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Patient information

Pancreatic Pseudocyst

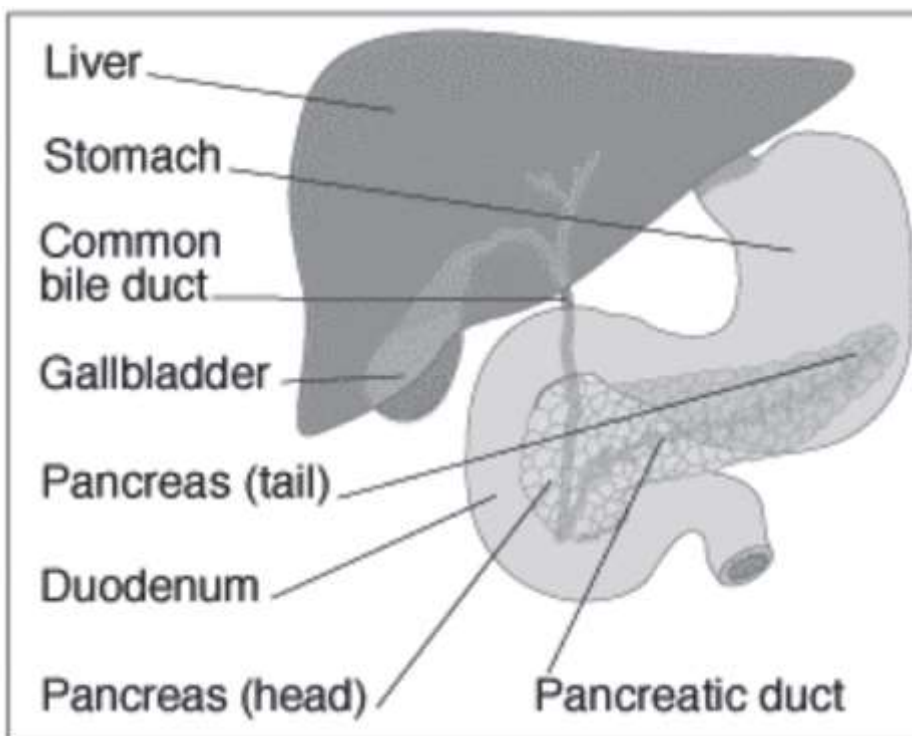
Division of Surgery Royal Liverpool Hospital and
Broadgreen Hospital

PIF 1497 V2

The Pancreas Gland

The pancreas is a solid gland measuring 25-29 centimetres in length, four to six centimetres in width and three to four centimetres in depth.

The head of the gland is found just to the right of the midline of your abdomen and below your right ribcage. It is closely attached to the duodenum, which is the first part of the small bowel into which your stomach empties liquid and partially digested food.



What does it do?

Digestion

Digestion of food, which consists of carbohydrates, proteins and fats, is not possible without the pancreas. The pancreas produces enzymes, which are passed into the duodenum along the pancreatic duct; these are responsible for breaking down food into particles ready for absorption.

The digestion of fat is very special; the pancreatic enzymes cannot digest the fat unless it has been prepared first. Bile acids made in the liver and stored in the gall bladder work on the fat first to get them ready for the pancreatic enzymes to help digest them.

The bile is passed down the bile duct and into the duodenum; therefore both pancreatic juice and bile are needed for efficient digestion and absorption.

Insulin and glucose metabolism

All the cells of the body use glucose as a source of energy. The pancreas is the organ responsible for the production of a hormone called insulin. Insulin regulates the levels of glucose in our bloodstream, too much or too little glucose can be very dangerous.

If part of the pancreas is removed or damaged there is usually enough pancreas left to prevent sugar diabetes forming, but sometimes diabetes will develop.

What is a pancreatic pseudocyst?

(Pronounced 'Sue-doe-cyst') This is a cystic swelling which lies in the pancreas or next to the pancreas and which contains high concentrations of pancreatic enzymes. Pancreatic pseudocysts most often develop after an episode of severe acute pancreatitis.

They may also occur as a result of chronic pancreatitis or trauma to the abdomen. If a pseudocyst remains or enlarges, it may cause nausea, vomiting, pain and weight loss.

Investigations

While in hospital your doctor may ask for some of the following investigations.

Ultrasound

An ultrasound takes place in the X-ray department. A scanning device with jelly on is passed over your abdomen and pictures are obtained on a screen. Information about the pancreas, liver, gall bladder and bile ducts can be obtained.

CT Scan (Computed Tomography Scan)

A CT scan is another type of X-ray which gives more in-depth pictures of the abdomen. The scan involves you lying on a bed that moves in and out of the scanner, which is shaped like a large Polo mint, while pictures are taken.

Special liquids are often used to allow particular areas of the body to be seen more clearly on the scan. You may be asked to drink some liquid or it may be given as an injection.

Endoscopic ultrasound (EUS)

This test is performed under sedation. A small flexible tube called an endoscope is passed through your mouth and stomach and out into the biliary tract. An ultrasound probe is passed down the endoscope to take an ultrasound scan of your pancreas and surrounding organs.

Magnetic resonance imaging (MRI)

An MRI scan is similar to a CT scan but uses magnetic fields to image the pancreas instead of X-rays. Very powerful magnets are used to generate the pictures. MRI scans can be used to provide good pictures of the bile and pancreatic ducts and is called MRCP (Magnetic Resonance Cholangio Pancreatography).

Treatment

In the majority of cases pseudocysts will disappear by themselves with supportive care. However, if the pseudocyst enlarges and/or continues to cause symptoms there are different ways to treat large pseudocysts

Percutaneous (external) drainage

Sometimes it is possible to insert a tube into the pseudocyst under local anaesthetic in the X-ray department and drain the fluid away without surgery.

Endoscopic stenting

Another alternative to surgery is endoscopic drainage. During endoscopic treatment a small flexible tube called an endoscope is passed through your mouth and stomach and a stent (small tube) is placed between the stomach or duodenum and the cyst so that the cyst drains into the gastro-intestinal tract.

Surgery

Often the most appropriate treatment is surgery, there are two types of surgery possible:

- Roux-on-Y pseudocyst jejunostomy - drains the pseudocyst into a specially created small bowel channel.
- Pseudocyst gastrostomy - drains the pseudocyst into the stomach

Recovery from surgery usually takes about seven to ten days in hospital and about six weeks at home.

Further information

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Support Group - Pancreatitis Supporters Network
www.pancreatitis.org.uk

Author: Surgical Division Royal Liverpool Hospital and Broadgreen Hospital

Review Date: June 2018

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