

Patient Information

Acute Pancreatitis

Lister Hospital

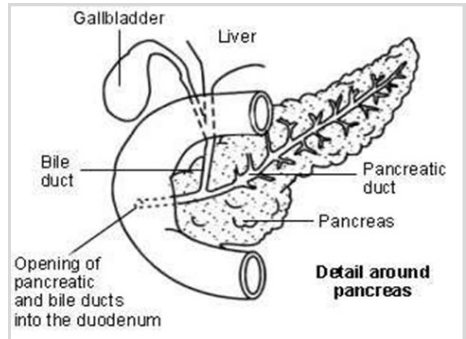
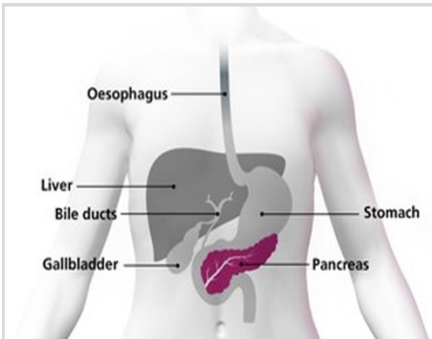


Introduction

The purpose of this leaflet is to explain what acute pancreatitis is and some of the causes and treatments of this. However, each individual case will vary. Please let your nurse or doctor know if you have any questions you wish to ask.

What is acute pancreatitis?

Acute pancreatitis is a condition where the pancreas becomes inflamed (swollen) over a short period of time. The pancreas is a gland, located near to your stomach.



The most common symptoms of acute pancreatitis include:

- suddenly getting severe pain in your tummy (abdomen)
- feeling or being sick (vomiting)

The two most common causes of pancreatitis are gallstones and alcohol. However, there are some cases where the cause of pancreatitis remains unknown (idiopathic pancreatitis).

What happens if I have pancreatitis?

If you have suspected acute pancreatitis, it is likely you will be admitted to hospital for further tests and treatment. These usually include bloods tests and imaging, such as an ultrasound or CT scan.

Most people with acute pancreatitis start to feel better after a few days and have no further problems. However, in some people it can be a life-threatening condition and need a longer stay in hospital.

Some cases of severe pancreatitis would need transfer to a specialist care centre.

What treatments are available for pancreatitis?

Mild pancreatitis

With mild pancreatitis you will likely be admitted to hospital for fluids directly into a vein (a drip), pain relief and observation. In some cases a catheter may be inserted into your bladder so that the amount of urine you are producing can be monitored.

Severe pancreatitis

In more severe pancreatitis a patient could be admitted to the intensive care unit, which allows closer monitoring. Severe pancreatitis can affect several other organs, including kidneys and lungs and therefore a stay in hospital could be for weeks or months depending on the severity of the inflammation.

If your pancreatitis is suspected to be caused by gallstones, you may have an ultrasound scan and/or MRI to confirm this. If we find that a gallstone is blocking the bile duct (tubes draining the bile into the bowel), then you may also have a procedure called Endoscopic Retrograde Cholangio Pancreatogram (ERCP) in order to remove the blockage. If this is the case, your doctor will explain the procedure in more detail.

Additionally, if you have gallstones, you may be offered an operation to remove your gallbladder (and the stones within it). You are likely to be referred for the operation after you leave the hospital.

Are there any complications from pancreatitis?

Short-term complications can include respiratory complications, an abscess in your pancreas, destruction of part of your pancreas (necrosis) and local collections. Unfortunately, in a small percentage of patients, there does remain a significant death rate associated with severe pancreatitis.

Recurrent episodes of acute pancreatitis can lead to 'chronic' pancreatitis. Your pancreas may not function properly, which can result in diabetes and malabsorption, meaning adjustments to your diet and monitoring will be needed. This might include a referral to a specialist dietitian and long-term pancreatic enzyme replacement therapy.

Is there anything I can do to help?

We recommend strongly that you stop drinking alcohol (this applies to both pancreatitis caused by alcohol and pancreatitis caused by other problems). In addition, smoking is associated with chronic pancreatitis and should be stopped.

Will I get pancreatitis again?

Unfortunately, some people do get repeated attacks of pancreatitis. As advised above, by stopping alcohol and smoking this will help reduce that risk but does not completely eliminate it. If the cause of your pancreatitis is gallstones and you have your gallbladder removed, the risk of pancreatitis is significantly reduced but again, does not completely eliminate future risk from other causes.

What about follow-up after discharge?

In most cases of pancreatitis, an outpatient clinic appointment would be arranged following discharge after an acute admission. Depending on the complications associated with pancreatitis, you might need imaging (scans) and blood tests to be done on an outpatient basis.

If the cause of pancreatitis is unclear, then more tests would be done on an outpatient basis to determine the cause and prevent recurrent attacks.

Patients with chronic pancreatitis have a small but increased risk for developing pancreatic cancer and might require annual monitoring.

Chronic pain related to pancreatitis would need input from different teams, including the community pain team.

Further information - useful websites

www.patient.co.uk

www.nhs.co.uk

www.gutscharity.org.uk

www.nice.org.uk/guidance/qs.15

www.nhs.uk/conditions/alcohol-misuse/