

# Whipple Cheat Sheet

## Setup Checklist

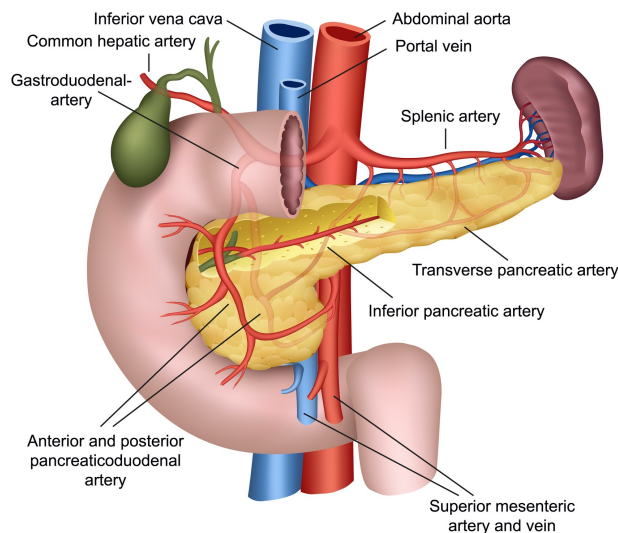
- 2<sup>nd</sup> IV setup
- Carrier fluid
- Neo gtt
- Art-line setup
- NG tube
- Epidural bolus meds (as applicable)

## General Anesthesia Approach

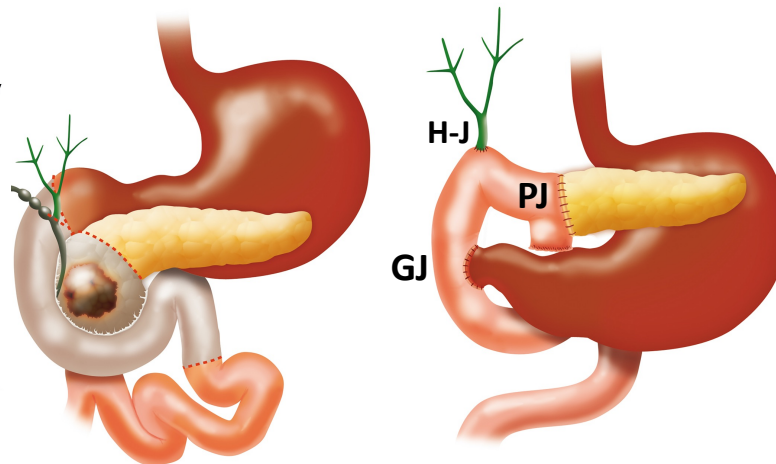
### Pre-Op

**+/- THORACIC EPIDURAL**

- Type and screen  
(crossmatch if tumor encases vasculature)



*Major arterial reconstruction may require post-op heparin gtt that makes epidural contraindicated*



## Anastomoses

- H-J: hepaticojejunostomy
- P-J: pancreaticojejunostomy
- GJ: gastrojejunostomy

### Access

- PIV x2
- Arterial line
- +/- CVC
- NG tube

### Induction

*RSI if tumor obstructs bowel*

### Anesthesia

Inhaled anesthetic or TIVA

### Analgesia

**Thoracic epidural**

vs

### Multimodal analgesia

- Lidocaine gtt
- Ketamine gtt
- Precedex gtt

### Emergence

OR extubation

## Fluid Management

### Restrictive

*Less edema at anastomoses*

### More Liberal

*Maintains preload, organ perfusion*

### Goal directed fluid resuscitation

- mIVF
- + 250 mL bolus for pulse pressure variation > 12%

## Post-Op Complications

- **Pancreatic leak (~15%, POD > 3)**
  - Peritonitis sepsis, hemorrhage, cloudy drain output
  - Tx: drain, antibiotics, TPN, +/- octreotide
- **Post-pancreatectomy hemorrhage (< 10%)**
  - < 24 hours: GDA stump insufficiency
  - Late (due to leak/erosion) 1. GDA 2. Common/hepatic artery
- **Intra-abdominal abscess** – secondary to pancreatic leak

### Total pancreatectomy – “3c diabetics”

- Unable to make insulin OR glucagon
- Insulin gtt → basal + SSI