

# A guide to the diagnosis and treatment of chronic pancreatitis

Hepatobiliary and Pancreatic Services

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Information for patients

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## Introduction

The tests that you have had so far show that you have an abnormal area in your pancreas. This booklet has been written as a guide for patients with benign (non-cancerous) problems of the pancreas.

This booklet will help you understand more about the pancreas, and the procedures and tests you may need to have. We hope it will answer some of the questions that you and your family have.

If you require any further information or advice, we are here to help and support you through your treatment and/or surgery. Whilst the final diagnosis and treatment may differ from patient to patient, we hope this booklet will provide basic information and answers to commonly asked questions.

## About the pancreas

The pancreas is a spongy, leaf-shaped gland, approximately six inches long by two inches wide, located in the back of your abdomen. It lies behind the stomach and above the small intestine.

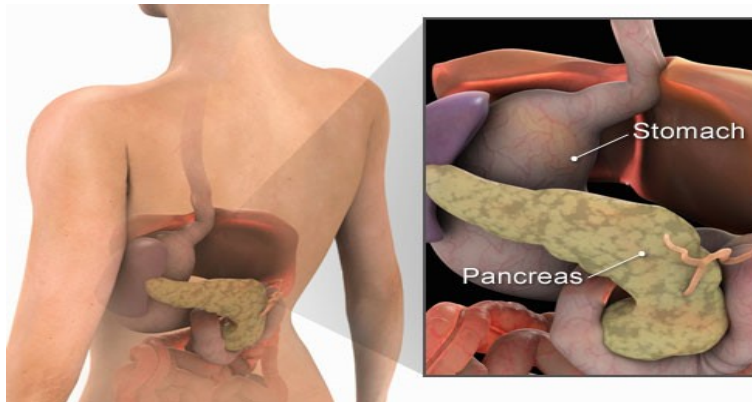
The small intestine has three parts: the duodenum, the jejunum and the ileum. The pancreas is also divided into three parts: the head, the body and the tail. The head of the pancreas is surrounded by the duodenum. The body lies behind your stomach, and the tail lies next to your spleen. The pancreatic duct runs the entire length of the pancreas and it empties digestive enzymes into the small intestine from a small opening called the ampulla of Vater.

Two major bile ducts come out of the liver and join to become the common bile duct. The end of the common bile duct meets the pancreatic duct at the ampulla of Vater and empties bile into the duodenum.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

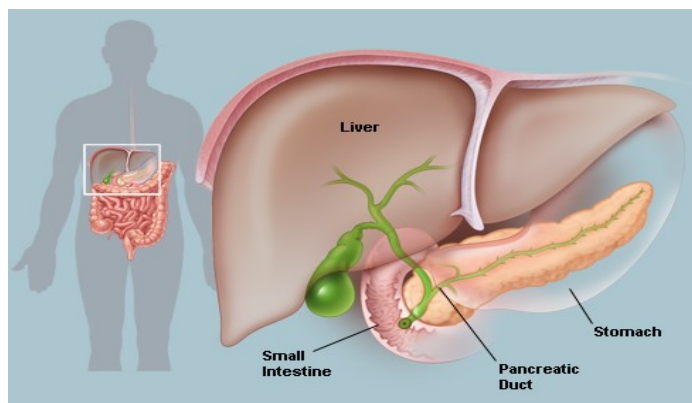
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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## About the pancreas (continued)



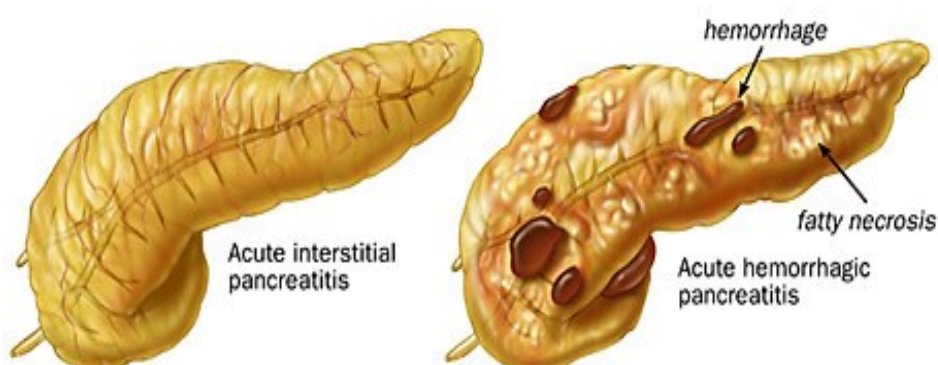
If the bile cannot drain into the duodenum, you will become jaundiced or yellow in colour and you may have itching.

The major function of the pancreas is to secrete hormones and enzymes. It secretes the hormones insulin and glucagon, which both regulate blood sugar levels. Pancreatic enzymes help in digestion, especially in fat digestion.



## What is pancreatitis?

Pancreatitis means inflammation of the pancreas. Pancreatitis can be **acute** (a sudden episode of inflammation) or **chronic** (where the pancreas has been replaced by scar tissue). Many patients with chronic pancreatitis will have had one or more episodes of acute pancreatitis.



## What causes pancreatitis?

For some people, the cause of their pancreatitis is never found.

However, known risk factors include:

- familial reasons—when two or more family members have had pancreatitis
- alcohol
- smoking
- trauma (damage)
- auto-immune conditions
- genetic mutations due to cystic fibrosis

## What are the symptoms of pancreatitis?

Some of the most common symptoms are:

- Pain, often in the upper abdomen going through to the back. This pain can become worse when eating, or just after eating.
- Nausea
- Vomiting
- Weight loss
- Diarrhoea
- Pancreatic enzyme insufficiency as the pancreas becomes less able to digest fats. This leads to pale, oily, fatty stools, which are difficult to flush away.

## Investigations for Pancreatitis

Diagnosis is often made following a detailed history, thorough physical examination and blood tests.

You will have some, and possibly all, of these investigations:

**Blood tests:** blood tests will be taken to check your general health and will often also confirm the diagnosis of pancreatitis if your blood amylase (an enzyme produced by the pancreas) is elevated.

## Investigations for pancreatitis (continued)

**CT scan:** This can produce excellent pictures of the pancreas and other organs in your abdomen



A machine shaped like a huge doughnut is used to take special X-rays. You will lie on a table inside the hole in the “doughnut”. The X-rays take pictures broken down in to thin slices of your abdomen.

Not everybody with pancreatitis needs a CT scan. It is done either to confirm the diagnosis or to assess the amount of damage to the pancreas caused by pancreatitis. This damage is called

**necrosis:** assessing the amount of necrosis in your pancreas will help in deciding whether you need further treatment. Some patients with very severe pancreatitis may need several CT scans whilst they are in hospital.

**MRI Scan (Magnetic Resonance Imaging):** An MRI scan is similar to a CT scan, but uses a very strong magnetic field to produce images of the pancreas instead of X-rays.



## Investigations for pancreatitis (continued)

During the test you will be asked to lie very still on a couch inside a metal cylinder, which is open at both ends. The machines are large and make a noise, which can make some people feel isolated during the procedure. The whole test may take up to an hour. It is completely painless, but lying inside the cylinder may make you feel claustrophobic., if this is a concern you can talk to someone.

The MRI scan is used to examine the bile ducts and ensure that there are no stones in them. If stones are seen on your MRI scan, you may require another procedure to remove them. This procedure is known as an endoscopic retrograde cholangio-pancreatography (ERCP).

## What is the treatment for chronic pancreatitis?

### Pain management

It is not uncommon for people with chronic pancreatitis to experience pain: controlling the pain adequately requires specialist advice from a chronic pain consultant. This is a doctor who specialises in caring for patients suffering with long-term pain. This doctor will carry out a full pain assessment which may be followed by injections, specialised use of pain relief medicines and/or psychological techniques and support.

### Drainage of fluid collections

It is not uncommon for patients to develop collections of fluid around their pancreas. These fluid collections can cause problems with eating. They can also cause pain or become infected. It is sometimes necessary to drain them: this can be done by passing a special tube through the skin into the fluid collection. Or the fluid can be drained into the stomach internally: a special endoscopy procedure called an Endoscopic Ultrasound (EUS) can be used for this.

### Surgery for chronic pancreatitis

As a rule, surgery is not recommended for chronic pancreatitis. Sometimes bypass operations are required to allow patients to eat and drink normally. These operations involve “re-plumbing” the stomach to allow food to enter the gut normally. This can be done as a keyhole or open procedure. Other operations are occasionally needed to treat problems that the pancreatitis has caused elsewhere, such as bleeding or a perforation (hole) in the gut.

### Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

This is an endoscopic procedure performed under light sedation which is primarily used to treat stones in the bile duct or to treat narrowing of the bile duct caused by pancreatitis. The HPB unit in Leicester performs over 1000 ERCPs every year. Normally, the procedure is very safe but problems can occur, including triggering another attack of pancreatitis.

## What is the treatment for chronic pancreatitis? (continued)

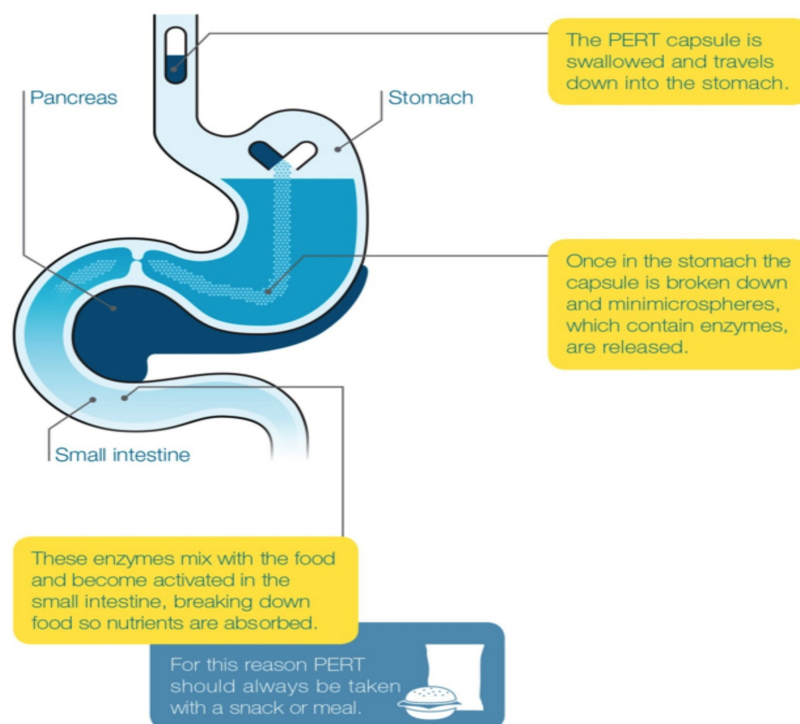
### Endoscopic Ultrasound ( EUS)

The procedure is similar to an ERCP: a telescope is passed into the stomach and a special tube called a “stent” will be pushed through the stomach wall into the fluid collection.

### Pancreatic Enzyme Replacement Therapy (PERT)

If your pancreas has been damaged or inflamed by disease, then it may not be able to produce enough enzymes to help breakdown the food that you eat. Without these important enzymes food will pass through your digestive system without being broken down or absorbed. This is known as malabsorption. You may suffer with bloating, wind and cramping, unintentional weight loss, frequent bowel movements and pale and oily stools.

PERT involves taking pancreatic enzyme replacement capsules: your dietitian or nurse specialist will give you more information about this.



## Lifestyle changes

Your healthcare team recommends that you follow the advice below:

### Maintaining a healthy weight

Often people with chronic pancreatitis will have lost weight, due to reduced pancreatic enzymes. You will be referred to a dietitian specialising in pancreatic disease. They will be able to advise and help you make

informed and practical choices about your nutrition, including managing and treating any malabsorption, weight loss and/or any vitamin and mineral deficiency in your diet.

If you are diabetic then it is important that you are able to keep your blood sugars well controlled. You should have a diabetic nurse specialist who will monitor these and will advise if you need to make any adjustments to your medications or insulin.

### Not drinking alcohol

Alcohol may or may not be the cause of your pancreatitis, but your consultant may advise you to stop

drinking alcohol completely. This is to prevent any further damage to your pancreas and may help to reduce any pain you have.

For some people, giving up alcohol completely can be a challenge. It may be part of your lifestyle and hard to imagine your life without it. There is support available to help you reduce your alcohol intake, so that you can play an active part in managing your pancreatitis. Support is available from the hospitals' Alcohol Liaison Team and from Turning Point in the community. You can also talk to your nurse specialist or GP.

### Stopping smoking

If you smoke, you will be advised to stop. Smoking can speed up the process of chronic pancreatitis, resulting in loss of its ability to function.

If you do smoke then you may need support and guidance in giving up. Please speak to your nurse specialist or GP and they will be able to refer you for the appropriate support, for example, your local stop smoking service.

Or you can refer yourself to the Stop Smoking Service by telephoning:

**0116 454 4000**

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