

Pancreatic Disease Treatments

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Pancreatic Cancer Surgery

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As major surgical center, we have pancreatic cancer survival rates that are among the best in the nation. Our innovative approaches help more patients get life-saving surgery, even for large tumors.

Pancreatic Cancer Surgery: Why Choose UCLA?

You may be understandably worried if you've learned you need surgery for [pancreatic cancer](#). But you can be reassured knowing we have the most experienced team in the region, performing over 100 successful operations each year.

Highlights of our surgery program include:

- **Superior expertise:** UCLA surgeons perform up to 150 pancreas surgeries every year, and all of our surgeons are considered high-volume surgeons. Research shows high-volume hospitals performing 16 or more pancreatic resections (surgery to remove part of the pancreas) annually have better outcomes than facilities performing them less frequently. This gives our team a depth of experience unmatched by other area hospitals.
- **Better outcomes:** Patients with borderline resectable or locally advanced cancers who undergo pre-operative treatment and surgery at UCLA have among the best reported survival rates to date. Our surgeons are also extremely meticulous, which leads to low complication rates comparable to other major medical institutions.
- **Minimally invasive surgery:** Whenever possible, our specialists use minimally invasive surgery to remove tumors. This helps you recover faster and shortens the time it takes before your body is strong enough to receive chemotherapy.
- **Treatment of previously inoperable tumors:** Surviving pancreatic cancer is more likely when doctors can remove the tumor completely. Our doctors have experience using pre-operative chemotherapy to shrink tumors once thought to be too big to remove. By shrinking them down, more patients can get their pancreatic cancer tumors removed.

Pancreatic Cancer Surgery at UCLA: What to Expect

In many cases, pancreatic cancer isn't found until the cancer has spread. However, surgery is only an option when surgeons can completely remove the tumor and when tumors haven't spread to distant organs.

Doctors may use surgery alone to treat pancreatic cancer, or they may also prescribe [chemotherapy](#) and [radiation therapy](#). The type of procedure used will depend on the tumor's location and size.

Our integrated practice unit speeds up the treatment process, shortening the time it takes to get your surgery. Pancreatic cancer surgeries offered at UCLA include:

- [Whipple procedure](#)
- [Minimally invasive pancreatic surgery \(distal pancreatectomy and total pancreatectomy\)](#)
- [Liver transplant](#) (when tumors have spread to the liver)

Before one of these procedures, your surgeon may perform a staging laparoscopy. This minimally invasive operation involves placing a camera through several small holes in the abdomen to assess the extent of the tumor. If the cancer has spread to other areas, doctors may not perform the full operation to remove the tumor.

Robotic-Assisted Pancreatic Surgery

The complexity of pancreatic surgery has delayed the development of minimally invasive techniques to treat pancreatic disorders when compared to other organs such as the colon, small intestine and stomach. Robotic-assisted laparoscopic surgery allows UCLA surgeons to perform complex pancreatic operations with small incisions, which can minimize blood loss, postoperative pain, hospitalization time and recovery time. These advanced procedures are only performed at a few specialized centers across the country, making UCLA a leader in the field of minimally invasive pancreatic surgery.

Robotic-assisted laparoscopic surgery can be performed for all types of pancreatic disease, including pancreatic adenocarcinoma, neuroendocrine tumor, cystic tumors, benign masses and chronic pancreatitis. Nearly the full range of pancreatic operations can be performed with robotic-assisted techniques, including:

- [Whipple \(Pancreaticoduodenectomy\)](#)
- [Distal Pancreatectomy \(with or without removal of the spleen\)](#)
- [Total Pancreatectomy \(with or without removal of the spleen\)](#)
- Central Pancreatectomy

Your surgeon can help decide whether robotic-assisted laparoscopic pancreatic surgery is right for you.

Whipple Procedure (Pancreaticoduodenectomy)

The Whipple procedure is the most common operation to remove pancreatic cancer. It is a complex procedure, but research shows surgery risks are lower at high-volume hospitals like UCLA.

Patients at facilities performing more than 20 Whipple procedures annually experience fewer complications like blood loss and post-surgical infection. Our surgeons perform roughly 100 Whipple procedures each year, with consistently lower rates of blood loss than other major medical centers.

The Whipple procedure involves:

- Removing the head of the pancreas (where 3 in 4 pancreatic tumors occur), the bile duct and the gallbladder
- Removing part of the small intestine and occasionally the stomach
- Reconnecting the rest of the pancreas and nearby organs to the digestive tract

Patients are typically hospitalized for 7 to 10 days.

Minimally Invasive Pancreatic Surgery

UCLA surgeons use minimally invasive laparoscopic techniques for certain operations. These techniques allow surgeons to operate using several small holes instead of a large incision.

For patients, laparoscopic surgery means:

- A lower risk of complications like blood loss and infection
- Less time in the hospital recovering
- Shorter waits for chemotherapy treatments

Minimally invasive pancreatic cancer surgeries at UCLA include:

Distal Pancreatectomy

We offer minimally invasive distal pancreatectomy for patients with all forms of pancreas diseases, including NETs (neuroendocrine tumors) and pancreatic adenocarcinoma. Surgeons remove the body and tail of the pancreas, and often the spleen (splenectomy) because its blood supply is closely connected with the pancreas. Another reason surgeons remove the spleen is because it contains many of the lymph nodes that drain this region of the pancreas.

Because the spleen protects your body from infection, you may need certain vaccines before and/or after surgery. Patients must also stay in the hospital to recover for 5 to 7 days.

Total Pancreatectomy

Total pancreatectomy is less common for pancreatic cancer. It is typically only used when tumors have spread throughout the pancreas.

During the operation, surgeons remove the entire pancreas, the spleen and the gallbladder. Removing the pancreas means your body can no longer produce pancreatic enzymes (digestive juices) or insulin. Life after this surgery usually involves taking supplemental enzymes and insulin injections.

Liver Transplant

Occasionally, patients with neuroendocrine tumors isolated to the liver undergo transplantation. Our liver transplant team is the most experienced in the western U.S.

Learn more about UCLA's [liver transplant program](#).

UCLA's Downstaging Expertise: Helping More Patients Get Surgery

Patients are typically only eligible for surgery when tumors are located mainly in the pancreas. For many patients, however, pancreatic cancer isn't found until after the tumor has spread.

Our unique approach helps more patients receive surgery, using longer chemotherapy treatment schedules before surgery to shrink tumors. This downstaging program allows surgeons to remove pancreatic tumors, and in some cases reconstruct veins, with help from top UCLA vascular surgeons.

Our innovative program provides hope for patients with borderline removable or locally advanced (unremovable) tumors. Our surgeons have successfully removed tumors in over 80 percent of cases when surgery is recommended, extending patients' lives and even curing a number of patients.

Contact Us

For more information or to make an appointment with our team of specialists, please call us at (310) 206-6889.

