

Pancreatitis

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What is pancreatitis?

The pancreas is a gland located in the middle of the abdomen. It has two jobs:

- Produce hormones that regulate your blood sugars
- Produce enzymes that digest food ready for absorption

The enzymes are produced in an inactive form and travel out of the pancreas through a small duct into the intestine where they meet the food we eat and become active. In pancreatitis these enzymes become active within the pancreas itself, causing an inflammatory response. This can make you very unwell, and cause problems with other systems in the body such as the lungs and kidneys. Pancreatitis can range from very mild to life-threatening.

What causes pancreatitis?

There are many causes of pancreatitis, but the two most common causes in the UK are gallstones and alcohol.

Gallstones cause pancreatitis when they pass out of the gallbladder into the bile duct – this opens into the bowel at the same location as the pancreatic duct. The stone can either become stuck, blocking both ducts, or just irritate the duct as it passes – both of which can trigger pancreatitis.

Alcohol is thought to have a direct toxic effect on the pancreas, although exactly how this happens is not yet clear. This effect is worse if you also smoke.

Other rarer causes include:

- Trauma (eg after a direct blow to the abdomen)
- Some medications
- Certain viruses including mumps
- After a procedure called an ERCP (Endoscopic Retrograde Cholangio-Pancreatography)

- Auto-immune (where the body's own immune system attacks it)
- Abnormal levels of fat or calcium in the blood
- Scorpion bites (rare in the UK)
- Idiopathic (where the cause is never found)
- Hereditary

Whilst being overweight does not cause pancreatitis, it does put you at risk of having a more severe attack.

What are the symptoms?

The symptoms of pancreatitis range in severity but typically include:

- Pain in the middle upper part of the abdomen – this may also be felt in your back
- Vomiting
- Temperatures

You may also notice jaundice (yellowing of the skin and eyes) if the pancreatitis is caused by a gallstone blocking the ducts.

How is it diagnosed?

Pancreatitis is usually diagnosed by a blood test. If we are unsure then a CT scan can also be helpful.

An ultrasound scan will be done to check for gallstones. If you are jaundiced, you may have an MRI scan instead to look for stones in the bile duct.

If pancreatitis occurs in children, they may require genetic testing at a later date.

How is it treated?

There is no specific treatment for pancreatitis; we just support your body while it recovers. This may include IV (intravenous) fluids, pain killers, anti-sickness medication and oxygen.

If there is a stone blocking the duct, then a procedure called an ERCP (Endoscopic Retrograde Cholangio-Pancreatography) will be arranged to remove the stone.

People sometimes need to be looked after on the Intensive Care Unit as pancreatitis can cause strain on the lungs and kidneys. In extreme situations this can require dialysis or some time on a ventilator (breathing machine).

You may sometimes feel like nothing is happening – but rest assured you are being closely monitored while your body deals with the inflammation.

What is the prognosis or expected outcome of treatment?

The severity of pancreatitis ranges dramatically, and hence so does the recovery. Some people are only in hospital for a few days, some people are in for many months. There are several scoring systems to help us predict this, but in many cases we do not know and just have to re-assess you day by day. Your recovery will continue at home, with some people taking many months to recover. In rare cases pancreatitis can be fatal.

Are there any possible complications?

If the pancreatitis is severe, it can result in the death of pancreatic tissue (necrosis) – this is seen on a CT scan. If the dead tissue becomes infected, we will need to give you antibiotics. This usually settles with time.

The inflammation can also cause something called a pseudo-cyst. This is a fluid-filled sac that can cause problems related to its size and position – for example compression of the stomach may cause vomiting and poor appetite. Treatment would depend on the symptoms it causes, but they do not always require any treatment.

If a large amount of the pancreas dies, it can no longer function properly. The lack of digestive enzymes can cause malnutrition, but these can be replaced with supplements.

The lack of the sugar-regulating hormones may result in you developing diabetes. In this case you will often be started on insulin treatment which will be life-long.

It is recommended that you are screened for diabetes every six months. We would ask your GP to do this by measuring your HbA1C levels in your blood.

When your pancreas stops working properly, it is referred to as “chronic pancreatitis”. This can be a complex condition to manage. It can result in chronic pain and malnutrition, and often requires input from a number of different specialties. This is called a “multi-disciplinary” approach and may include:

- Dieticians
- Pain team
- Diabetes specialists
- Surgeons
- Radiologists

Pancreatitis is a serious condition that can have an impact on your quality of life over a prolonged period. If you or your family need extra support during this time, it is important to speak to your doctor so that we can direct you to appropriate sources of help.

Follow up

What we do next depends on the cause of your pancreatitis.

If your pancreatitis is believed to have been caused by gallstones, and you are fit enough, we will usually recommend surgery to remove the gallbladder. This is to prevent any more stones passing and causing further attacks of pancreatitis.

If the pancreatitis is due to alcohol, then it is vital that you stop drinking alcohol completely. If you consume more alcohol you are at risk of a further attack.

The rare causes would be assessed and managed in the outpatient department.

Further information

If you have any further questions, please ask the team looking after you.

If you require further information about gallstones and surgery, we have a separate leaflet for this.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

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Tel: 01271 313970 / email: ndht.contactus@nhs.net