pounds). Do not drive or drink alcohol while you are taking opioid pain medicine (oxycodone or dilaudid). Call with questions or
 Aim to walk ½ mile today. A Physical Therapist (PT) will assess you and set up a plan. An Occupational Therapist (OT) will assess you and set up a plan. 	 Aim to walk 1 to 1½ miles today. An OT will assess your ability to take a shower by yourself. 	Your follow-up clinic visit is set for 1 to 2 weeks after discharge.	 Concerns: Dr. Park's patients: 206.598.4477 Dr. Pillarisetty's and Dr. Sham's patients: 206.606.7555
 Planning Know your disharge goals: Able to eat regular foods Pain under control Able to walk by yourself Pass gas or have bowel movements 		 Planning Meet with a social worker to talk about home healthcare or a skilled nursing facility (if needed). 	 Follow-up Care Go to your follow-up clinic visit 1 to 2 weeks after discharge. If you had a splenectomy, talk with your provider about vaccines.