**Figure 22–8** Pancreatoduodenectomy (Whipple’s procedure): A, areas of resection; B, appearance following resection.

### NURSING CARE  THE CLIENT UNDERGOING WHIPPLE’S PROCEDURE

**PREOPERATIVE CARE**
- Provide routine preoperative nursing care as outlined in Chapter 7.
- Clarify teaching and learning as needed. Provide psychologic support for client and family. The client and family faced with a diagnosis of pancreatic cancer may require reinforcement of teaching as anxiety, fear, and possible denial can interfere with learning.
- Maintain in semi-Fowler’s position. Semi-Fowler’s position facilitates lung expansion and reduces stress on the anastomosis and suture line.
- Maintain low gastrointestinal suction. If drainage is not adequate, obtain an order to irrigate, using minimal pressure. Do not reposition nasogastric tube. Pressure within the operative area from retained secretions increases intraluminal pressure and places stress on the suture line. Forceful irrigations and repositioning of the nasogastric tube may disrupt the suture line.

**POSTOPERATIVE CARE**
- Maintain pain control using analgesics as prescribed (PCA, infusion, or given on a regular basis). Assess effectiveness of pain management. Doses higher than normal may be required if narcotic analgesics have been used prior to surgery to manage pain.
- Increased pain may indicate complications such as disruption of suture line, leakage from anastomosis, or peritonitis. Adequate pain management increases resistance to stress, facilitates healing and increases the ability to cough, deep breathe, and change position.
- Assist with coughing, deep breathing, and changing position every 1 to 2 hours. Splint incision during coughing and deep breathing. The location of the incision makes coughing and deep breathing more painful. The prolonged surgical procedure, anesthesia, location of incision, and immobility increase the risk of retained secretions, atelectasis, and pneumonia. Changing position facilitates drainage of secretions; effective coughing and deep breathing remove secretions and open distal alveoli.
- Monitor for complications:
  a. Take vital signs every 2 to 4 hours or as indicated; immediately report changes (such as elevated temperature; hypotension; weak, thready pulse; increased or difficult respirations).
  b. Assess skin color, temperature, moisture, and turgor.
  c. Measure urinary output, gastrointestinal output, and drainage from any other tubes; monitor amount and type of wound drainage.
  d. Assess level of consciousness.
  e. Monitor results of laboratory tests, especially arterial blood gases, hemoglobin, and hematocrit.

The major complications following Whipple’s procedure are hemorrhage, hypovolemic shock, and hepatorenal failure. The assessments listed provide information about the client’s status and alert the nurse to abnormal findings that signal the onset of these complications.