Total Pancreatectomy

What is a total pancreatectomy?

A total pancreatectomy is a surgical procedure performed to treat chronic pancreatitis when other treatment methods are unsuccessful. This procedure involves the removal of the entire pancreas, as well as the gallbladder, common bile duct, and portions of the small intestine and stomach, and most often, the spleen.

Total pancreatectomy can be combined with transplantation of the patient's own insulin-producing cells in order to keep the patients from becoming diabetic. A total pancreatectomy without this islet cell transplant results in 100% certainty that the patient will need insulin for life.

This operation has no additional complication rate compared to the Whipple procedure.

What happens during the surgery?

First, the end of the stomach is divided off and detached. This part of the stomach leads to the small intestine, where the pancreas and bile duct both attach. In the next step, the pancreas is removed along with the connected section of the small intestine. The common bile duct, gallbladder and (usually) the spleen are also removed. To reconnect the intestinal tract, the stomach and the bile duct are connected to the small intestine.

Several tubes will be placed that will aid in postoperative care: (i) a temporary drain leading out of the abdomen will be in place to prevent fluid from accumulating in the abdomen; (ii) a nasogastric (NG) tube inserted through the patient's nose into the stomach will remain until he/she is able to eat; and (iii) a catheter placed in the patient's bladder to assist with the passing of urine.