

Patient information

Acute Pancreatitis

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 digestive gland, located behind the stomach. Many people with acute pancreatitis recover within about a week but some people develop serious complications.

What causes acute pancreatitis?

The commonest causes of pancreatitis are gallstones or alcohol but there are other less common causes, e.g. after a type of endoscopy (ERCP). In about 2 in 10 cases we never find the cause.

What are the symptoms of acute pancreatitis?

The most common symptoms are severe pain at the top of your abdomen. The pain may also spread to the back. You may also have nausea or vomiting. Some people can develop a high temperature.

What is the function of the pancreas gland?

The pancreas produces juices that help with digestion that travel down a tube called the pancreatic duct. This joins the duct from the liver and gallbladder which is called the bile duct. Both ducts then empty into the intestine together. Gallstones can block this tube and the back pressure can cause inflammation. Alcohol can also cause the pancreas to become inflamed and it is unclear why some people are more sensitive to alcohol in this way. The pancreas also

produces insulin which controls blood sugar. After an episode of severe pancreatitis, some patients develop diabetes.

What tests are needed?

Acute pancreatitis is usually diagnosed with a blood test called “Amylase” which is an enzyme produced by the pancreas. Some patients may undergo a CT scan which can reveal inflammation of the pancreas. Several blood tests are needed which can help us predict if the pancreatitis is mild or severe. Often it is not obvious initially which patients have severe pancreatitis and therefore you will be monitored closely for signs of serious problems. The level of the amylase blood test does not predict the severity of the attack. Other tests may include an ultrasound scan to look at your gallbladder to detect gallstones or an MRI scan to look at the ducts which drain from liver and pancreas.

What treatments are available?

Acute pancreatitis is treated in hospital and involves supportive treatment including an intravenous fluid drip, painkillers and close observation. You may also require a tube in your nose to drain your stomach (nasogastric tube) and a urinary catheter into your bladder to measure your urine volume.

Some patients may require a special treatment called an Endoscopic Retrograde Cholangio Pancreatogram (ERCP) to clear the ducts from the pancreas or gallbladder.

If you are found to have gallstones, an operation to remove the gallbladder is usually recommended and this will be discussed with you further.

Most patients with mild pancreatitis usually start to get better within a few days and recover completely. Patients with severe pancreatitis can have life threatening complications which may result in organ failure. Such patients will be cared for in the high dependency or intensive care unit and may have problems with breathing, kidney function or blood pressure. They may need further CT scans and drainage tubes placed into the abdomen with radiological guidance. Very rarely they may require transfer to Addenbrooke’s Hospital for an operation to remove parts of the damaged pancreas. Patients with severe pancreatitis may be in hospital for weeks or months depending on how badly affected they are.

What next?

For pancreatitis caused by gallstones, an operation to remove the gallbladder may be necessary. We aim to do this operation within a few weeks for milder cases of pancreatitis. In severe pancreatitis we usually wait for the inflammation to settle down first before performing the procedure. If the pancreatitis is caused by alcohol you are advised to stop drinking as this reduces your chance of further episodes of pancreatitis which may be more severe in the future. It is advisable to abstain from alcohol for several months after severe pancreatitis – even if the cause was not alcohol. If the cause for your pancreatitis was not found, then you will be seen in the outpatient clinic for further tests. A small number of people go on to develop chronic pancreatitis where the pancreas doesn't function well and can produce abdominal pain.

Please ask if you require this information in other languages, large print or audio format: 01284 712555 Patient Advice Liaison Service.

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