



Surgery date: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

## HPB Surgery Pathway: 4-Day Hospital Stay

### Open distal pancreatectomy

These are goals for your recovery. **Your recovery may not follow this pathway exactly.** Your care team will help you know what to expect.

Read your *About Your Distal Pancreatectomy* guide to learn more.

### Getting ready for your surgery

#### What to do

- Follow the instructions in your *About Your Distal Pancreatectomy* guide.
- Do physical activity, such as walking, for 30 minutes every day, if you can.
- Practice using your incentive spirometer.
- Stop smoking, if you smoke.
- Talk with your health care agent about your advance directives, such as your Health Care Proxy form.
- Start planning your care after surgery.
- Plan your ride home from the hospital. Make sure someone can pick you up by 11 a.m. on your expected discharge date. This is the date you'll leave the hospital.
- Ask as many questions as you want!

#### What to eat and drink

- Follow a healthy diet.
- If you drink alcohol, follow your healthcare provider's instructions.

#### Medicines to take

- Follow your healthcare provider's instructions for when to stop taking medicines. This includes blood thinners (such as aspirin), nonsteroidal anti-inflammatory drugs (NSAIDs), and dietary supplements (such as herbal supplements).

#### Tests and appointments to expect

- Presurgical testing (PST) appointment.
  - Bring a list of all the medicines you take.
  - Bring results from medical tests done outside of MSK.
  - Bring a copy of your advance directives, such as a Health Care Proxy form, if you have any.
- Your care team may order more tests or appointments.

## 1 day before your surgery

### What to do

- Follow your care team's instructions for taking medicines.
- Wash with 4% CHG solution, such as Hibiclens®, in the evening.
- Visit [www.msk.org/parking](http://www.msk.org/parking) for parking information and directions to all MSK locations.

### Instructions for eating



**Stop eating at midnight (12 a.m.) the night before your surgery.** This includes hard candy and gum.

If your healthcare provider told you to stop eating earlier than midnight, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

## The day of your surgery (before surgery)

### Instructions for drinking

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add any type of milk or creamer, honey, or flavored syrup.

If you have diabetes, pay attention to the amount of sugar in these drinks. It will be easier to control your blood sugar levels if you limit the sugar you have in these drinks.



**Stop drinking 2 hours before your arrival time.** This includes water.

### Medicines to take

- Only take the medicines your care team told you to take. Take them with a small sip of water.

### Other things to do

- Wash with 4% CHG solution before you leave for the hospital.
- Bring your toiletry items to the hospital.

### Medical tubes and devices to expect

You will get these before your surgery:

- An intravenous (IV) line.
- Compression boots on your lower legs.
- An epidural catheter, if you decide to have one.

You will get these during your surgery:

- A urinary (Foley) catheter in your urethra.
- Drainage tube(s) in your abdomen (belly), if needed.

## The day of your surgery (after surgery)

### What to do

- Use your incentive spirometer 10 times every hour while you're awake.
- Move from your bed to your chair. A staff member will help you.
- A staff member may help you walk around. Follow your care team's instructions.

### Medicines to expect

- Epidural or IV pain medicine.
- Anti-nausea medicine (medicine to keep you from feeling like you're going to throw up).
- Blood thinner injection, if needed.

### What to eat and drink

- Do not eat or drink anything.
- You will get fluids through your IV line.

### While you're in the hospital:

- You will wear compression boots while you're in bed.
- A member of your care team will measure your weight every day.
- You will have blood tests every day.
- Tell your nurse if you have pain, nausea (feel like you're going to throw up), or itching.

## 1 day after your surgery

### What to do

- Move from your bed to your chair 3 times today. A staff member will help you.
- Walk with help 3 times today. Follow your care team's instructions.
- You may be able to shower. If it is safe to do so, a staff member will help you.
- Use your incentive spirometer. Do coughing and deep breathing exercises 10 times each hour while you're awake.
- Read *Call! Don't Fall!*

### Visits to expect

- A physical therapist or occupational therapist will visit you in your room. They will talk with you to plan a rehabilitation program that fits your needs.

### Medicines to expect

- Epidural or IV pain medicine.
- Anti-nausea medicine, if needed.
- Blood thinner injection, if needed.

### What to eat and drink

- Follow a clear liquid diet.
- You will get fluids through your IV line.

## 2 days after your surgery

### What to do

- Start learning how to care for your incision. Your nurse will teach you.
- Start planning for discharge. Your nurse and case manager will help you.
- Sit in your chair for longer than yesterday. Try to sit there for most of the day. A staff member will help you move to your chair, if needed.
- Walk with help 3 times today. Try to walk farther than you did yesterday. Follow your care team's instructions.
- You may be able to shower. If you can, a staff member will help you.
- Use your incentive spirometer. Do coughing and deep breathing exercises 10 times each hour while you're awake.

### Changes to your tubes and drains

- Your care team will take out your Foley catheter.

### Medicines to expect

- Epidural or oral pain medicine (pain medicine you swallow).
- Anti-nausea medicine.
- Medicine to prevent constipation (pooping less often than usual).
- Your usual medicines, if needed.
- Blood thinner injection, if needed.

### What to eat and drink

- Start eating small amounts of solid foods. Follow your care team's instructions.

If you have a drainage tube in your abdomen, your care team will track how much fluid is draining. Once the amount is low enough, they will take out the tube.

You may still have your drainage tube when you're discharged. If so, your nurse will teach you how to care for it and give you the supplies you need. Your care team will tell you what to expect.

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## 3 days after your surgery

### What to do

- Keep planning for discharge.
- Make sure you have a ride home from the hospital. Plan to leave the hospital by 11 a.m. tomorrow.
- Sit in your chair for longer than yesterday. Try to sit there for most of the day. A staff member will help you move to your chair, if needed.
- Walk with help (if needed) 4 or more times today. Try to walk farther than you did yesterday. Follow your care team's instructions.
- You may be able to shower. If you can, a staff member will help you.

- Use your incentive spirometer. Do coughing and deep breathing exercises 10 times each hour while you're awake.

### Changes to your tubes and drains

- If you have an epidural catheter, your care team will take it out.

### Medicines to expect

- Oral pain medicine.
- Anti-nausea medicine.
- Medicine to prevent constipation.
- Your usual medicines, if needed.
- Blood thinner injection, if needed.

### What to eat and drink

- Eat solid foods. Follow your care team's instructions.

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## 4 days after your surgery (day of discharge)

### What to do

- Gather your belongings in the morning.
- Finish planning for your discharge.
- Sit in your chair for most of the day.
- Walk with help (if needed). Follow your care team's instructions.
- Use your incentive spirometer. Do coughing and deep breathing exercises 10 times each hour while you're awake.
- Your nurse will give you discharge instructions. They will also give you supplies to care for yourself at home, if needed. Tell them if you have questions.
- Plan to leave the hospital by 11 a.m. If your ride isn't at the hospital when you're discharged, you may be able to wait in the Patient Transition Lounge. Your nurse will give you more information.

### Changes to your tubes and drains

- Your care team will take out your IV.
- If you have an implanted port (Mediport®) and a needle in your port, your care team will take out the needle.

### Medicines to expect

- Oral pain medicine.
- Anti-nausea medicine.
- Medicine to prevent constipation.
- Your usual medicines, if needed.
- Blood thinner injection, if needed.

Your doctor will give you prescriptions for oral pain medicine and stool softeners before you're discharged. A discharge pharmacist and your nurse will talk with you about the medicines you will take at home.

### What to eat and drink

- Eat solid foods. Follow your care team's instructions.

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## After discharge

### What to do

- Follow the instructions in your *About Your Distal Pancreatectomy* guide.
- Do not drive while you're taking prescription pain medicine.
- Do not lift more than 5 pounds (2.3 kilograms) for 6 weeks.
- Keep walking or doing other light exercise every day, like you did while you were in the hospital.
  - Try to exercise for a little longer every day.
  - Walk outside of your house (such as outdoors or at your local mall or shopping center) if you can.
- Keep doing your coughing and deep breathing exercises and using your incentive spirometer.
- It's normal to have fatigue (be more tired than usual).

### Medicines to take

- Oral pain medicine, as needed.
- Stool softeners, as needed.

### What to eat and drink

- Eat solid foods. Follow your care team's instructions.

### Appointments after surgery

- The nurse who works with your surgeon will call you a few days after you're discharged.
- Your first follow-up appointment will be 1 to 2 weeks after you're discharged.

Call your doctor's office if you have:

- A fever of 100.5 °F (38 °C) or higher.
- New pain or redness around your incision.
- Diarrhea or other changes in your bowel function.
- Fatigue that stops you from doing your usual day-to-day activities or getting exercise.
- Any questions or concerns.