

Effective method for reducing hospital stay after 'whipple' operation

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Pancreaticoduodenectomy, or the Whipple operation, is one of the most complex abdominal surgeries, and is commonly prescribed as a first line of therapy for cancer located within the pancreatic head. It remains the most effective treatment method associated with prolonged survival. The surgery involves removal of parts of the pancreas, bile duct, and small intestine, requiring careful reconstruction of the organs involved. Clinicians at Jefferson have now shown that providing patients intensive care after surgery can help reduce hospital stay and reduce time to eligibility for adjuvant chemotherapy. The prospective, randomized, controlled study was published in the *Journal of the American College of Surgeons*.

"The trial was so successful that we were able to halt the study early and change our [standard practice](#) to providing this accelerated post-operative care to all eligible patients," said Harish Lavu, MD, Associate Professor of Surgery at Jefferson (Philadelphia University + Thomas Jefferson University) and researcher with the NCI-Designated Sidney Kimmel Cancer Center - Jefferson Health.

The study authors led by first author Dr. Lavu, MD, and senior author Charles J. Yeo, MD, the Samuel D. Gross Professor and Chair of Surgery at Jefferson, analyzed 76 pancreaticoduodenectomy patients in the study who had a low to moderate risk for complications. They compared the standard 7-day pathway for [recovery](#) and discharge, to one that took only five days to complete. The 5-day pathway included early discharge planning, a shortened stay in the ICU, modified diet and drain

management; rigorous physical therapy with in-hospital gym visits, and follow up via telehealth after discharge.

"Our accelerated recovery pathway incorporates the latest in recovery science by ensuring patients get mobile shortly after surgery, which has been shown to improve outcomes," said Dr. Yeo. "We also assign experienced recovery nurse practitioners to follow-up care via telehealth, which has been shown to reduce unnecessary hospital readmissions. The results of this study validate much of what the field is beginning to view as best practice and it's exciting to be able to define a more effective pathway to better care for patients."

The 5-day Whipple accelerated recovery pathway (WARP) reduced length of stay without significantly increasing complication rates. Using the WARP protocol 76 percent of patients were ready to be discharged at day 5 in the 5-day group, whereas only 13 percent of the 7-day group were ready to be discharged by day 5.

Perhaps most significantly, reducing recovery time means that [patients](#) with pancreatic cancer can transition more quickly to the next phase of treatment. On average, the shorter stay was associated with reducing time to adjuvant therapy by 15 days (51 days with 5-day, versus 66 days with 7-day recovery).

More information: Harish Lavu et al, Enhancing Patient Outcomes while Containing Costs after Complex Abdominal Surgery: A Randomized Controlled Trial of the Whipple Accelerated Recovery Pathway (WARP), *Journal of the American College of Surgeons* (2019). [DOI: 10.1016/j.jamcollsurg.2018.12.032](https://doi.org/10.1016/j.jamcollsurg.2018.12.032)

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