# **BMJ** Best Practice

### Patient information from BMJ

Last published: Aug 05, 2021

### Pancreatitis, acute

Pancreatitis can cause severe pain in your abdomen that extends to your back.

This information looks at pancreatitis that comes on quickly, called acute pancreatitis. Acute pancreatitis can be life threatening, but most people recover fully with treatment.

#### What is acute pancreatitis?

If you have acute pancreatitis, your pancreas is inflamed (swollen). Your pancreas is a long, flat gland that lies just behind your stomach. It has two main jobs:

- It makes enzymes that help you break down (digest) the food you eat.
- It makes hormones that help you use the energy you get from food.

The two most common causes of pancreatitis are gallstones and drinking a lot of alcohol.

• **Gallstones** are small stones that can form in your gallbladder. If they block your bile duct, this can stop digestive enzymes from leaving your pancreas.

It can also cause bile to flow into your pancreas. These things can lead to pancreatitis.

• **Drinking a lot of alcohol** over several years can also lead to pancreatitis. Binge drinking (drinking a lot in a short space of time) increases your chance of getting pancreatitis even more.

Other things that can sometimes cause pancreatitis include:

- taking certain medicines
- having some types of infections, and
- having high levels of fats called triglycerides in your blood.

But sometimes doctors can't find any specific cause for the condition.

#### What are the symptoms?

The main symptom of acute pancreatitis is severe pain in your upper abdomen (between your tummy and chest).

The pain usually comes on quickly, and may extend to your back. It will probably feel worse when you move or when you press on your abdomen.

Other common symptoms include:

- feeling sick to your stomach or vomiting
- losing your appetite
- having a fast pulse
- having a fever.

The symptoms of acute pancreatitis are similar to those of many other conditions, so your doctor won't be able to tell if you have pancreatitis based on your symptoms alone.

You will need tests, both to confirm that you have pancreatitis and to find out what might be causing it. These tests may include blood tests as well as scans, such as an ultrasound scan or chest x-ray.

#### What treatments work?

Treatments for pancreatitis are aimed at relieving your symptoms and helping your pancreas to recover. These treatments are given in the hospital. They usually include:

• Having fluids by an intravenous (IV) drip. You will have fluids put directly into your bloodstream through a vein in your arm.

This replaces fluids you may have lost (for example, if you have been vomiting), and keeps you hydrated. This will help your pancreas to heal and prevents other problems, such as kidney damage.

- **Oxygen**. Pancreatitis can reduce the amount of oxygen in your blood. Some people need to be given extra oxygen, usually twice a day for the first few days.
- **Making sure you get enough nutrition**. You might not feel like eating for a few days. But you should start to eat again as soon as you are able to. You will probably start eating small, low-fat meals of carbohydrates and proteins, and then gradually increase your portion size.

But if your pancreatitis is severe or you don't improve enough after a couple of days of not eating, your doctor may recommend that you have a temporary feeding tube inserted to make sure you get enough nutrition.

- **Medicines to help with pain**. Doctors often use strong pain medicines called opioids to help with the pain of pancreatitis. Examples include fentanyl and morphine. You will have these through an IV drip.
- **Medicines to prevent vomiting**. These medicines are called antiemetics. They can help you stop feeling sick to your stomach and vomiting. They are usually given through an IV drip.

Depending on how severe your pancreatitis is and what problems it is causing, you may need other treatments, such as extra **magnesium**.

Once your pancreatitis is under control, you may need treatment to address what caused your pancreas to become inflamed. For example, your doctor may recommend:

• **Treatment for gallstones**. If your pancreatitis was caused by gallstones, your doctor will probably recommend having surgery to remove your gallbladder and clear any blockages.

There are a couple of ways to do this. You can have keyhole surgery (also called laparoscopic surgery), where the surgeon makes several small cuts and uses a tiny camera and tools to take out your gallbladder. Or you may need **open surgery**, where the surgeon makes a larger cut to see directly into your abdomen.

If you are unable to have surgery for any reason, your doctor may recommend having a treatment called **endoscopic retrograde cholangiopancreatography (ERCP)**.

This is done with a device called an endoscope. It is put into your mouth and threaded down into your gallbladder to remove gallstones and relieve any blockages.

• **Treatment to help you stop drinking**. If heavy drinking caused your pancreatitis, your doctor may recommend entering a treatment program for alcohol dependence.

If you don't stop drinking, your pancreatitis may return and cause other serious health problems.

#### What will happen?

Most people treated for acute pancreatitis feel better within a week and make a full recovery.

But it is important to get treatment as soon as possible, as pancreatitis can lead to a wide range of serious health problems, including lung injury and kidney failure. These problems can be life threatening.

It's also important to treat the underlying cause of your pancreatitis, to reduce the chance of it happening again. Repeated bouts of acute pancreatitis can damage your pancreas and lead to long-term (chronic) pancreatitis.

If you have any questions or concerns, be sure to discuss these with your doctor.

Please see BMJ's full terms of use at: <u>bmj.com/company/legal-information</u>. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

 $\ensuremath{\mathbb{C}}$  BMJ Publishing Group Ltd 2024. All rights reserved.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at <u>bestpractice.bmj.com</u>. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

#### What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



## **BMJ** Group