

A-Z of medical words

This page explains some of the medical words that you may hear when you are finding out about pancreatic cancer and how it is treated.

Absorption: once your food has been broken down, the nutrients (see page 3) are absorbed into the blood so that they can be used by the body.

Adjuvant treatment: additional treatment, such as chemotherapy or radiotherapy given after surgery.

Advanced pancreatic cancer: pancreatic cancer that has spread from the pancreas to other parts of the body. Also known as metastatic or secondary cancer.

Ampulla of Vater: the area where the pancreatic duct and common bile duct meet, at the duodenum (see page 2). This is also known as the hepatopancreatic ampulla.

Bile: fluid which helps digestion (see page 2). It is produced by the liver and stored in the gall bladder.

Bile duct: a tube that carries bile from the liver to the duodenum.

Bilirubin: a yellow substance found in bile. It is the waste product of the normal break down of old red blood cells. Jaundice develops when there is a build-up of bilirubin in the blood.

Biopsy: procedure to remove tissue to examine under a microscope.

Borderline resectable pancreatic cancer: cancer that has grown very close to the major blood vessels near the pancreas. It may be possible to remove the cancer, but it depends which blood vessels are affected and how far the cancer has grown.

Bypass surgery: surgery to relieve a blocked duodenum or bile duct.

Coeliac plexus nerve block: a treatment that blocks nerves from sending messages to the brain, and so treats pain.

Chemoradiotherapy: treatment that uses chemotherapy together with radiotherapy.

Chemotherapy: treatment that uses anti-cancer drugs to destroy cancer cells.

CT (computerised tomography) scan: uses x-rays to create a 3D picture of the pancreas and the organs around it.

Diarrhoea: passing loose watery poo.

Diet: your diet is the food you eat. When we talk about symptoms or problems around diet, we mean problems that can affect your eating and digestion. We are not talking about the kind of diet people often go on to help them lose weight. Most people with pancreatic cancer won't need to lose weight – many often need to put weight back on.

Dietitian: a professional who provides expert advice about diet and nutrition, including how to manage the dietary symptoms of pancreatic cancer.

Digestion: what your body does to break down your food to get the nutrients out of it.

Duodenum: the first part of the small intestines.

Enzymes: substances produced by different glands in the body, including the pancreas. Different types of enzymes have different roles in the body. Pancreatic enzymes help break down our food and drink.

Endoscopic retrograde cholangio-pancreatography (ERCP): procedure used to diagnose problems with the pancreas or to insert a stent (see page 4) into a blocked bile duct to relieve the symptoms of jaundice. An ERCP uses an endoscope and the procedure is similar to an EUS, but also involves taking x-rays.

Endoscopic ultrasound scan (EUS): a thin, flexible tube (called an endoscope) is passed through your mouth and down into your stomach. The tube has a light at the end and a small ultrasound probe to create pictures of the pancreas.

FDG-CT/PET scan: this scan combines a CT scan with a PET (positron emission tomography) scan to build up a clearer picture of the cancer and how it is behaving. A small amount of a harmless radioactive substance, called Flurodeoxyglucose (FDG), is injected into a vein in your arm before the scan.

Gastroenterologist: a specialist in diseases and disorders of the digestive system, including the stomach, intestines, liver and pancreas.

Genes: carry the information that controls our growth and how our bodies work. Occasionally, there may be changes in genes which means that someone is more likely to get a disease. This type of change in a gene is often called a fault or mutation.

Glucose: a sugar found in foods and drinks. Our body turns all carbohydrates (such as starch) that we eat into glucose, and uses it as energy.

Hepatobiliary: having to do with the liver, gall bladder and bile ducts. These are very close to the pancreas, and hepatobiliary doctors and nurses may specialise in treating pancreatic diseases as well.

Hereditary pancreatitis: pancreatitis is inflammation of the pancreas. Hereditary pancreatitis is a rare type of pancreatitis that runs in families. People with hereditary pancreatitis have a much higher risk of developing pancreatic cancer.

Hormones: chemical messengers that are carried in your blood and affect different processes in your body.

Insulin: a hormone that is produced by the pancreas and helps to control blood sugar level.

Jaundice: a symptom of pancreatic cancer. It develops when there is a build-up of bilirubin (see page 1) in the blood. Symptoms include yellow skin and eyes, dark urine and itchy skin.

Laparoscopy: a small operation that is occasionally used to confirm a diagnosis of pancreatic cancer and check whether the cancer can be removed by surgery.

Localised pancreatic cancer: pancreatic cancer that is contained in the pancreas. Also known as early or resectable pancreatic cancer (see page 4).

Locally advanced pancreatic cancer: pancreatic cancer that has spread to structures around the pancreas, such as blood vessels.

Lymph nodes: tiny oval structures throughout the body that contain lymph fluid. Part of the immune system.

Magnetic resonance cholangio-pancreatography (MRCP): a type of MRI scan that gives a clear picture of the bile duct or pancreatic duct and any blockages in them.

Magnetic resonance imaging (MRI) scan: a scan that uses magnets and radio waves to build up a detailed picture of the pancreas and surrounding areas.

Metastatic cancer: see advanced cancer above.

Nutrients: the things you get from your food that you need to be healthy. They include proteins, carbohydrates, fats, vitamins and minerals.

Nutritional supplements: specially formulated drinks, powders and foods to increase calorie intake and help you gain weight.

Oncologist: a doctor who specialises in treating cancer. A medical oncologist is an expert on drug treatments. A clinical oncologist also manages radiotherapy treatment.

Opioid painkillers: drugs such as morphine that treat moderate and severe pain.

Palliative treatment: treatment that controls pain and other symptoms. Palliative care also provides emotional, practical and spiritual support when a cure is no longer possible. It's not just for people in the final stages of life.

Pancreatic duct: the small tube that carries pancreatic juices, containing pancreatic enzymes, from the pancreas to the duodenum.

Pancreatic enzyme replacement therapy (PERT): treatment with pancreatic enzyme supplements, which are capsules that can be taken to help break down food.

Pathology: examination of tissue and cells under a microscope. A pathologist is a doctor specialising in pathology.

Pylorus-preserving pancreaticoduodenectomy: similar to the Whipple's operation, but none of the stomach is removed. The stomach valve (the pylorus), which controls the flow of food into the duodenum, isn't removed either.

Radiologist: a doctor specialising in using x-rays to diagnose and treat disease.

Radiotherapy: radiotherapy uses high-energy x-rays (radiation) to destroy cancer cells.

Resectable pancreatic cancer: cancer that is contained in the pancreas and can be removed by surgery.

Small intestines: part of the bowel, where food is mostly digested and absorbed. The duodenum is the first part of the small intestines.

Stage: describes the size of the cancer and whether it has spread. The stage of pancreatic cancer is used to decide what the best treatment option is.

Steatorrhea: caused by fat in stools. Symptoms include pale yellow or clay coloured stools, which can look oily or greasy, smell horrible, and are difficult to flush down the toilet. It can be a symptom of pancreatic cancer.

Stent: small, flexible plastic or metal tube that can be inserted into the bile duct or duodenum (see page 2) to relieve any blockages.

Stools: poo. Also called faeces or bowel motions.

Supportive care: Supportive care helps people cope with their condition and its treatment, from before diagnosis, through diagnosis and their treatment and care. It helps people to live as well as possible.

Unresectable pancreatic cancer: cancer that has spread outside the pancreas and can't be removed by surgery.

Upper gastrointestinal: the upper part of the digestive system, including the oesophagus (the tube between the throat and stomach), stomach, liver, pancreas, gall bladder and bile ducts. Often shortened to upper GI.

Whipple's operation: one of the most common types of surgery for pancreatic cancer. The head of the pancreas, duodenum, and part of the stomach and bile duct are removed.