



Pancreatic Cancer Surgical Options

For many [types and stages of pancreatic cancer](#), surgery is the treatment of choice.

There are several different surgeries used to treat pancreatic cancer. The most common at [UPMC Hillman Cancer Center](#) is the **pancreatoduodenectomy**, also known as the Whipple procedure.

The open Whipple removes the head of the pancreas, where tumors are most common. Surgeons also remove the gallbladder, bile duct, parts of the intestine, and sometimes a portion of the stomach.

The surgery requires a large incision and a hospital stay of 7-10 days after.

UPMC surgeons also perform the robotic Whipple, a less invasive surgery. Benefits of the robotic Whipple include:

- Fewer and smaller incisions
- Shorter hospital stay
- Faster recovery
- Less pain and scarring
- Fewer complications after surgery

UPMC is one of only a handful of hospitals in the United States to offer the robotic Whipple. Our experts pioneered this procedure and perform more robotic Whipples than anyone else in the country.

When Do Doctors Suggest Surgery for Pancreatic Cancer?



What is the Goal of Surgery for Pancreatic Cancer?



Surgical Treatment Options for Pancreatic Cancer



The surgical oncologists at [UPMC Hillman Cancer Center](#) are experts in a range of advanced pancreatic cancer surgery techniques.

Minimally invasive and robotic surgical methods — including the robotically assisted Whipple procedure — reduce risks and healing times.

Almost 80 percent of pancreatic cancer patients at UPMC who are surgical candidates have the Whipple procedure. And up to 85 percent of patients slated for the Whipple are candidates for the robotic option.

UPMC is one of only a handful of hospitals in the United States to offer the robotic Whipple method and has more experience than any hospital in the nation. The American Cancer Society recommends undergoing a Whipple at a hospital that performs at least 15 of these surgeries each year; in 2018, UPMC's surgeons performed more than 60.

Your care team and surgeon will:

- Explain your pancreatic cancer surgical treatment options.
- Suggest the option that considers the type and stage of pancreatic cancer, along with the goals of surgery.
- Discuss the risks and benefits of the procedure and describe the recovery process.

You will also make decisions together about adding radiation or medical oncology to your treatment plan either before or after surgery.

Types of pancreatic cancer surgeries we perform

- **Distal pancreatectomy** — this is the removal (resection) of the tail and some of the body of the pancreas. Used mainly for neuroendocrine (islet cell) tumors, this open surgery often includes removal of the spleen. Because the spleen helps fight infection, you may need a vaccination before surgery. This operation often requires a hospital stay of six to eight days.
- **Laparoscopic pancreatectomy** — this minimally invasive surgery removes the tail and body of the pancreas through five or six small “keyhole” cuts. This can reduce risks and shorten hospital stay by a few days.
- **Pancreas-sparing tumor resection** — in this type of limited resection, the surgeon removes the tumor without removing the pancreas. Contained tumors that haven't invaded nearby structures may be entirely resectable. Sometimes, the surgeon will resect a tumor along with part of a structure (usually the duodenum) that it has invaded.
- **Portal vein resection and reconstruction** — at the head of the pancreas, the superior mesenteric vein meets the splenic vein. These form the hepatic portal vein, which sends blood to the liver. If a tumor invades this meeting point, the surgeon may resect it and build a new pathway to the liver. Surgeons can do portal vein resection along with the Whipple procedure or on its own.
- **Whipple procedure (Pylorus preserving pancreaticoduodenectomy)** — this open method used mostly for exocrine pancreatic cancer removes a tumor in the head of the pancreas. Surgeons also remove the attached duodenum and bile duct, the gallbladder, and part of the stomach. The open Whipple requires a large incision and usually means a hospital stay of about 10 days. The minimally invasive robotic Whipple method requires a few small cuts. This results in a shorter hospital stay, faster recovery, and less pain and scarring.
- **Advanced Whipple** — this surgery has all aspects of the standard Whipple along with the removal of the portal or superior mesenteric veins.
- **Appleby operation** — this is the removal of locally advanced cancers of the pancreas body that have invaded the celiac or hepatic artery. Robotic methods are not available for this operation.
- **Small bowel (small intestine) resection** — this is the resection of the pancreatic tumor along with the part of the bowel that it has invaded.
- **Total gastrectomy** — extensive tumor involvement may require a total gastrectomy. This is when the surgeon removes some or all of the diseased pancreas along with the entire stomach and nearby lymph nodes. Often, this also involves removing the spleen and parts of the intestine. This radical surgery leads to connecting the esophagus directly to the bowel.

Preparing for Pancreatic Cancer Surgery



Side Effects and Risks of Pancreatic Cancer Surgery



Contact Us

Contact [UPMC Hillman Cancer Center](#) about pancreatic cancer care at **412-647-2811**.



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