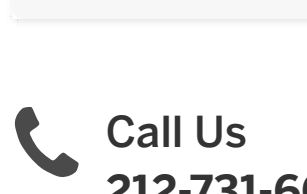


**i** We have a limited supply of COVID-19 vaccines and are offering them to eligible patients based on state and federal guidelines. Please do not call us for a vaccine appointment. We are notifying patients individually when they can schedule. [Create a MyChart account](#) so we can notify you. [Learn more about the COVID-19 vaccine.](#)

# Surgery for Pancreatic Cancer

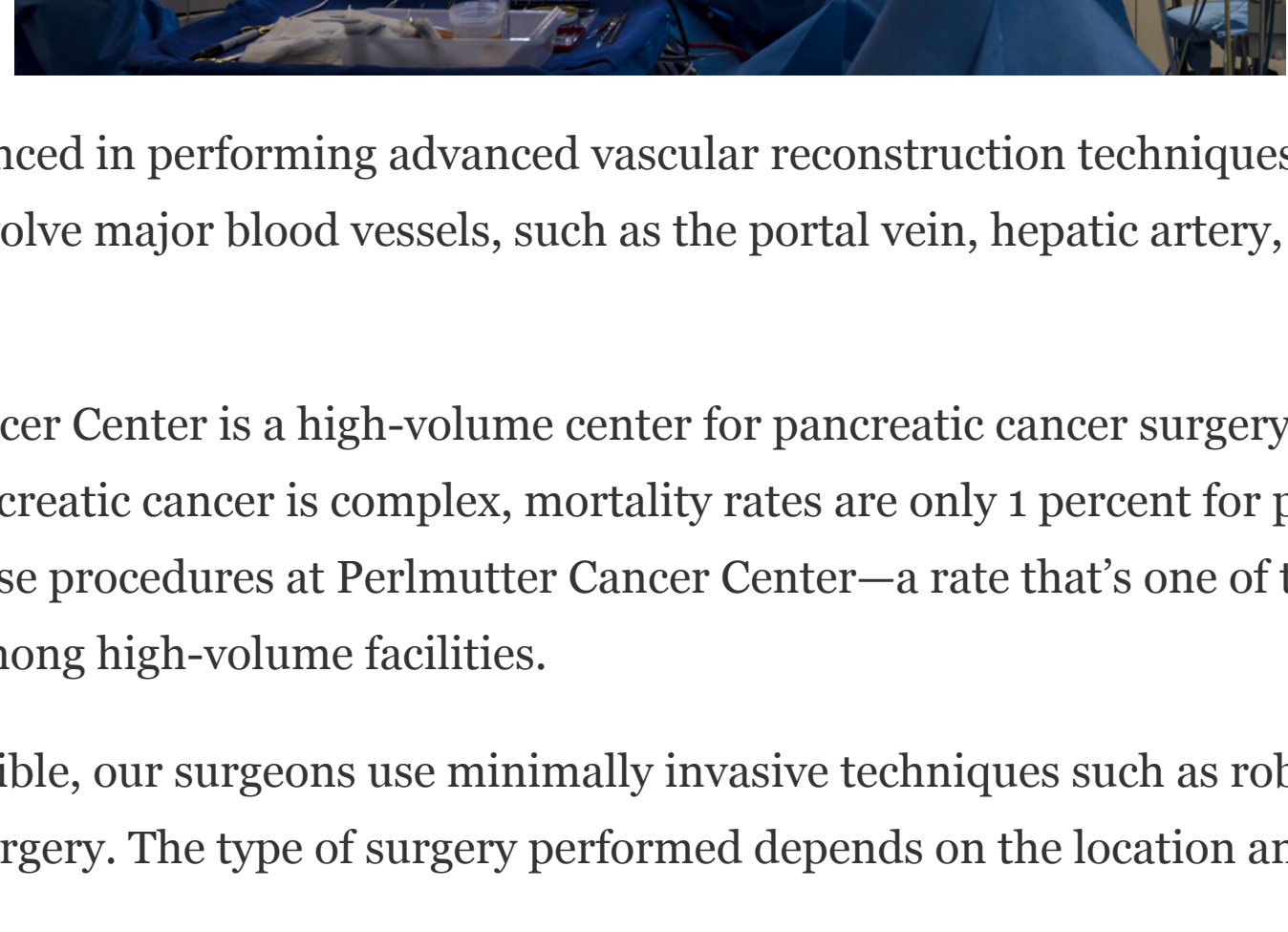


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Surgery is the most effective treatment for pancreatic cancer. It may be the only approach needed for early cancer.

Many people with pancreatic cancer have tumors that have grown into critical blood vessels and cannot initially be removed by surgery. In these instances, doctors at [Perlmutter Cancer Center](#) may be able to shrink the cancer using [chemotherapy](#), [radiation therapy](#), or new treatments that are available through [clinical trials](#) to make surgery possible.



We are experienced in performing advanced vascular reconstruction techniques for pancreatic tumors that involve major blood vessels, such as the portal vein, hepatic artery, and celiac artery.

Perlmutter Cancer Center is a high-volume center for pancreatic cancer surgery. Although surgery for pancreatic cancer is complex, mortality rates are only 1 percent for people undergoing these procedures at Perlmutter Cancer Center—a rate that’s one of the lowest in the nation, even among high-volume facilities.

Whenever possible, our surgeons use minimally invasive techniques such as robotic or laparoscopic surgery. The type of surgery performed depends on the location and type of tumor.

The pancreas, which is oblong, can be divided into three parts: the head, the body, and the tail.

The head is the round portion of the organ located near the bile ducts and small intestine. It’s also near several major abdominal blood vessels such as the portal vein and hepatic artery, which carry blood to the liver, and the mesenteric blood vessels, which carry blood to and from the intestines.

**We are experienced in performing advanced surgical techniques for pancreatic tumors that involve major blood vessels.**

Tumors located near and even growing into portions of these vessels—known as locally advanced pancreatic cancer—can be removed, but chemotherapy with or without radiation therapy may be necessary before surgery can be performed.

Tumors may also occur in the middle part of the pancreas or in the elongated, narrow tail, which is near the spleen.

## Whipple Procedure

Perlmutter Cancer Center surgeons often perform the Whipple procedure, also called a pancreaticoduodenectomy, for cancer found in the head of the pancreas.

During this surgery, a doctor removes the head of the organ and the first section of the small intestine, which is called the duodenum. The gallbladder, the portion of the common bile duct that empties into the duodenum, and some of the surrounding lymph nodes are also removed. Cancer tends to spread first to the lymph nodes, which are small immune system organs.

Sometimes a portion of the stomach near the duodenum is also removed during a Whipple procedure, depending on your anatomy. Part of the portal vein may also be removed if pancreatic cancer has spread to that blood vessel.

After the procedure, surgeons reconnect the small intestine to the remaining pancreas, bile duct, and stomach, so that you can digest food.

## Total Pancreatectomy

Surgeons may perform a total pancreatectomy if cancer has spread throughout the pancreas or is found in several parts of the organ. Doctors may also use this type of surgery to treat people at high risk of cancer spreading throughout the gland or in some people with precancerous cysts that are located throughout the gland.

During a total pancreatectomy, doctors remove the entire pancreas, the duodenum, part of the stomach, a portion of the bile duct, the gallbladder, and most of the surrounding lymph nodes. Often, the spleen, which is an immune system organ that helps filter the blood, is also removed. The surgeon reconnects the second section of the small intestine, called the jejunum, to the stomach and bile duct, so that you can continue to digest food.

Because the pancreas produces insulin, which regulates blood sugar, its complete removal causes the development of diabetes. Our endocrinologists can help you prepare for and manage diabetes by showing you how to take insulin and monitor your blood sugar levels. Perlmutter Cancer Center nutritionists can help you understand how your diet affects blood sugar levels.

### Nutrition Services

Our nutritionists can create a personalized dietary plan to help you eat a balanced diet during and after pancreatic cancer treatment.

[Learn More](#)

A total pancreatectomy also requires that you take digestive enzymes after you eat to replace those made by the pancreas.

## Distal Pancreatectomy

A surgeon may use a distal pancreatectomy to manage cancer in the body or tail of the pancreas. During this procedure, the doctor removes these parts of the pancreas and may also take out the spleen.

Removing the spleen may be necessary because the blood vessels that feed it lie underneath the pancreas. Pancreatic cancer may be growing into or pressing on these blood vessels.

## Central Pancreatectomy

A central pancreatectomy is often used to remove pancreatic neuroendocrine tumors, which usually develop in the body of the pancreas. These cancers consist of functioning endocrine cells that produce hormones, such as insulin.

The procedure involves removing the middle part of the pancreas and preserving as much of the organ as possible. This helps to avoid the development of diabetes and conserve the production of digestive enzymes.

After the central portion of the pancreas is removed, the remainder of the gland is attached to the stomach or small intestine so that you can still digest food.

## Surgical Approaches

Perlmutter Cancer Center surgeons can treat pancreatic cancer with minimally invasive procedures, including robotic-assisted and laparoscopic approaches, as well as traditional open surgery.

### Minimally Invasive Surgery

Many tumors in the pancreas can be removed safely via minimally invasive approaches, which do not require the large abdominal incision of “open” procedures, and may offer a faster and easier recovery.

**We were among the first medical centers in New York City to use robotic-assisted surgical approaches for pancreatic cancer.**

Our doctors are also some of the first in the New York City area to use robotic-assisted approaches for pancreatic surgery.

### Robotic-Assisted Surgery

If you are a candidate for robotic surgery, our surgeons use an advanced surgical system to perform pancreatic cancer surgery. The system consists of tiny surgical instruments mounted on three robotic arms. A fourth arm contains a video camera that creates magnified, high-definition, three-dimensional images on a computer monitor that guide the surgeon during the procedure.

During a robotic-assisted procedure, the surgical tools and camera are inserted through small incisions in the abdomen. The surgeon controls these instruments and the camera from a console in the operating room.

Robotic surgery provides doctors with an excellent view of the cancer and the surrounding organs and blood vessels. It also enhances a surgeon’s ability to perform the delicate aspects of pancreatic surgery. The robotic arms have more precise movements and a better range of motion than a surgeon’s hands.

Hospital recovery time for robotic surgery may be several days, compared with several weeks for open procedures.

### Laparoscopic Surgery

Laparoscopic surgery involves several small incisions in the abdomen. Through one incision the surgeon places a laparoscope, a lighted tube with a tiny camera that creates two-dimensional images of the cancer and the surrounding organs.

The surgeon places small surgical tools through the remaining incisions to perform the operation. Laparoscopic surgery can reduce recovery time to several days, compared with several weeks for open surgery.

### Open Surgery

Open surgery, which requires a large abdominal incision, may be necessary, depending on the tumor’s location and the involvement of nearby structures, such as major blood vessels. People with large pancreatic tumors or abdominal scar tissue from previous surgeries may also need an open operation.

### Supportive Care

We can help improve your quality of life during treatment for pancreatic cancer.

[Learn More](#)

Hospital recovery time from open surgery may be up to two weeks.

Whichever approach you require, our doctors ensure that you are as comfortable as possible and that you receive the [supportive care](#) you need.

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Perlmutter Cancer Center specialists provide care and support during treatment.

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