

Bypass surgery if you have pancreatic cancer

This fact sheet is for people with pancreatic cancer who are having bypass surgery to treat pancreatic cancer symptoms. Families may also find it helpful. It explains what bypass surgery is, when it is used, the advantages and disadvantages, and what it involves. There is also information about the support available for you.

Every hospital will do things slightly differently so use this fact sheet as a general guide. Ask your doctor or nurse for more information about your treatment.



You can also speak to our specialist nurses on our confidential Support Line. Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

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What is bypass surgery for pancreatic cancer?

Bypass surgery is a way to treat some symptoms caused by pancreatic cancer. It may be used if the cancer blocks your duodenum, making you feel and be sick (nausea and vomiting). Or if it blocks the bile duct, causing jaundice. Bypass surgery doesn't remove the cancer. A different type of surgery is used to remove the cancer (see below).

Whether bypass surgery is an option for you will depend on your symptoms, your diagnosis and how fit you are.

Bypass surgery during an operation to remove the cancer

Surgery to remove pancreatic cancer (such as the Whipple's) may be offered to some people. But sometimes after starting the operation, the surgeon may find that it's not possible to remove the cancer. Bypass surgery may be done instead if the cancer has blocked your duodenum or bile duct, or to stop it blocking them in the future. This can help to treat your symptoms.

If this is something that might happen, your surgeon will discuss it before your operation.



Read more about surgery to remove pancreatic cancer in our fact sheet: **Surgery to remove pancreatic cancer**
Or on our website at: pancreaticcancer.org.uk/surgery

Bypass surgery for a blocked duodenum

After you eat, the food goes from your stomach into your duodenum. If the cancer has blocked the duodenum, food can't pass out of the stomach. It builds up in your stomach and makes you feel and be sick. This is called gastric outlet obstruction.

Bypass surgery gets around the blockage, making a new way for food to pass out of the stomach into the duodenum. The operation is called a gastrojejunostomy.

You may have bypass surgery for a blocked duodenum if your cancer can't be removed by surgery. Another option may be to have a tube called a stent put into the duodenum to open the blockage. Your doctor should consider bypass surgery rather than a duodenal stent if you are having longer term treatment.



Read more about duodenal stents on our website at:
pancreaticcancer.org.uk/duodenalstent

When is bypass surgery used for a blocked bile duct?

Pancreatic cancer can cause jaundice by blocking the bile duct. The bile duct is the tube that takes bile from the liver to the duodenum. Bile is a fluid which the liver makes to help digest food. Jaundice turns your skin or eyes yellow. It can also make you feel itchy and causes pale poo and dark urine.

If you have cancer that can't be removed by surgery and your bile duct is blocked, you will usually have a tube called a stent put in to unblock it. But sometimes bypass surgery is used to make a new way for bile to flow to the intestines, passing around the blocked bile duct. This is usually done if you were originally having surgery to remove the cancer but that wasn't possible (see page 2). The operation is called a choledochojejunostomy or hepaticojejunostomy.

You may have bypass surgery for both a blocked duodenum and blocked bile duct at the same time. This is called a double bypass.



Read more about jaundice on our website at:
pancreaticcancer.org.uk/jaundice

Read more about stents for a blocked bile duct in our fact sheet:
Stents to treat jaundice caused by a blocked bile duct
Or on our website at: **pancreaticcancer.org.uk/biliarystent**

Advantages and disadvantages of bypass surgery

Bypass surgery is a big operation, so it's important to talk about the advantages and disadvantages with your surgeon before you decide to have this surgery. Ask them any questions you have.

Advantages

- The surgery bypasses the blockage and should help your symptoms.
- It may be an option if a stent is not suitable for you.
- Bypass surgery avoids the problem of stents getting blocked.
- It is a longer lasting way to treat your symptoms.

Disadvantages

- You may have some side effects, but these can usually be managed.
- You will need to stay in hospital for several days after bypass surgery, and it may take a few months to fully recover.
- Bypass surgery is major surgery and there are possible risks.

What are the possible risks?

- As with all surgery, there is a risk of getting a chest infection or blood clots in a leg vein (deep vein thrombosis or DVT) or lung (pulmonary embolism or PE).
- Your wound may get infected – you will be given antibiotics to reduce this risk.
- There is a small risk of bleeding during the operation and you may need a blood transfusion to replace the blood lost. This is not common.
- There are risks to having a general anaesthetic, which are the medicines that put you to sleep so you don't feel pain during surgery. But an allergic reaction to the anaesthetic is very rare.
- As with any surgery, there is a small risk of dying.



Read more about blood clots in a vein on our website at:
pancreaticcancer.org.uk/bloodclots

What does bypass surgery involve?

Before the surgery

You won't be able to eat anything for at least six hours before your operation. You may be able to drink water up to two hours before your surgery. The hospital will give you more information about when you can eat and drink before the operation. Tell your doctor or nurse if you have diabetes as this might affect your care before surgery.

What happens during the operation?

Bypass surgery usually takes two to four hours, depending on your cancer and the type of surgery you are having.

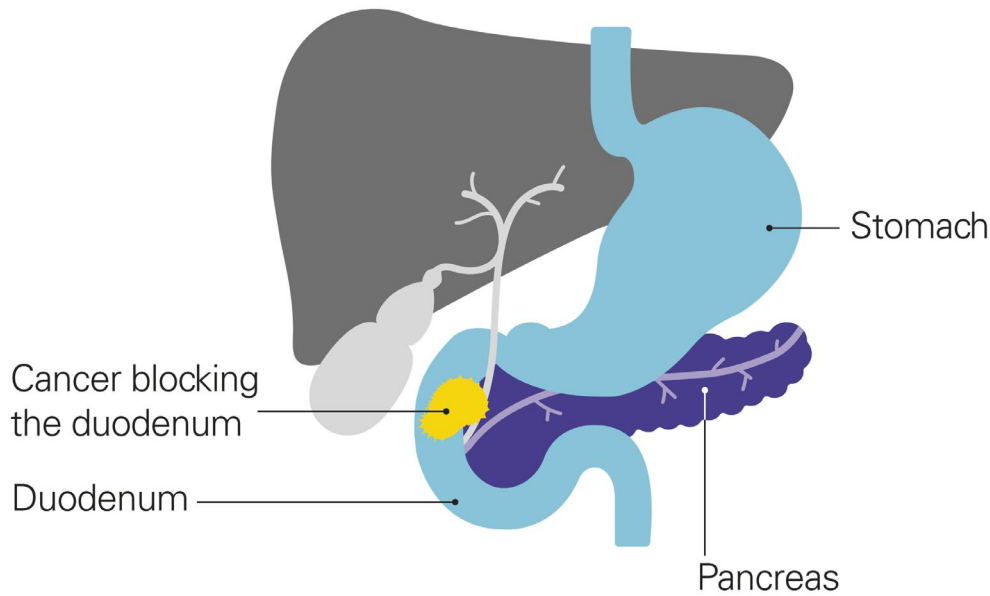
The operation may be open surgery, when one large cut (incision) is made in the tummy. In some hospitals you might be able to have this done by keyhole (laparoscopic) surgery.

With keyhole surgery, the surgeon makes several small cuts (about 1-2 cms) in the tummy. A long thin tube with a camera on the end (a laparoscope) is put in through one hole. The surgeon then puts surgical instruments in through the other holes, guided by the images from the camera.

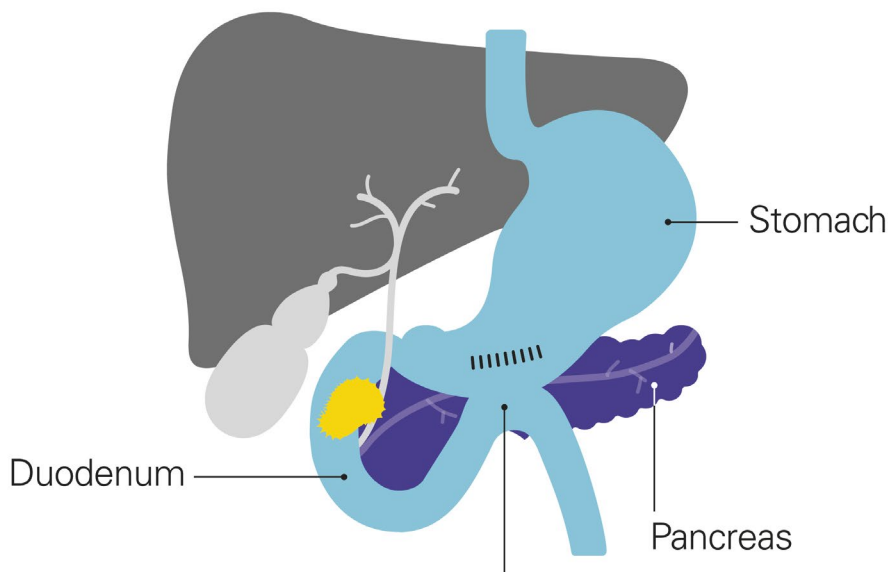
Bypass surgery for a blocked duodenum

For a blocked duodenum, the surgeon connects the stomach to the small intestine below the blockage. This allows food to pass from the stomach into the small intestine and should stop you feeling sick.

Before bypass surgery for a blocked duodenum



After bypass surgery for a blocked duodenum

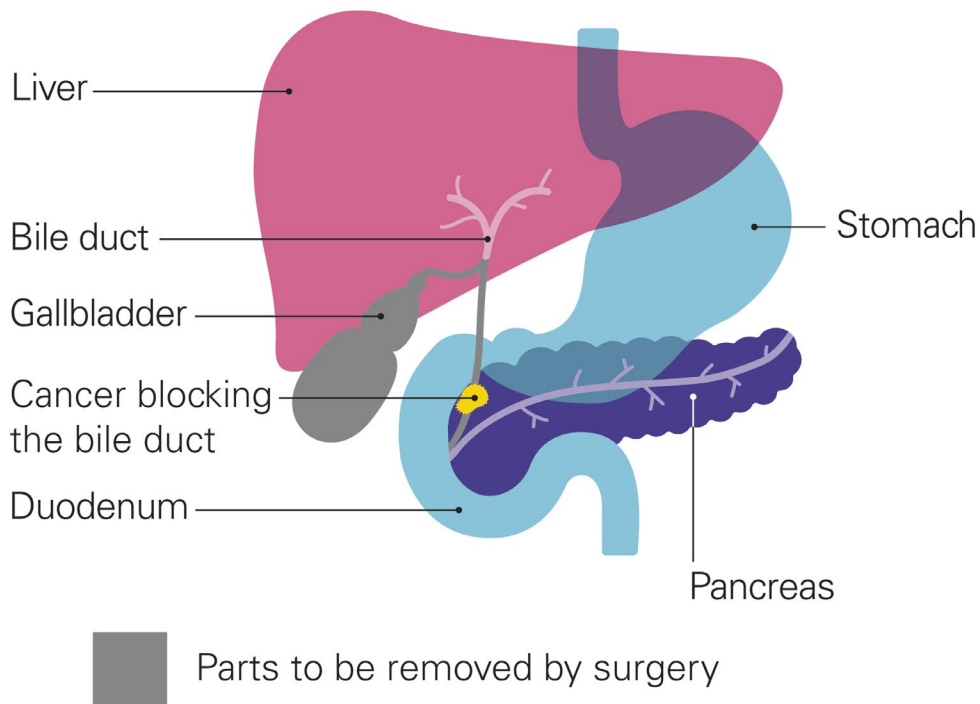


The stomach is connected to the small intestine so food can pass through

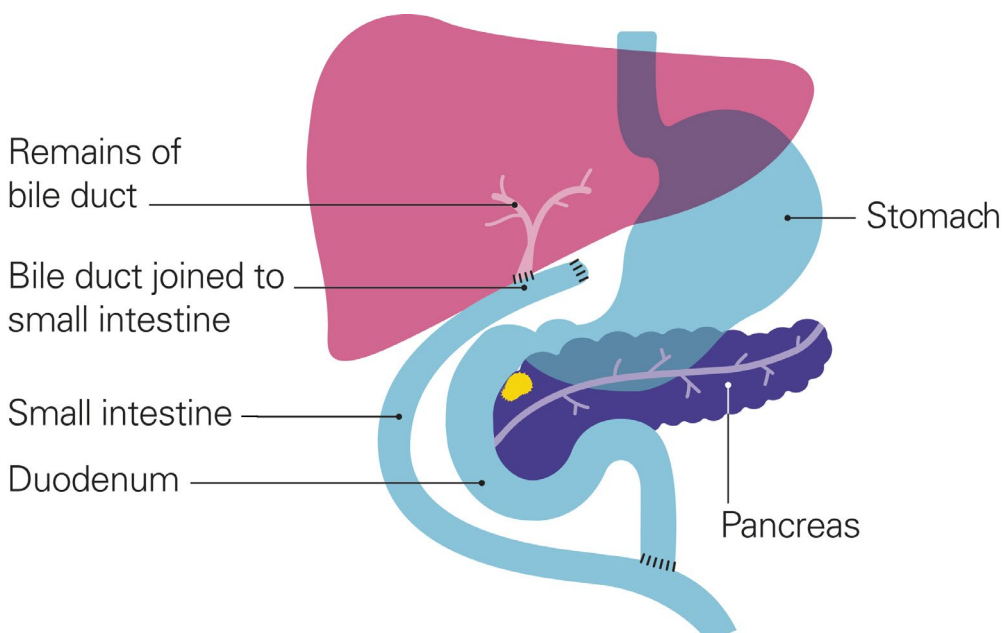
Bypass surgery for a blocked bile duct

For a blocked bile duct, the surgeon cuts the bile duct above the blockage and connects it to the small intestine. This allows the bile to flow again.

Before bypass surgery for a blocked bile duct



After bypass surgery for a blocked bile duct



After your bypass surgery

You will have some tubes or drains put in during the operation, which are usually removed in the first couple of days. These may include:

- a tube in a vein in your arm or neck for fluids or medicine
- tubes in your tummy to drain any fluids
- a thin tube called a catheter through your urethra (the tube you pee through) into your bladder, to drain urine.

After the operation you will have painkillers for any pain. You should be able to drink and eat soft foods, and after a few days you may be able to eat solid foods. But this may depend on how well you are recovering from the operation.

You will probably spend four to ten days in hospital if there are no problems, any pain is well controlled and you are eating again.

Check-ups and recovery after surgery

You will normally have a check-up appointment two to six weeks after you go home from hospital. The hospital team will check your wound and ask about your recovery and any concerns you have. They will also talk to you about any more treatment you might need, such as chemotherapy.

The bypass surgery may help with your symptoms, but it won't cure the cancer. You may be able to have chemotherapy to control the growth of the cancer.



Read more about chemotherapy in our fact sheet:

Chemotherapy for pancreatic cancer

Or on our website: pancreaticcancer.org.uk/chemotherapy

Bypass surgery is major surgery and it may take two to three months to recover. You will feel tired and weak at first, and your wound will need time to heal.

Gentle physical activity, such as walking, may help you recover from the surgery. Your medical team can give you advice about the best type of exercise to do.

Side effects from bypass surgery

You may have some side effects after your surgery. These will depend on the type of surgery you have had. You may not get all the side effects listed here. If you have any questions about side effects, talk to your medical team.

Pain

You may have some pain and discomfort after surgery. You will be given painkillers to help, and the pain will get better over time.



Read more about pain after surgery in our booklet:
Pain and pancreatic cancer
Or on our website at: pancreaticcancer.org.uk/pain

Tiredness and fatigue

It may take some time to recover from the surgery, and you may feel tired and weak at first. It may take several weeks to be as active as you were before the operation.



Read more about fatigue in our booklet:
Fatigue and pancreatic cancer. How to deal with tiredness
Or on our website at: pancreaticcancer.org.uk/fatigue

Feeling sick

Sometimes your stomach may take a while to start working again after surgery for a blocked duodenum – this is called delayed gastric emptying. It means food will take longer to pass through your stomach, which will make you feel sick. If this happens, it may take a little longer to recover. Ask your surgical team about this. You may be given medicine (such as metoclopramide) to help your stomach empty.

Eating after surgery

After surgery for a blocked duodenum you might need to change your eating habits. For example, you might feel full more quickly, and need to eat smaller meals more often.

You may also need to take pancreatic enzyme replacement therapy to help you digest your food properly.

Your dietitian will be able to help you with your diet. If you haven't seen a dietitian, ask to be referred to one.



Read more about eating, diet and pancreatic enzymes in our booklet: **Diet and pancreatic cancer**
Or on our website at: pancreaticcancer.org.uk/diet



You can speak to our specialist nurses on our confidential Support Line with any questions about bypass surgery.

More information and support

Pancreatic Cancer UK services

We are here for everyone affected by pancreatic cancer.

Our specialist nurses are here to talk now

If your world has been turned upside down by a pancreatic cancer diagnosis, we are here to talk now. We can answer your questions, recommend practical steps and provide the emotional support you and those close to you need, when you need it most.

Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

Expert information

Our free information covers everything about pancreatic cancer to help you understand your diagnosis, ask questions, make decisions and live as well as you can.

Go to: **pancreaticcancer.org.uk/information**

Download or order our free publications at
pancreaticcancer.org.uk/publications or call **0808 801 0707**

Our online forum

The forum is a supportive online space where everyone affected by pancreatic cancer can be there for each other at any time.

Go to: **forum.pancreaticcancer.org.uk**

Living with Pancreatic Cancer Online Support Sessions

Our online support sessions are hosted by our specialist pancreatic cancer nurses and will give you the chance to connect with others who have also been diagnosed.

Go to: **pancreaticcancer.org.uk/supportsessions**

Real life stories

Read other people's experiences of pancreatic cancer to find out how they coped with their diagnosis and treatment and their tips on looking after themselves.

Go to: **pancreaticcancer.org.uk/stories**

Useful organisations

Cancer Research UK

www.cancerresearchuk.org

Helpline: 0808 800 4040 (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

Healthtalk.org

Personal experiences presented in written, audio and video formats, including people talking about pancreatic cancer.

Macmillan Cancer Support

www.macmillan.org.uk

Support Line: 0808 808 00 00 (Every day, 8am-8pm)

Provides practical, medical and financial support for anyone affected by cancer.

Maggie's Centres

www.maggies.org

Tel: 0300 123 1801

Centres around the UK and online offer free practical, emotional and social support for anyone affected by cancer.

National Institute for Health and Care Excellence (NICE)

www.nice.org.uk

NICE provide guidance, advice and information for health professionals. They have produced guidelines for the diagnosis and care of people with pancreatic cancer:

www.nice.org.uk/guidance/ng85

This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK.

We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this will add to the medical advice you have had, and help you make decisions about your treatment and care. This information should not replace advice from the medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

Email us at **publications@pancreaticcancer.org.uk** for references to the sources of information used to write this fact sheet.

Give us your feedback

We hope you have found this information helpful. We are always keen to improve our information, so let us know if you have any comments or suggestions.

Email us at **publications@pancreaticcancer.org.uk** or write to our Information Manager at the address below.

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