Jreissati Pancreatic Centre

Epworth

Surgery

for pancreatic cancer

Jreissati Pancreatic Centre | Epworth

Acknowledgements

The Jreissati Pancreatic Centre at Epworth thanks our consumer advisors (Anna Kalla, Kelly Pollock, John Clements, Julie Loft, Michelle Lewien) and healthcare professionals whose knowledge and insights were vital to the creation of this guidebook. This resource is supported by the Victorian Government through the Victorian Cancer Agency, and Epworth Medical Foundation.

The Jreissati Pancreatic Centre at Epworth acknowledges the Traditional Custodians of Country across Australia. We recognise their continuing connection to land, waters, communities and culture.

We pay our respects to Aboriginal and Torres Strait Islander Peoples and to Elders past, present and emerging.

Note to readers

This booklet provides general information about pancreatic cancer. It is not intended to replace advice from your treating team or other qualified professionals. You should always speak with your doctor about decisions that may affect your health. If you require legal, financial or psychological support, we encourage you to seek advice from appropriately trained specialists.

Every effort has been made to ensure the information is accurate at the time of publication. However, evidence and clinical guidance relating to cancer care are continually evolving. The Jreissati Pancreatic Centre at Epworth is not responsible for any loss, injury or damage resulting from reliance on this material.

Copyright

Copyright © Jreissati Pancreatic Centre at Epworth, 2026. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written consent from the Jreissati Pancreatic Centre at Epworth. Requests and enquiries concerning reproduction should be addressed to the Jreissati Pancreatic Centre at Epworth.

Epworth Medical Foundation | Epworth

VICTORIAN CANCER AGENCY

VICTORIA State Government

Contents

About the Jreissati Pancreatic Centre at Epworth 4

Surgery for pancreatic cancer 6

Types of pancreatic surgery 8

What to expect before surgery 11

The day of surgery 14

After surgery 17

Managing at home after surgery 20

Nutrition after pancreatic surgery 22

Digestive issues and pancreatic enzyme replacement therapy (PERT) 25

Managing type 3c diabetes after surgery 28

Living well after surgery 32

Key takeaways 34

Glossary 35

Additional resources 36

About the Jreissati Pancreatic Centre at Epworth

Pancreatic cancer is the eighth most diagnosed cancer in Australia. In 2025, it was estimated that 4,825 people would receive a pancreatic cancer diagnosis. This would account for 2.8% of all cancer diagnoses in the country.[1]

The Jreissati family are all too familiar with the fear and uncertainty that follow a diagnosis of pancreatic cancer, having lived through the experience when Elias was diagnosed at age 54. Knowing the impact the disease has had on their family, Elias, his wife Colleen and the rest of the Jreissati family wanted to change the patient and family experience for others. This led to the establishment of the Jreissati Pancreatic Centre at Epworth in 2021. This Centre provides clinical care and support to patients with a diagnosis of pancreatic cancer, supports early diagnosis and better patient outcomes, advocates for patients and raises awareness and understanding of the disease. 100% of the funding it receives is directed into research, patient support and clinical care.

Our centre comprises three intersecting parts, each of which is integral to improving patient outcomes and experiences

- Comprehensive patient-centred clinical care
- Patient advocacy and support
- Clinical trials and research

We are a specialist centre offering a centralised model of care for pancreatic disease management. This means our patients have access to all healthcare professionals required for their care within a single centre and hospital network. International studies support the view that centralised care improves overall patient outcomes.[2] By managing patients through one main centre, case volume increases, which in turn enhances clinical expertise. This growing expertise drives innovation and leads to advances that will improve patient procedures and treatments in the future.

The **patient experience** is a central focus of our centre. Receiving a diagnosis of pancreatic cancer can be an overwhelming and emotional time, often bringing many questions and uncertainties. Knowing that you are not facing this alone, and understanding where to turn for support, is very important. Once you are referred to the centre, you will meet our pancreatic nurse coordinator, who will be there to guide and support you throughout your care at Epworth. They will be your first point of contact and are always available to answer any questions or concerns you or your family may have.

Surgery for pancreatic cancer

This booklet provides an overview of surgery for pancreatic cancer. It outlines the types of surgery, what to expect before and after the operation, and how to prepare for recovery.

Surgery may be an option when the cancer is diagnosed early and has not spread beyond the pancreas. It is a major procedure, and recovery can take time. Your healthcare team will help determine whether surgery is appropriate for your situation and support you throughout the process.

This guide is intended to help you understand your options and feel more prepared. It includes practical information and questions you may wish to ask during appointments.

This resource does not replace medical advice. Always speak with your healthcare team about decisions that may affect your care.

Watch our video on surgery for pancreatic cancer.

Notes

Types of pancreatic surgery

Surgery plays an important role in the treatment of pancreatic cancer. In some cases, it offers the best chance of removing the cancer and improving long-term outcomes. In others, it may help manage symptoms and improve quality of life.

This section explains the different types of surgery used for pancreatic cancer and what each procedure involves.

Surgery for early pancreatic cancer

When pancreatic cancer is diagnosed before it spreads, surgery may be used to remove the tumour. This is usually followed by chemotherapy to help reduce the risk of recurrence.

Not everyone will be eligible for surgery. Suitability depends on the size and location of the tumour, whether it has spread, and your overall health. In some cases, chemotherapy or radiation may be given first to shrink the tumour before surgery is considered. Your care team will explain whether surgery is recommended for you.

Whipple procedure (pancreaticoduodenectomy)

The Whipple procedure is the most common operation for tumours located in the head of the pancreas. It involves removing:

- The head of the pancreas
- The first part of the small intestine (duodenum)
- The gallbladder
- Part of the bile duct
- Nearby lymph nodes
- Part of the stomach, if needed
- Sometimes the second part of the small intestine (jejunum)

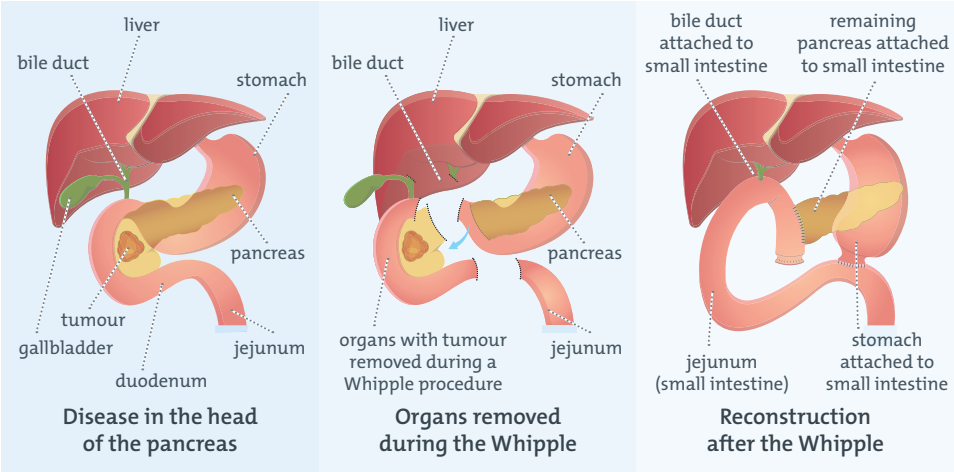
The remaining pancreas, bile duct and stomach are then connected to the small intestine so that digestion can continue.

Distal pancreatectomy

A distal pancreatectomy is used for tumours in the tail or body of the pancreas. It involves removing:

- The tail, or the tail and part of the body of the pancreas
- The spleen (in most cases)

Whipple procedure (Pancreaticoduodenectomy)



Total pancreatectomy

A total pancreatectomy removes the entire pancreas and nearby organs. This may be recommended when the cancer affects several parts of the pancreas or when complete removal is required. It involves removing:

- The entire pancreas
- The gallbladder
- The spleen
- Part of the stomach
- Part of the small intestine
- Part of the bile duct
- Nearby lymph nodes

Because the pancreas produces insulin and digestive enzymes, removing it entirely means the body can no longer regulate blood sugar or digest food without support. After this operation, you will develop type 3c diabetes (also called pancreatogenic diabetes), which requires lifelong insulin therapy. You will also need pancreatic enzyme replacement therapy (PERT) to support digestion. Your care team, including an endocrinologist or diabetes educator, will help you manage these changes.

Surgery for advanced pancreatic cancer

If the cancer has spread (metastasised), surgery to remove the tumour is usually not possible. However, surgical procedures may still be used to relieve symptoms caused by pressure on nearby organs. These procedures aim to improve comfort and daily functioning.

Procedure	Purpose
Stenting	A small tube is inserted into the bile duct or bowel to relieve a blockage. This can reduce jaundice, pain or digestive problems. It is usually done during an endoscopic procedure called an ERCP.
Bypass surgery	Redirects the flow of bile from the liver into the small intestine, bypassing the tumour. This can prevent future blockages.
Gastroenterostomy	Connects the stomach to the second part of the small intestine (jejunum), bypassing the duodenum. This allows food to pass if the tumour is causing a blockage.
Venting gastrostomy	Creates an opening in the abdomen to insert a tube that drains fluid or air from the stomach. This can reduce nausea and vomiting and improve symptom control.

These procedures are known as palliative surgeries. They are not intended to cure the cancer but to relieve symptoms and support quality of life.

What to expect before surgery

Preparing for major surgery can feel daunting, especially after a recent cancer diagnosis. This section outlines what usually happens in the lead-up to surgery and how to prepare. It covers the operation, recovery, and the weeks that follow.

Tests and assessments before surgery

You will have several tests and appointments to confirm that surgery is safe and appropriate. These may include:

- Blood tests to check liver and kidney function and assess your readiness for surgery
- Imaging scans such as CT or MRI to confirm the tumour's location and look for any changes
- Heart and lung tests such as an ECG or breathing tests, particularly if you have other medical conditions
- Anaesthetic review with the anaesthetist to assess your risk and discuss pain relief
- Medication review to check prescription medications, blood thinners or over-the-counter supplements

These checks help your team plan the safest approach and address any issues early.

Meeting your surgeon

Your surgeon will explain:

- Which organs will be removed
- How digestion will be reconnected afterwards
- The potential risks and complications
- What recovery may involve in hospital and at home
- How long you are likely to stay in hospital
- When to expect your pathology results
- Whether further treatment, such as chemotherapy, is likely

You may find the Notes section of this guidebook helpful for writing down any questions you would like to ask your surgeon or care team.

Getting your body ready

Improving your health before surgery can support a smoother recovery. You may be advised to:

- Eat regular meals, even if only small portions
- Stay active through gentle movement such as walking
- Stop smoking to reduce the risk of chest infections and help healing
- Limit or stop alcohol to support your liver and immune function
- See a dietitian if you are losing weight, have diabetes or are struggling to eat

Some people are referred to a prehabilitation program, which aims to strengthen your body and wellbeing before surgery. This may include light exercise, nutritional advice or emotional support. Research suggests this approach can support recovery and reduce complications. Ask your team if a program is available.

Getting organised at home

Planning ahead can make your return home easier. You may wish to:

- Arrange transport to and from hospital
- Prepare a quiet, comfortable space to rest. Keep what you need within easy reach, such as a water jug or bottle, your medications, and your phone with a charger. This will help you stay comfortable and ensure you can call for help or look up these guidebooks if you have any questions.
- Organise help from family, friends or neighbours for meals, shopping or laundry
- Pack your hospital bag in advance. Include clothes, toiletries, a phone charger, a notebook, and any aids such as glasses or dentures
- Let your employer know and plan any leave required
- Write down questions or concerns before your next appointment
- Stock the fridge, or ask someone to help you stock it, with small light meals, soft foods, free fluids and clear fluids such as electrolyte drinks.

Planning around your surgery

Once your surgery date is confirmed, you can organise other parts of your life around it. You may wish to:

- Let your workplace know if you will need time off or flexible hours
- Ask family or friends to help with meals, transport or errands
- Organise childcare or school pickups if needed
- Let others know that your plans may change, and that rest may take priority

You may not know exactly how you will feel until after your surgery, so keep plans flexible.

Nutrition before surgery

Being well-nourished before surgery can help with recovery. If you have lost weight, your team may recommend trying to regain some weight before your operation. Pancreatic cancer can affect digestion, so ask your healthcare team whether you should start pancreatic enzyme replacement therapy (PERT) if you are experiencing symptoms.

Try to eat as well as you can in the weeks before surgery. Staying active is also helpful. Light activities such as walking or climbing stairs can improve strength. Some people may benefit from high-protein or high-energy supplements. If you are unsure, ask for a referral to a dietitian.

The day of surgery

Knowing what to expect on the day of surgery can help reduce stress and make things feel more manageable. This section outlines what usually happens before, during and immediately after the operation.

Hospital processes may vary slightly, but your team will guide you through each step.

Before the operation

You will usually be asked to arrive at hospital early in the morning. In some cases, you may be admitted the day before.

Before your operation:

- You will need to fast (avoid food and drink) for several hours
- A nurse will help you change into a surgical gown and check your details
- You may be given compression stockings to reduce the risk of blood clots
- You will meet your anaesthetist, who will explain how you will be kept comfortable and asleep during surgery
- Your surgeon may check in and answer any final questions
- A support person can usually stay with you until you go to the operating theatre

Important: Tell your team about all medications you are taking. This includes insulin, blood thinners (such as anticoagulants), and diabetes medications like SGLT2 inhibitors. Some medications need to be paused or adjusted before surgery. Always follow the instructions provided.

During the operation

- You will be taken to the operating theatre on a trolley
- A cannula (small plastic tube) will be placed in your arm to give medications
- You will receive a general anaesthetic so you are asleep and pain-free during surgery
- A breathing tube will assist your breathing during the procedure. This is removed before you wake up
- The surgery may take several hours, depending on the type and complexity of the operation
- Your support person will be kept informed, especially if the surgery is lengthy

Waking up and recovery room

- You will wake up in a recovery area where nurses will monitor you closely
- You may feel groggy, cold or confused at first. These effects are temporary
- Pain relief will be given through a drip or a patient-controlled device
- You may have several tubes in place, including:
  - A catheter to drain urine
  - IV lines for fluids and medications, usually including a central line on the side of the neck or near the collarbone
  - Surgical drains to remove fluid near the wound
  - A nasogastric tube to drain the stomach (used in some cases)
  - Oxygen tubing to support your breathing
  - A wound dressing over your surgical site

You may be transferred to the intensive care unit (ICU) for close monitoring.

Your support person will be notified once you are out of surgery. In many cases, they will be able to visit you.

First hours after surgery

In the hours following surgery, your team will focus on:

- Monitoring your vital signs: blood pressure, oxygen levels, temperature, breathing rate and heart rate
- Managing any pain or nausea
- Supporting your breathing and circulation
- Watching for early signs of complications such as bleeding or infection

Watch our 'What to expect during surgery' video here:

After surgery

After pancreatic surgery, you will need time in hospital to recover and rebuild your strength. Most people stay in hospital for 7 to 14 days. The exact length depends on the type of surgery, how your body responds, and whether any complications occur.

This section explains what usually happens during your hospital stay and how your care team will support your recovery.

Early recovery: First few days

In the first 48 to 72 hours after surgery, you will be monitored closely. During this time, your team will focus on:

- Managing pain and keeping you comfortable
- Preventing infections and blood clots
- Monitoring vital signs and fluid levels
- Supporting your body as recovery begins

You will likely have:

- A catheter to drain urine
- IV lines for fluids, medications and nutrition (if not yet eating)
- Drain tubes in your abdomen to remove fluid near the surgical site
- A wound dressing over your surgical site
- A nasogastric tube to drain your stomach (used in some cases and usually temporary)
- A daily injection of Clexane® (enoxaparin), a medication that reduces the risk of blood clots. This may continue for several days in hospital and sometimes after you return home

Tubes and lines will be removed gradually as your condition stabilises.

Moving around and getting stronger

You will be encouraged to sit up, stand and begin walking with help, usually on the first day after surgery. This helps reduce the risk of complications such as pneumonia and blood clots.

The nursing and physiotherapy team will support you to:

- Get in and out of bed safely
- Take short walks in the ward
- Use breathing exercises to keep your lungs clear
- Regain confidence with daily tasks, such as going to the toilet or getting dressed

Eating and drinking after surgery

Your ability to eat will return slowly. The timing depends on the type of surgery and how your digestion recovers.

A typical diet progression includes:

1. No food or drink, only IV fluids for the first one to two days
2. Clear fluids, such as broth, water and electrolyte drinks
3. Free fluids or soft foods, such as custard, yoghurt and soups
4. Small, light meals, as your body adjusts to digesting food

If you have had a Whipple or total pancreatectomy, you may need support with symptoms such as poor appetite, nausea or steatorrhoea (fatty stools). A dietitian will guide you on foods that are easier to manage and will explain how to use pancreatic enzyme replacement therapy if required.

Discharge from hospital

You will be discharged when:

- Your pain is controlled with tablets
- You are eating and drinking enough to stay hydrated
- Your bowels have started to work again
- Your wound is healing and any drains have been removed or can be managed at home
- You feel ready to manage at home or have appropriate support in place

Before you go home, your team will:

- Give you a discharge summary and medication list
- Explain how to care for your wound
- Arrange follow-up appointments
- Provide a contact number in case concerns arise
- Explain how to use any medications required at home, such as Clexane® injections, or arrange for support with this if needed

It is common to feel tired and overwhelmed in the early days at home. This is normal while your body continues to heal from major surgery.

Managing at home after surgery

The first few weeks at home after pancreatic surgery can be challenging. Even after you leave hospital, your body will still be recovering, and your energy may be low. It is normal to have good days and harder days.

This section outlines what to expect during early recovery, including how to manage fatigue, wound care, bowel changes, and when to contact your care team.

Common symptoms during recovery

- **Fatigue:** Feeling very tired is common and can continue for several weeks or months. Rest when needed and increase your activity gradually.
- **Appetite changes:** Smaller meals and feeling full quickly are normal. Try to eat small, frequent snacks and sip fluids throughout the day.
- **Bowel changes:** Stools may become looser, more frequent, or oily. Constipation is also common. Let your team know if symptoms continue.
- **Pain or discomfort:** This may occur around your incision or in muscles affected during surgery. Post-operative pain should improve with medication; please seek review if pain worsens or is not controlled.
- **Wound healing:** The surgical site may feel tender, bruised or itchy. Follow your nurse's instructions to care for the area.

Emotional changes such as feeling flat, teary or anxious are also common. These can happen after major surgery. Support is available if you need it.

Taking care of yourself

Here are some suggestions that may help during recovery:

- Allow time to rest between light activities such as walking inside your home
- Avoid lifting anything heavy for at least six weeks, unless your surgeon advises otherwise
- Take care when using stairs and hold a rail or support if needed
- Ask for help with shopping, meals, driving or housework

- Stay hydrated and eat what you can. Small, regular meals are suitable during recovery
- Keep your wound clean and dry. Check for signs of infection and follow your discharge instructions

When to contact your care team

Call your hospital or GP if you experience:

- Fever or chills
- Redness, swelling or discharge from your wound
- Pain that is getting worse instead of improving despite prescribed analgesics
- Ongoing vomiting or difficulty eating and drinking
- Pale or oily stools, or sudden changes in your bowel pattern
- Difficulty passing urine or severe constipation
- Unexplained bleeding or bruising
- Call 000 immediately if you have:
  - Shortness of breath
  - Chest pain
  - Severe symptoms or feel suddenly very unwell

If you are unsure, it is always better to ask.

Planning ahead

You will usually have a follow-up appointment one to two weeks after discharge. This is to:

- Review your pathology results
- Check your wound and general recovery
- Discuss whether further treatment, such as chemotherapy, is recommended

It may help to:

- Bring a written list of questions
- Ask a support person to attend with you
- Keep a record of any symptoms or concerns since your surgery

Recovery takes time. Each week, you may notice small improvements, such as walking further, eating more or needing fewer rests. These signs show that your body is healing.

Nutrition after pancreatic surgery

Your pancreas plays a key role in digestion. After surgery, especially a Whipple procedure, distal pancreatectomy or total pancreatectomy, it is common to notice changes in how your body processes food. This may affect your appetite, weight and bowel habits.

Eating well supports recovery. It helps your body heal, maintain energy and lower the risk of infection. This section explains what to expect, common challenges, and practical tips for eating during recovery.

Watch our video on managing nutrition:

How can a dietitian help me?

Pancreatic cancer can cause diet and nutrition-related problems. This happens because cancer and its treatment can affect how your body breaks down and absorbs nutrients from the food you eat. Additionally, side effects of the disease can cause loss of appetite, resulting in you eating less food. This can lead to weight loss and not getting enough nutrition out of the food you eat.

Dietitians have the knowledge and experience to help you get the most out of the food you eat. It's recommended that you consult with a dietitian, as dietitians can help you to:

- manage dietary issues resulting from symptoms of cancer or its treatment
- create an individualised diet plan and provide nutritional counselling and education
- manage your diabetes
- help you to gain or maintain your weight
- improve your quality of life
- assist in answering questions related to nutrition and cancer misinformation.

What to expect after surgery

After surgery, you will slowly begin eating again. Most people start with fluids, then progress to soft foods and eventually to more solid meals. The timing varies for each person. If you are unable to eat for a period of time, you may need a feeding tube or intravenous nutrition until your stomach recovers.

You will not need to avoid any specific foods long-term. However, you may need to eat smaller portions and choose higher-calorie, protein-rich foods to help you regain weight. If you are not already taking PERT, it will likely be prescribed after surgery to help your body digest food.

Suggestions to help gain or maintain weight:

- Eat small, frequent meals every 2 to 3 hours.
- Have your biggest meal when you feel most hungry.
- Include more protein-rich foods like meat, fish, eggs, cheese, beans, and lentils.
- Add extras to meals, for example, add milk powder to drinks and custards, or cheese to sauces and baked beans. Honey or syrup can boost calories in cereals, fruits and drinks.
- If you're struggling, ask for a referral to a dietitian.

Common changes to expect after surgery:

- Reduced appetite or feeling full quickly.
- Weight loss, even if you're eating well.
- Bloating or discomfort, especially after meals.
- Pale, oily or floating stools (called steatorrhoea), which mean fat isn't being absorbed properly.
- Looser stools or more frequent bowel movements.

These changes are normal. Let your team know if they persist, as there are treatments that can help.

Tips for eating well during recovery:

What might help	Why
Eat small, frequent meals	Easier to digest and helps maintain energy
Include high-protein foods	Supports healing and helps maintain muscle
Choose nutrient-dense snacks	Offers more energy in smaller portions
Sip fluids throughout the day	Prevents dehydration, especially if bowel movements increase
Keep a food and symptom diary	Helps identify which foods are well tolerated
Avoid high-fat or greasy foods early	These may be harder to digest during early recovery

Digestive issues and pancreatic enzyme replacement therapy (PERT)

Pancreatic cancer or its treatment can affect how your body digests food. This is known as pancreatic exocrine insufficiency (PEI). It happens when the pancreas does not produce enough digestive enzymes to break down fat, protein and carbohydrates properly.

Symptoms of PEI may include:

- Bloating or cramping after meals
- Frequent diarrhoea or oily, floating stools (steatorrhoea)
- Excess wind or abdominal discomfort
- Unintentional weight loss or poor appetite
- Tiredness due to malabsorption of nutrients

These symptoms can develop gradually and may be mistaken for other side effects of cancer or treatment. PEI is very common in pancreatic cancer, even before diagnosis or surgery, and can affect your quality of life and ability to maintain weight.

To manage PEI, your care team may recommend pancreatic enzyme replacement therapy (PERT).

What is PERT?

PERT involves taking capsules that contain pancreatin, a mix of digestive enzymes (lipase, amylase and protease). These enzymes help break down fat, protein and carbohydrates in your food.

In Australia, the most commonly prescribed PERT product is Creon®.

There are currently no vegetarian or non-pork alternatives available. If this is a concern for you, we recommend speaking with a dietitian and, if helpful, someone from pastoral care or your community faith leader.

How PERT works

When you swallow PERT capsules with meals, the enzyme granules are released in your stomach and become active in the small intestine. This helps your body absorb nutrients and reduce digestive symptoms.

Creon does not replace your pancreas. Instead, it helps your body digest food more effectively by supplying pancreatic enzymes.

How much PERT do you need?

There is no one-size-fits-all dose. The amount of PERT you need depends on what you are eating, your body weight, and your symptoms.

A general starting dose may be:

- 50,000 to 75,000 units for a main meal
- 25,000 to 50,000 units for snacks or milky drinks

For example, this might mean taking:

- 2 to 3 capsules of Creon 25,000 with a main meal
- 1 to 2 capsules with a snack or nourishing drink

You may need a higher dose for larger or high-fat meals. Do not reduce your food intake to avoid symptoms — instead, increase your enzyme dose as needed.

It may take several days to notice an improvement once you start enzyme therapy.

When to take PERT

- Take half your dose with the first few bites of food, and the rest during the meal
- Always take PERT when eating or drinking anything with fat, protein or carbohydrate
- If you forget a dose, take it with your next snack or meal. Do not double up.

You do not need PERT with:

- Drinks with only a splash of milk (e.g. tea or coffee)
- Clear fluids like water, juice, cordial or fizzy drinks (unless a fruit smoothie)
- Alcoholic drinks, unless they contain milk or egg
- Plain fruit or vegetables (e.g. apples, carrots, lettuce)
- Sweets like jelly babies, marshmallows or mints

How to take PERT safely

- Swallow capsules whole with cool water
- Do **not** chew or crush the capsules
- Do **not** take with hot drinks, as heat damages the enzymes
- Store PERT away from heat and sunlight

Key points about PERT use

- Take with the **first bite** of food
- Adjust your dose based on meal size and fat content
- Track your symptoms and meals in a diary
- A dietitian can help you find the right dose

Signs your dose may need adjusting

If you still have symptoms such as oily stools, bloating, nausea or weight loss, your dose may be too low. These are signs to tell your doctor or dietitian.

Taking too much PERT is not harmful, but may cause irritation or itching around the anus. True side effects from PERT are rare.

What happens if you take too much PERT?

Extra enzymes will pass through your body and come out in your bowel movements. They are not harmful, but high doses may cause irritation or itching around the anus. Side effects from PERT are uncommon. If you have bloating, nausea or wind, it is more likely that your dose is too low rather than too high.

Let your care team know if you still have symptoms such as fatty stools, bloating or weight loss. A dietitian can help you adjust the dose and find suitable meals

Managing type 3c diabetes after surgery

If part or all of your pancreas is removed, your body may no longer make enough insulin to regulate blood sugar levels. This can lead to type 3c diabetes (also called pancreatogenic or secondary diabetes).

Type 3c diabetes is different from type 1 or type 2. It requires a tailored approach to management and may occur alongside pancreatic exocrine insufficiency (PEI).

You may be diagnosed with type 3c diabetes:

- After part or all of your pancreas is removed
- If the tumour disrupts the pancreas' ability to produce insulin
- If inflammation, scarring or poor blood flow affect pancreatic function

Some people also experience changes in blood sugar during treatment due to:

- Steroid medications (commonly used during chemotherapy)
- Infection or stress, which can raise blood glucose levels
- Changes in appetite or food intake

You may need to:

- Check your blood sugar regularly using finger pricks or a continuous glucose monitor (CGM)
- Use insulin injections to manage blood sugar
- Adjust what and when you eat to help keep your blood sugar steady

A diabetes educator or endocrinologist can help you learn how to manage this and answer any questions.

Eating well with type 3c diabetes

- Eat regular meals and avoid skipping them
- Keep your portion sizes moderate
- Reduce foods with added sugars
- Choose whole fruits and milk in small amounts rather than sugary foods or drinks
- Eat more vegetables than fruit
- Reduce saturated fats, especially those from animal products
- Include a source of protein such as fish, dairy, eggs, lentils, tofu or soy products
- Include oily fish such as salmon, sardines or mackerel to support heart health

Let your care team know if you feel unusually tired, dizzy, very thirsty or notice changes in your weight or appetite, as these may be signs that your blood sugar levels need more attention.

When to see a dietitian

Ask your care team for a referral to a dietitian if:

- You are losing weight quickly
- You are unsure what or how much to eat
- You have symptoms such as steatorrhea, cramping or fatigue
- You are taking enzymes and need help with dosing
- You are managing diabetes or have concerns about blood sugar levels

A dietitian can provide a personalised eating plan and help you adjust it as your needs change.

General tips

- You do not need to follow special recipes. It's fine to eat the foods you would normally eat, or to try something new – just remember to take PERT with meals.
- There are no foods you must avoid because of cancer or surgery
- If you cannot eat large meals, try smaller meals and snacks more often
- Use smaller plates to make meals feel easier to manage
- If you cannot eat much at one time, eat again when you feel able
- Set realistic goals. Eating can be difficult during treatment and that is normal
- Keep frozen meals or leftovers for days when you cannot cook
- Keep snacks close by so you can eat when you feel ready
- Presentation can help make food more appealing
- Ask a friend or family member to help with cooking if food smells are off-putting
- A food diary can help you track what you eat, your enzyme doses and any symptoms

Pancreatic
Centre
Epworth
The hepatobiliary and upper gastrointestinal tract
The pancreas

Living well after surgery

Life after pancreatic surgery can bring changes to your physical health, emotions and daily routines. Recovery takes time, and adjusting to your new normal may happen gradually.

This section outlines what to expect in the longer term, including follow-up care, returning to activities, and managing your health and wellbeing.

Follow-up care

After surgery, your healthcare team will arrange regular appointments to check your recovery. These may include:

- Reviewing your pathology results
- Monitoring your wound and general progress
- Checking your weight, nutrition and any symptoms
- Discussing whether further treatment is needed, such as chemotherapy
- Ordering blood tests or scans to assess your recovery

These appointments are also a chance to raise any concerns, whether physical, emotional or practical.

Returning to normal activities

Resuming work, exercise and other activities will depend on the type of surgery, your overall health and whether you are receiving further treatment.

- **Work:** You may need several weeks or months away from work. If your job is physically demanding, light duties or a gradual return may be suitable.
- **Driving:** You should not drive until you are no longer taking strong pain medications and feel physically able. Speak with your doctor or insurer before resuming.
- **Exercise:** Gentle walking is encouraged early in recovery. You can increase your activity over time, with advice from a physiotherapist or exercise physiologist.
- **Sexual activity:** Once you feel well enough, it is safe to resume intimacy. This may take time, especially if fatigue or body image concerns affect your confidence.

Long-term health and wellbeing

The pancreas helps regulate digestion and blood sugar. After surgery, you may notice long-term changes, such as:

- Type 3c diabetes if your pancreas no longer produces enough insulin
- Enzyme insufficiency which requires ongoing pancreatic enzyme replacement
- Ongoing bowel changes such as diarrhoea, bloating or changes in stool consistency

Your team will monitor for these changes and offer support if needed. You may be referred to a dietitian, diabetes educator or endocrinologist to help manage your health.

Key takeaways

Having surgery for pancreatic cancer is a significant step. Whether you are preparing for surgery, recovering at home, or adjusting to daily life, we hope this booklet has helped you feel more informed and supported.

Recovery is different for everyone. Some days may feel easier than others. It can take time to rebuild strength, manage changes to eating and digestion, and adjust emotionally. Support is available at every stage.

A few key reminders:

- Focus on one step at a time. Small improvements are still progress.
- Reach out for help when needed. Your care team, family and support services are here for you.
- Keep a list of questions or concerns for your follow-up appointments.
- Let your team know about any new symptoms or changes in how you feel.
- If you feel low or anxious, speak with your doctor. Support is available and can make a difference.

Contact us

Jreissati Pancreatic Centre at Epworth

Phone 03 9426 8880
Email EH-PancreaticCentre@epworth.org.au

pancreaticcentre.org.au

Glossary

Bile duct: A tube that carries bile from the liver and gallbladder to the small intestine. It may be removed or bypassed during pancreatic surgery.

Bypass surgery: An operation that redirects the flow of bile or food around a tumour that is causing a blockage.

Catheter: A small tube inserted into the bladder to drain urine during or after surgery.

Clexane® (enoxaparin): A medication that helps prevent blood clots. It is given as a small injection during and after surgery.

Distal pancreatectomy: Surgery that removes the tail (and sometimes part of the body) of the pancreas. The spleen is usually removed as well.

Drain: A small tube placed near the surgical site to remove excess fluid and reduce the risk of infection.

ERCP (Endoscopic Retrograde Cholangiopancreatography): A procedure that uses a flexible scope to examine the bile and pancreatic ducts and place a stent if needed.

Gastroenterostomy: Surgery that connects the stomach to a lower part of the small intestine, bypassing a blockage.

General anaesthetic: Medication that puts you into a deep sleep so you do not feel pain during surgery.

Jejunum: The second part of the small intestine, often involved in reconnection during surgery.

Lymph nodes: Small glands that are part of the immune system. They may be removed during surgery to check for cancer spread.

Nasogastric tube: A thin tube inserted through the nose into the stomach to remove fluid or air after surgery.

Pancreatic enzyme replacement therapy (PERT): Medication that helps with digestion if the pancreas no longer makes enough enzymes after surgery.

Pancreatogenic diabetes (type 3c diabetes): A form of diabetes that occurs when the pancreas is no longer able to produce enough insulin, often after surgery.

Pathology results: Laboratory findings from the tissue removed during surgery. These results help guide further treatment.

Prehabilitation: A program of gentle exercise, nutrition and emotional support to help prepare the body for surgery.

Stenting: The placement of a small tube inside the bile duct or bowel to relieve a blockage caused by the tumour.

Steatorrhoea: Pale, oily, or floating stools caused by poor fat absorption. This may occur after surgery if not enough enzymes are present.

Total pancreatectomy: An operation that removes the entire pancreas and nearby organs. It requires lifelong insulin and enzyme therapy.

Venting gastrostomy: A procedure to insert a tube that drains fluid or gas from the stomach, helping relieve nausea and vomiting.

Whipple procedure (pancreaticoduodenectomy): The most common surgery for tumours in the head of the pancreas. It involves removing part of the pancreas and other nearby organs.

Additional resources

Cancer Australia

Cancer Australia is the Australian Government's national cancer control agency. The website provides clear explanations about how cancer is diagnosed and staged, as well as information on treatment pathways and support services.

www.canceraustralia.gov.au

Cancer Council Australia

Cancer Council offers practical information on cancer types, treatments and emotional wellbeing. The website includes downloadable booklets and details of support services such as helplines, counselling and financial assistance. Many resources are available in multiple languages.

www.cancer.org.au

Healthdirect Australia

Healthdirect is a government-funded service providing accessible health information for Australians. The website includes an overview of pancreatic cancer, common symptoms, treatment options and links to support programs.

www.healthdirect.gov.au/cancer

eviQ (Cancer Institute NSW)

eviQ provides free patient information developed by cancer specialists. It explains what to expect during tests and treatments, and is widely used in hospitals and cancer centres to support informed care planning.

www.eviq.org.au

Inherited Cancers Australia

Inherited Cancers Australia is a national charity that supports people affected by inherited cancer risk. The website offers practical information, peer support, downloadable guides and tools to help individuals and families navigate testing and make informed decisions.

www.inheritedcancers.org.au

Financial and legal advice

Cancer Council's Financial Assistance Program

Provides advice and support on a variety of topics including legal issues, financial planning, small business accounting, workplace (HR or recruitment) advice.

13 11 20

cancer.org.au/support-and-services/practical-and-financial-assistance

Community Legal Centres Australia

Provides links to local community legal centres across Australia.

clcs.org.au/legal-help

Cancer Council's Dealing with Debt factsheet

Information for people who are having trouble playing their debts.

cancer.org.au/assets/pdf/dealing-with-debts

Services Australia's Financial Information Service

Information on employment, disability, sickness and carer payments.

132 850

servicesaustralia.gov.au

Type 'Financial Information Service' in the search box

Cancer Council's Help with Bills factsheet

Explains options to help you pay your utility bills, including rebates, discounts, and concessions

cancer.org.au/assets/pdf/help-with-bills-factsheet

Money Smart

Financial tips from the Australian Securities and Investments Commission (ASIC). Includes the Financial Advisers Register.

1300 300 630

moneysmart.gov.au

State Trustees

Public Trustees who can help you prepare a will and manage your finances. Contains links to public trustees by state and territory.

willshub.com.au/succession-law-resources/public-trustees/

Cancer Council's Superannuation and Cancer factsheet

Advice on finding and accessing super, tax implications of accessing super, and super-related insurance.

cancercouncil.com.au/wp-content/uploads/2022/09/Superannuation-and-Cancer.pdf

Counselling and mentoring services

Canteen

Free counselling and emotional support to young people and their families who are impacted by cancer.

1800 226 833

canteen.org.au

Care Search

Australian Government website that provides palliative care information and links to services for people affected by cancer.

caresearch.com.au

Kids Helpline

Telephone and online counselling service and crisis support for young people aged 5–25.

1800 55 1800

kidshelpline.com.au

Pancare support groups

Online and face-to-face support groups for patients and carers.

1300 881 698

pancare.org.au/living-well/support-groups/upper-gastrointestinal-cancer-support-groups

Pankind Support Navigator

(02) 7207 6970

support@pankind.org.au

Telephone support groups

The below telephone support groups are free, professionally facilitated support groups. They are open groups and you can join in whenever you feel well enough, on an ongoing basis, from anywhere in Australia.

Members are telephoned by Cancer Council so there are no costs to participate. You can be called on a landline or a mobile.

The Pancreatic Telephone Support Group meets the first and third Wednesdays of the month from 1.30pm–2.30pm (EST) and accepts new members at any time.

The Advanced Cancer Telephone Support Group meets the first and third Tuesday of the month from 1.30pm–2.30pm (EST) and is for people with a variety of cancers, including pancreatic cancer.

The Carers' Telephone Support Group meets the second and fourth Wednesdays of the month from 1.30pm–2.30pm (EST) and is for people caring for someone with any cancer, including pancreatic cancer.

To find out more about any of these telephone support groups, 1300 755 632 or email tsg@nswcc.org.au.

Medicare Safety Nets thresholds

Medicare Safety Nets have thresholds. When you spend certain amounts in gap and out-of-pocket costs, you may reach these thresholds. Once you've reached the thresholds, you'll begin to receive higher Medicare benefits. This means you'll receive more money back for certain Medicare-funded services.

servicesaustralia.gov.au/what-are-medicare-safety-nets-thresholds

Please make sure you register so that your payments are counted towards the threshold.

Information for carers

Carer Gateway

Links carers to local support services such as emergency respite care, counselling and peer support groups. Offers practical information, resources and support packages for carers.

1800 422 737

carergateway.gov.au

Carers Australia

National body working with state and territory Carers Associations to provide information and counselling for carers.

1800 242 636

carersaustralia.com.au

Advance care planning

Advance Care Planning Australia

Information about planning for your future healthcare, including advance care directives.

1300 208 582

advancecareplanning.org.au

My Values

A set of specially constructed statements designed to help you identify, consider and communicate your wishes about the medical treatment you would want in the later stages of life.

myvalues.org.au

Helpful guides and factsheets

Cancer Council's Employment and Cancer factsheet

This fact sheet answers some common questions people have about their rights. It explains federal employment laws and protections under anti-discrimination laws.

cancer.org.au/assets/pdf/employment-and-cancer

Cancer Council's Getting your Affairs in Order factsheet

Instructions on making a will, preparing documents that will help others to make decisions for you if you're not able to make them yourself, nominating a beneficiary for your superannuation and insurance, and sorting out legal and financial paperwork.

cancer.org.au/assets/pdf/getting-your-affairs-in-order-factsheet

My Aged Care

Established by the Australian Government to help you find and access the right government-funded aged care services.

You can call the My Aged Care Contact Centre on 1800 200 422.

Monday to Friday 8am to 8pm and Saturdays 10am to 2pm

myagedcare.gov.au

Notes

References

1. Cancer Australia, *Pancreatic cancer in Australia statistics*, Cancer Australia, 2025, accessed 1 December 2025.
2. OO Faluyi, JL Connor, M Chatterjee, C Ikin, H Wong and DH Palmer, 'Advanced pancreatic adenocarcinoma outcomes with transition from devolved to centralised care in a regional Cancer Centre', British Journal of Cancer, 2017, 116:424-431.

Epworth Medical Foundation

Epworth

epworth.org.au/giving

Contact us

Jreissati Pancreatic Centre at Epworth

Phone 03 9426 8880
Email EH-PancreaticCentre@epworth.org.au

pancreaticcentre.org.au

This centre is funded by the generosity of donors to the Epworth Medical Foundation who share our vision for early diagnosis and cutting-edge treatment for patients with pancreatic cancer.

CONSUMER REVIEWED

PI2730_JPC_1026_CR1026