

Pancreatic enzymes and chemicals may get into the bloodstream and cause inflammation and damage to other organs in the body. This can lead to shock, respiratory failure, kidney failure and other complications. These patients are treated in HDU/ITU (intensive care). This is a very serious situation which can be fatal.

## Will it happen again?

An attack of acute pancreatitis may be a one-off event. However, if there is an underlying cause, then it may happen again (recur) unless the cause is corrected. One of the following may be relevant to prevent a recurrence, depending on the cause:

- An operation to remove your gallbladder is usually advised if a gallstone was the cause. Keyhole surgery is now the most common way to remove a gallbladder. This surgery requires small cuts in the abdominal wall, leaving small scars afterwards and is normally an elective day-case procedure, although it may not be suitable for all patients. The medical term for this operation is laparoscopic cholecystectomy. The operation is done with the aid of a special telescope that is pushed into the abdomen through one small cut. This allows the surgeon to see the gallbladder. Instruments pushed through another small cut are used to cut out and remove the gallbladder.
- Alcohol-related concerns. You should not drink alcohol for at least several months after a bout of acute pancreatitis, even if alcohol was not the cause of your pancreatitis. If alcohol is the cause of pancreatitis, you should stop drinking alcohol altogether. Sometimes a pancreatitis is the first indication of an alcohol dependency problem. Further help, advice and counselling may be offered to you if this is the case. It can be very difficult to stop drinking without some extra support.

## Hospital stay

If your pancreatitis requires you to remain in hospital for treatment then remember:

- 1 Mobilise regularly to avoid any further complications including blood clots and chest infections.
2. Try to stick to a low/no fat diet.
3. Whilst in hospital you will wear anti-embolic stockings and receive an injection daily to help prevent formation of blood clots.
4. Please speak with the nurses looking after you if you have any further concerns.

### Further reading:

<http://patient.info/health/acute-pancreatitis-leaflet>  
<http://www.nhs.uk/Conditions/Pancreatitis/Pages/Introduction.aspx>  
<http://www.bupa.co.uk/health-information/directory/p/pancreatitis>

## Contact details

### Emergency Ambulatory Care Unit

**Telephone: Level 4 Ext. 7591**

**Level 5 Ext. 64002**

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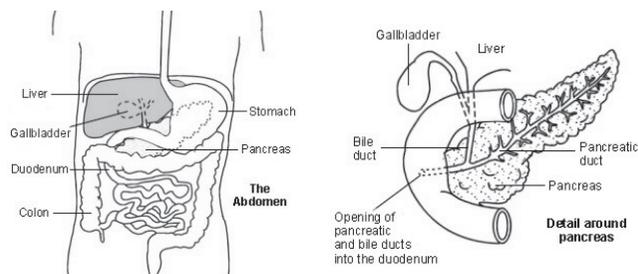
# Pancreatitis

## Patient Information Leaflet

**Royal Sussex County Hospital**

## What is the pancreas?

Your pancreas is situated in the upper tummy (abdomen). Below the ribcage, behind the stomach and guts (intestines). The pancreas is a gland in the abdomen that produces enzymes to help with digestion and hormones to help regulate blood sugar levels.



## What is pancreatitis?

Pancreatitis is the result of the pancreas becoming inflamed. Pancreatic damage happens when the digestive enzymes are activated before they are released into the small intestine and begin attacking the pancreas.

**Acute pancreatitis** - is a sudden inflammation that lasts for a short time. It may range from mild discomfort to a severe, life-threatening illness. Most people with acute pancreatitis recover completely after getting the right treatment.

**Chronic pancreatitis** - is when the inflammation is persistent. The inflammation tends to be less intense than acute pancreatitis but as it is ongoing it can cause scarring and damage.

## What are the symptoms of Pancreatitis?

- Upper abdominal pain that radiates into the back; it may be aggravated by eating, especially foods high in fat.
- Swollen and tender abdomen
- Nausea and vomiting
- Fever
- Increased heart rate.

## What causes pancreatitis?

**Gallstones** - Gallstones – are the most common cause in the UK. Gallstones occur when bile, which is normally fluid, forms stones. Gallstones commonly contain lumps of fatty (cholesterol-like) material that has solidified and hardened. Most people with gallstones do not have any symptoms or problems, and do not know they have them. In pancreatitis a stone becomes stuck (partially or completely) blocking the opening of the pancreas, disrupting the digestive enzymes. They become activated and start to 'digest' parts of the pancreas causing the inflammation.

**Alcohol** - Symptoms typically begin about six to twelve hours after drinking heavily.

### Uncommon causes-

- Viral infections (for example, the mumps virus, HIV)
- A rare side-effect to some medicines
- Injury or surgery around the pancreas
- Infections with parasites
- High blood fat or calcium levels
- Abnormal structure of the pancreas
- There is also a rare form of pancreatitis which can be inherited from a parent (hereditary).

## How Is Pancreatitis Diagnosed?

To diagnose acute pancreatitis, doctors will examine your abdomen and take a detailed history. They will measure levels in the blood of two digestive enzymes, amylase and lipase. High levels of these two enzymes strongly suggest acute pancreatitis. Other tests may include;

- Urine test
- X-ray of chest and abdomen
- Ultrasound of the abdomen-may show inflammation/gallstones.
- CT scan-using x-rays to create a 3 dimensional image of a cross section of the body.

- MRCP- A type of MRI scan called a magnetic resonance cholangiopancreatogram. This shows any damage to your pancreas and if there are gallstones present.
- ERCP - a procedure that uses an endoscope and X-rays to look at the bile duct and the pancreatic duct. ERCP can also be used to remove gallstones or take small samples of tissue for analysis via a flexible telescope passed into the stomach and duodenum.

## How is it treated?

- **Strong painkillers** by injection are usually needed to ease the pain.
- **Intravenous fluids** -Your body can become dehydrated during an episode of acute pancreatitis, so fluids are provided through a tube connected to one of your veins.
- **Oxygen** - To ensure your vital organs have enough oxygen, it will usually be supplied through a mask or nasal tube. In severe cases, ventilation equipment may also be used to assist with your breathing.
- **A catheter** - a thin tube going into your bladder to drain urine - may be inserted so the doctors can monitor accurately the amount of urine you are passing.
- **Nutrition** - you may be kept nil by mouth for a short period. In some circumstances you may need a nasogastric tube. This is a small tube which is passed into the stomach to feed you, if you are not able to eat properly for an extended period.

In most cases (about four in five), the inflammation is mild and settles within a week or so. Symptoms may be bad for a few days but then settle and the pancreas fully recovers. In some cases (about one in five) the inflammation quickly becomes severe. Parts of the pancreas and surrounding tissues may die (necrosis).