

Pancreatic Cancer UK

**Caring for someone with
pancreatic cancer:**
Information for families and carers



Introduction

This booklet is for family and friends who are looking after someone with pancreatic cancer. In this booklet, when we talk about your 'family member' we mean the person with pancreatic cancer who you are looking after.

You may hear yourself described as their carer. You may not see yourself as a carer – you may simply see yourself as their partner, family member or friend. But a carer is anyone who looks after a family member or friend, unpaid, and provides support that that person couldn't manage without.

Caring for someone with pancreatic cancer can have a big impact on your emotions, your finances and your own health. But you may not have much time to find the support you may need. This booklet should help you find support for both yourself and your family member.

Not all the information in this booklet might be relevant to you. It's been designed so that you can find the information you need, when you need it.

You can find the contact details of the organisations mentioned in this booklet on pages 59-62.

If you have any questions about anything you read here, speak to your family member's doctor or nurse. Or you can speak to our specialist nurses on our free Support Line.



Call the specialist nurses free on **0808 801 0707**,
or email **nurse@pancreaticcancer.org.uk**

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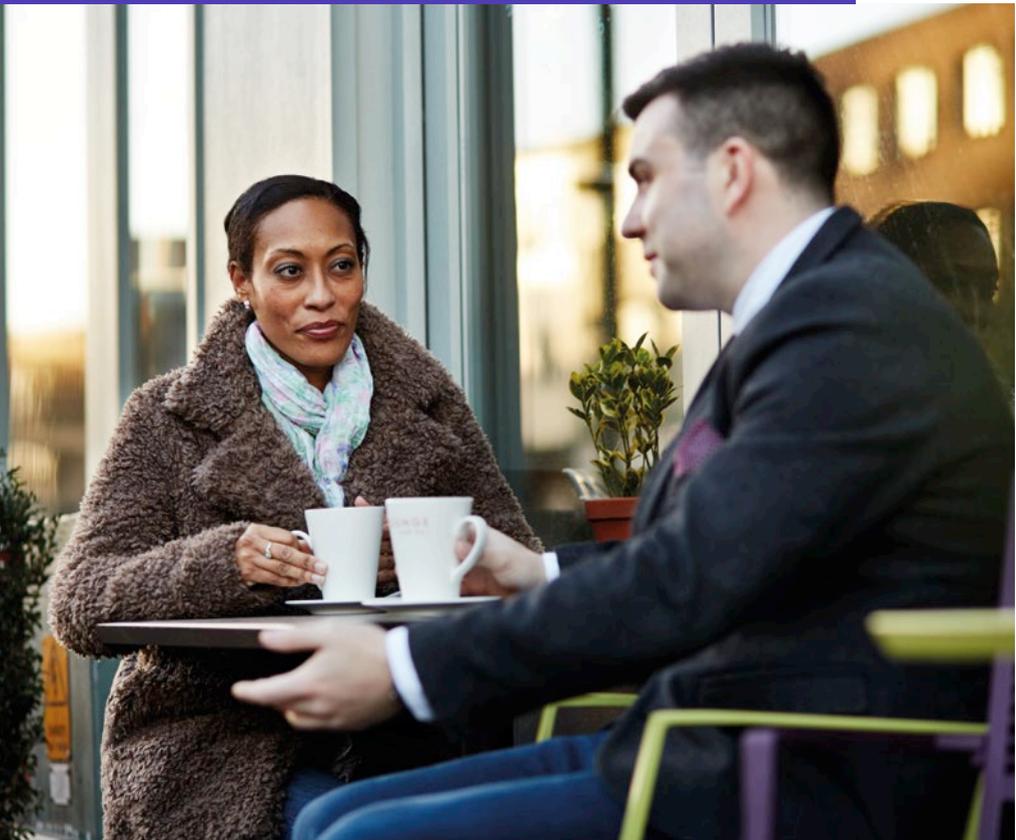
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Section 1

Looking after yourself

Many family members are so busy helping the person with cancer, they ignore their own needs – including the emotional impact of having a family member with cancer. This section has information on how you can find emotional support.



How you might be feeling

When someone close to you has been diagnosed with pancreatic cancer you will probably have different feelings at different times. These feelings might include shock, distress, fear, confusion and denial. You may also be worrying about the future. It may be hard to know what you feel, or how to explain your feelings to others.

You may feel that you don't know what to do, or that you don't know enough about pancreatic cancer to help them. If your family member has been unwell for some time, you may even feel a bit relieved that at least now you know what is wrong. There is no 'right' way to feel, and how you react will be very individual to you.

When you are caring for someone with cancer, you might be too busy to think about how you are feeling. Your family member may be everyone's focus, but that doesn't mean that what you do as their carer is not appreciated.

You may think that you always have to be the strong one who copes with everything. And you may find it difficult to talk to your loved one about their cancer. Macmillan Cancer Support have information on talking about cancer.

People tell us that one of the hardest things can be feeling that you are the only person in this situation. But you are not alone. Many others are going through similar experiences, and there is support available. Make sure you get support when you need it.

“ I first felt bad for asking for so much help, but I realised I needed it for my Mum, and for myself. There is no shame in needing help. I ended up having help from Macmillan, Pancreatic Cancer UK and Marie Curie.”

Who can you contact for emotional support?

Getting support for yourself can be helpful. It can also help you support your family member better. Your family and friends can be great sources of support – just having someone to talk to can be a huge help.

The medical team looking after your family member can also help. Your family member should have a main contact who supports them – this is normally a specialist nurse. They will be able to answer your questions and provide you both with emotional support, as well as medical care.

If your family member is being cared for at home, their main contact may be their GP or community nurse – such as the district nurse. Read about the medical team on page 12.

Asking your family and friends for help with tasks like shopping, cleaning, or looking after children can be a big help. Make sure you have breaks from caring and look after yourself – try to see friends and do things that you enjoy. And try to get enough sleep and eat well.

If you are feeling low, speak to your GP. There is also emotional support available from a range of organisations (see pages 7-11).

“ The most helpful support was the visits from dad’s friends, which allowed us time to do practical jobs such as washing.”

“ I emailed close friends with all the details, which acted like a diary; it helped me cope.”

Pancreatic Cancer UK services

We are here for everyone affected by pancreatic cancer. Our specialist nurses on our confidential Support Line speak to lots of family and friends, and understand the issues and concerns you might have. Their expert help will support you in coping with pancreatic cancer.



Call free on **0808 801 0707** weekdays 10am-4pm,
or email **nurse@pancreaticcancer.org.uk**

You can chat to others affected by pancreatic cancer at any time on our online Forum.



Find out more at **forum.pancreaticcancer.org.uk**

We have the most up-to-date information about pancreatic cancer through our website and publications.



Go to **pancreaticcancer.org.uk/informationandsupport**
Download or order our free publications at
pancreaticcancer.org.uk/publications
or call **0808 801 0707**

Our Living with Pancreatic Cancer Support Days provide local face-to-face support in an informal setting for people with pancreatic cancer, and their family.



Find out more at pancreaticcancer.org.uk/supportdays

Our website has real life stories shared by people affected by pancreatic cancer, including stories written by families.



Read people's stories at pancreaticcancer.org.uk/stories

“ I called Pancreatic Cancer UK and talked to a specialist nurse. I was given advice to help care for my mum better and deal with my own feelings. I felt like I had a place to go to vent, to cry, to laugh, and to really digest what was happening.”

“ What makes it a little easier is the Pancreatic Cancer UK forum – knowing I am not the only person in the world that this is happening to.”

“ The things that helped me cope? Reading lots of information, the Pancreatic Cancer UK forum and outstanding doctors and nurses.”

Support Groups

There are cancer support groups around the country where you can meet others going through similar experiences. They are often open to families as well as the person with cancer.



Find groups specifically for pancreatic cancer at **pancreaticcancer.org.uk/supportgroups**

There are also support groups for people caring for someone with cancer. Your family member's nurse will know what groups are available in your local area.

Organisations supporting carers

There are organisations that offer information and support for carers across the UK, such as:

- Carers UK
- Carers Trust
- Macmillan Cancer Support.

There are carers' centres around the UK that provide free support for carers. Carers Trust have more information, or ask your local council if there is a centre near you.

In Scotland, England and Wales carers can also visit Maggie's Centres for emotional support. In Northern Ireland, Cancer Focus Northern Ireland can provide information and support.

Counselling

It can be emotionally draining when someone close to you has pancreatic cancer. People often find their own ways of coping, but you might find counselling helpful.

Counselling gives you a safe place to come to terms with your feelings, and helps you find ways to cope. You may find a counsellor who specialises in supporting carers through your GP, hospital or hospice. Read more about hospices on page 42.

The British Association for Counselling and Psychotherapy has information about counselling, and you can search for a counsellor who deals with cancer.

“ I had access to an advice line at work; I spoke with my doctor three times, and joined a support group as soon as I could. I focus my energy into doing positive things which has helped me.”

Support for children

If you or the person you are caring for has children or grandchildren, you may need support for them as well.

- Macmillan Cancer Support have a booklet, **Talking to children and teenagers when an adult has cancer.**
- Maggie’s Centres offer support to help you talk to children about cancer, and provide specialist support for families.
- The Fruit Fly Collective produce a range of information and tools to help children with a parent who has cancer.

- Teenagers may find it easier to talk to their friends or an adult outside of the family, or find support online. RipRap (**www.riprap.org.uk**) is a website for teenagers who have a parent with cancer.
- In Northern Ireland, Cancer Focus Northern Ireland provide support to children and young people who have a family member with cancer.
- Winston's Wish provides information and support for children with a parent who has a serious illness, or who have been bereaved.
- Your family member's nurse may also be able to give you information and advice about talking to children.

For most children and teenagers it is best to be honest and talk to them about what is going on. Depending on the age of the child, use language they will understand. Check they have understood by asking them to tell you what is happening in their own words.

Some children and teenagers behave differently, or become quiet and withdrawn when someone they know is affected by cancer. It can help to let their school know what is happening so they can get any support they need from staff at the school.

Section 2

The medical team and healthcare system

It can be difficult to work out how to get the care and support your family member needs, especially if you have never had to do it before. If you aren't sure what to do, the first people to speak to are the specialist nurse or consultant (doctor) in the multidisciplinary team.



The multidisciplinary team (MDT)

The multidisciplinary team (MDT) is the team of health professionals responsible for your family member's treatment and care. They will agree the best treatment for them, and should involve your family member in these decisions.

The health professionals most likely to be involved are the:

- specialist nurse (also called a clinical nurse specialist or CNS)
- gastroenterologist
- oncologist
- surgeon
- dietitian
- and radiologist.

Your family member may not meet all of the MDT, and they won't need to be present at the MDT meetings. There's more information about health professionals and space to record their details on pages 55-58.

Your family member will be given a main contact, who will usually be a specialist nurse. They will help support your family member and coordinate their care. They will be the person you speak to most and can provide support to you and other family members. If your family member doesn't have a specialist nurse, ask their doctor about this.

As long as the person you are caring for gives their GP and medical team permission to speak to you, you can talk to them about your family member's treatment and care.

The National Institute for Health and Care Excellence (NICE) have produced guidelines for health professionals caring for people with pancreatic cancer in England, Wales and Northern Ireland. These guidelines can help you understand the care your family member should expect. Read them in our fact sheet, **Explaining the NICE guidelines for diagnosing and managing pancreatic cancer**, or on our website at pancreaticcancer.org.uk/NICE

There are other guidelines for cancer care across the UK. Find out more in our booklet, **The care you should expect and receive: Patient Charter**.

Where is pancreatic cancer treated?

Anyone diagnosed with pancreatic cancer should have their case reviewed at a specialist centre where there is a specialist pancreatic cancer team (the MDT).

Your family member may have tests and some treatments – such as chemotherapy and radiotherapy – at their local hospital. If they are having surgery to remove the cancer (such as the Whipple's procedure), this should be done at a specialist centre.



There is a list of specialist centres at pancreaticcancer.org.uk/specialistcentres

Specialist palliative care or supportive care

If your family member has been told their cancer can't be cured, they may see a specialist palliative care team or supportive care team. These teams help people live as well as possible for as long as possible, and provide support to family members too.

These services aren't just for people at the end of their life, they are available at any point during treatment or care. They provide specialist care to manage complex symptoms, such as pain, and emotional symptoms, such as depression and anxiety. They also provide people with practical support.

Specialist palliative care teams may be based in the hospital, at a hospice, or in the community where nurses visit your family member at home. Supportive care teams provide similar services and are available in some hospitals.

If your family member has cancer that can't be cured and they haven't seen a specialist palliative or supportive care team, speak to the doctor or nurse about referring them.

The care plan

The medical team should regularly check how your family member is coping with their symptoms, such as pain, tiredness and problems with digestion. Read more about managing symptoms and side effects on page 20.

They should talk to your family member about how they are feeling, and any emotional concerns they have – such as feelings of sadness or depression. They should also talk about practical issues. For example, any extra care your family member needs, advice about their finances, or support with work.

These discussions will help the medical team care for your family member, and manage any issues.

If the medical team don't talk to your family member about these concerns, or you are worried about anything, speak to their nurse about this. These discussions are often called a holistic needs assessment.

Who do I call out of normal hospital hours or in an emergency?

Your hospital team will tell you who to call if your family member's symptoms get bad at night, or at the weekend. If you are caring for your family member at home and need help, you will need to contact their GP or community nurse – this may be the district or palliative care nurse (see page 41). There is space to write these numbers down on pages 55-58. If you haven't been given a number to use out of hours, ask their hospital team or GP about this.

If your family member is having chemotherapy they should be given an emergency phone number to use if they are unwell or need information about side effects. If your family member hasn't been given an emergency number, ask their nurse for it.

If you live in England or Scotland you can call the NHS on 111 for advice out of hours. Or the GP answer phone message will have a number for you to call. If it is an emergency, take them to A&E, or call 999 and ask for an ambulance.

“ We had emergency numbers on a card directing us to the appropriate hospital and department.”

How do we get a second opinion?

If you or your family member want to get a second opinion from a different doctor, you can ask for one. This means seeing a different doctor, possibly in a different hospital. For example, some people may want a second opinion if they are concerned about the diagnosis or recommended treatment.

A second opinion is free on the NHS, or can be paid for privately. If your family member agrees, you can ask for one on their behalf. You will need to ask their current doctor for a referral. You don't have a legal right to a second opinion, but doctors usually won't refuse.

Asking for a second opinion won't affect someone's care, but it can take several weeks, so don't delay any treatment. Your family member can start treatment while they are going through the process.

Think about what getting a second opinion might mean before asking for one. For example, if the two doctors agree it may make you feel more confident. But if a different treatment is offered you might worry about which treatment to choose. The NHS website, NHS Direct Wales and Citizens Advice have more information about getting a second opinion.

“Don't be left thinking I wish I'd asked about that, I wish I'd known about that.”

“ If you don't understand something don't be afraid to say you don't. Don't be afraid to ask questions. I know I needed many questions answering as they would just race through my mind and I wouldn't settle.”

What do we do if we have any concerns about care?

NHS care

If you have concerns about the NHS care your family member is getting, talk to their doctor or nurse first. It is important to raise any concerns you have. Don't be worried that this will affect future treatment and care. If talking to the doctor or nurse doesn't help things, you may want to take the issue further.

- In England, you can speak to the Patient Advice and Liaison Service (PALS). Find out more on the NHS website.
- In Scotland, you can speak to the Patient Advice and Support Service. Find out more from Citizens Advice Scotland.
- In Wales, you can speak to the Local Health Board or NHS Trust. Find out more from NHS Direct Wales.
- In Northern Ireland, the Patient and Client Council can help you with your complaint. Find out more from the [nidirect](https://nidirect.nhs.uk) website.

Private healthcare

With private healthcare, you should talk to your family member's doctor or nurse about your concerns first. If the situation isn't sorted out you can speak to the organisation that regulates the service. Citizens Advice have more information.



Read more about concerns about care at
[**pancreaticcancer.org.uk/concerns**](https://pancreaticcancer.org.uk/concerns)



If you have any concerns about your family member's care, you can speak to our specialist nurses on our free Support Line.

? Questions to ask the doctor or nurse

What treatment does the MDT recommend?

Does my family member have a specialist nurse or main contact? How do we contact them?

What are the best contact details to use out of hours or in an emergency?

Where is the nearest specialist centre?

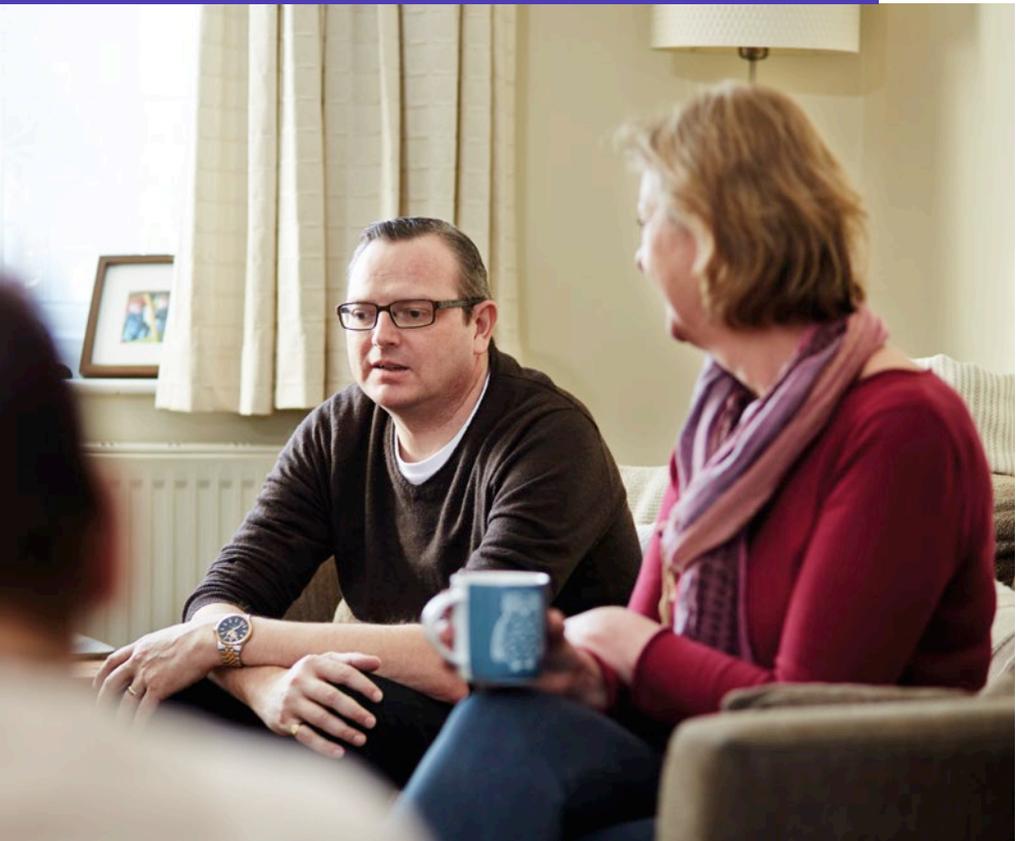
Should the person I'm caring for have a holistic needs assessment?

“We were well informed and supported. We had a long consultation with the consultant and the specialist nurse, then we saw a dietitian which was really helpful.”

Section 3

Managing symptoms and side effects

People will get different symptoms at different stages of their cancer. It can help if you know about the main symptoms, what to do about them and where to get help if you need it.



Pain

Many people with pancreatic cancer have pain at some stage, but pain can be treated.

There are different ways to treat pain. These include:

- painkillers, including paracetamol and ibuprofen, and stronger painkillers called opioids, such as morphine
- medicines that are usually used to treat other conditions but can also help with pain, such as steroids or antidepressants
- a procedure called a nerve block, which blocks nerves from sending pain messages to the brain.

It's important to speak to your family member's doctor or nurse as early as possible about any pain. The sooner pain is treated, the better the chance of getting it under control. Your family member's medical team may work with a specialist pain team to help manage their pain.

If your family member's cancer can't be cured, they may be referred to specialist palliative care, supportive care or a hospice to get their pain under control. Read more about palliative and supportive care on page 15.

The support you give your family member may help them cope better with their pain. This may be emotional support, help with taking medicines or speaking to their doctor or nurse for them.



You can speak to our specialist nurses on our free Support Line about pain.



Read more about managing pain in our booklet, **Pain and pancreatic cancer**, or on our website at **pancreaticcancer.org.uk/pain**

Problems with diet and digestion

The pancreas plays an important role in digesting food, as it produces enzymes that help to break down food. Nutrients from the food can then be used by the body.

Pancreatic cancer can reduce the number of enzymes that the pancreas makes. It can also block them from getting to the bowel, where they are needed for digestion. This can cause problems digesting food, and symptoms such as loss of appetite, weight loss, tummy pain, and changes to bowel habits (see page 28).

Pancreatic enzyme supplements can help manage problems with digestion. These are capsules that replace the enzymes that your pancreas would normally make, and help to break down food. This is known as pancreatic enzyme replacement therapy (PERT). Brands include Creon[®], Pancrease[®], Nutrizym[®] and Pancrex[®]. Pancreatic enzyme supplements can make a big difference to how people feel.

People with pancreatic cancer often lose weight, and may not feel like eating much. This can be difficult for families. Speak to your family member's nurse or dietitian for help dealing with weight loss. A dietitian is an expert in diet and nutrition.

If you are shopping or preparing meals for your family member, ask them what they would like you to cook. They may find it easier to eat smaller amounts more often, rather than having large meals. They could also try having snacks between meals.

If the person you are caring for hasn't been told about pancreatic enzyme supplements, or is taking enzymes but is still having problems, they should speak to their nurse or dietitian. If they haven't been referred to a specialist dietitian, ask their nurse or GP about this.



Read more about diet and digestion, and our tips for dealing with diet problems, in our booklet **Diet and pancreatic cancer**, or on our website at **pancreaticcancer.org.uk/diet**



You can contact our specialist nurses on our free Support Line for more information on diet problems and taking pancreatic enzyme supplements.

“ It was hard at first getting to grips with using enzyme supplements, but once it was sorted it was a noticeable difference with my Mum.”

Diabetes and pancreatic cancer

The pancreas produces a hormone called insulin, which helps to control the amount of sugar in the blood. If someone has pancreatic cancer, or has had all or part of their pancreas removed with surgery, they may not produce enough insulin.

This can cause diabetes, which is a condition where the amount of sugar in the blood is too high. Symptoms of diabetes include feeling very thirsty, passing more urine than normal, weight loss, headaches and feeling tired.

If your family member is diagnosed with diabetes, they should see a specialist pancreatic dietitian. They may also see a diabetes nurse, but the nurse should speak to the dietitian before making any changes to your family member's treatment or diet. This is because diabetes that is linked to pancreatic cancer is different from the types of diabetes most people have. It is important that your family member gets advice that is relevant to them.

If your family member has lost weight or is struggling to eat, the usual advice about diet and diabetes may not be appropriate. They may need more calories (energy) to help them put weight back on. This may include foods that increase their blood sugar level, and their diabetes will need to be managed around this.

If your family member is being sick or has diarrhoea (runny poo), this can affect their diabetes. Some treatments for symptoms and side effects, such as nutritional supplements or steroids, can also affect their diabetes. Speak to their doctor, nurse or dietitian for advice on how to manage this.

Managing diabetes and pancreatic cancer can be difficult and confusing. If you have any questions, speak to your family member's dietitian, nurse, GP or diabetes nurse.



You can also call our specialist nurses on our free Support Line with questions about diabetes.



Read more about diabetes and pancreatic cancer in our booklet, **Diet and pancreatic cancer**, or on our website at **pancreaticcancer.org.uk/diabetes**

Extreme tiredness (fatigue)

Fatigue is common for people with pancreatic cancer. It isn't the same as feeling tired. People may feel weak and have problems concentrating or remembering things. Fatigue can be physically and emotionally draining.

Fatigue can get worse during treatment, and go on for several months after treatment. It may be caused by the cancer itself, or by treatments such as chemotherapy or surgery. Pain, problems with digestion, diabetes or being sick can all cause fatigue. Treating the symptoms and side effects can make a big difference to how your family member feels.

It's important to talk to the medical team. They can look at what is causing fatigue, how to manage it and how to get your family member the support they need.

There are also things your family member can do to help with fatigue. For example, gentle activity can increase energy levels. They may find it helps to work out how fatigue affects them, when they need to rest, and how much activity they can manage when they have more energy. Keeping a fatigue diary to note down when they have fatigue, and anything that makes it better or worse, can also be helpful.



Read more about fatigue and how to manage it at [**pancreaticcancer.org.uk/fatigue**](https://pancreaticcancer.org.uk/fatigue)

Anxiety and depression

When someone has cancer and is facing an uncertain future, it is natural for them to have feelings of anxiety, fear or anger. Sometimes these feelings can become overwhelming. Anxiety and depression can be common in people with pancreatic cancer.

Depression can affect the quality of your family member's daily life, and they may feel less able to cope with their treatment. Getting the right support can help them deal with their feelings.

Symptoms of depression include:

- negative thoughts and feeling hopeless
- loss of interest in things they used to enjoy
- extreme tiredness (fatigue) and problems sleeping
- loss of appetite and weight loss.

Some of the symptoms of depression can be similar to symptoms of pancreatic cancer. Speak to the nurse or GP if your family member has any of these symptoms. They can find out what is causing them and how best to manage them.

There are ways to deal with depression and anxiety. For example, support in dealing with any worries – such as their symptoms or financial issues.

Speaking to a counsellor may help your family member come to terms with their cancer diagnosis. Read more about counselling on page 10. The GP can also give your family member medicines, such as anti-depressants. These can help, although they can take a few weeks to have an effect.

Feeling and being sick

Pancreatic cancer and its treatments can make people feel sick (nausea) or be sick (vomiting). For example, chemotherapy, radiotherapy, and other medicines such as strong painkillers can cause sickness.

Speak to the doctor or nurse if your family member feels or is sick. There are treatments available, such as anti-sickness medicines. It's not something they have to put up with.

Sometimes the cancer can block the duodenum (the first part of the small intestine). This can stop food passing out of the stomach, which can cause sickness. A hollow tube called a stent can be put in to open up the blockage so that food can pass through. This should help the sickness.



Read about stents in our fact sheet, **Stents and bypass surgery**, or on our website at **pancreaticcancer.org.uk/stents**

Read more about sickness at **pancreaticcancer.org.uk/sickness**

As well as treatments for sickness, there are other things that people find helpful. For example, ginger or peppermint drinks, and eating little but often might help. Some people find that complementary therapies (see page 38) can help them cope with sickness.

If your family member is being sick a lot and is struggling to keep food or water down (persistent vomiting), this can be a sign that something is wrong. It can also lead to dehydration. Read more about persistent vomiting on page 33.

What is dehydration?

Dehydration happens when the body loses more water than it takes in. It might happen if someone is sick a lot and can't keep down any food or water, or if they have diarrhoea (runny poo).

Signs of dehydration include dark coloured or strong smelling urine (pee) and passing less urine. It can also cause headaches, feeling thirsty and feeling dizzy or light headed.

If your family member has any signs of dehydration, tell their doctor or nurse. Dehydration needs treating to make sure it doesn't become a serious problem. It may be more serious if someone has diabetes.

Bowel problems

Many people with pancreatic cancer will notice changes in their bowel habits. These may include:

- problems emptying the bowels (constipation)
- pale, oily poo that floats, smells horrible and is difficult to flush down the toilet (steatorrhoea)
- runny poo (diarrhoea).

Speak to the doctor or nurse if any bowel problems don't get better, or get worse. They can work out what is causing them, and find ways to manage them.

Constipation

Constipation can be very uncomfortable, and can cause bloating and sickness. Opioid painkillers, like morphine, can cause constipation. Your family member should be given medicines called laxatives to take with opioids to prevent this. Not moving around or eating much, or being dehydrated, can also make constipation more likely.

Steatorrhoea

Some people get a symptom called steatorrhoea, which is pale poo that floats. This happens if your body can't digest fat in your food properly – because the pancreas isn't producing enough enzymes. Taking pancreatic enzyme supplements (see page 22) can help to relieve steatorrhoea.

Diarrhoea

Diarrhoea can have different causes, including the cancer, some treatments such as chemotherapy, some medicines, or an infection. It can cause dehydration quite quickly, so it's important for your family member to drink plenty of water to prevent this. Speak to the doctor or nurse if your family member has diarrhoea several times a day. They can look at what's causing this, and how to manage it.

Diarrhoea can be caused by problems digesting food, and pancreatic enzyme supplements may help with this. If your family member hasn't been told about enzyme supplements, speak to their doctor or nurse about this.

Some people have ongoing diarrhoea that isn't helped by enzyme supplements. If your family member has diarrhoea that isn't getting better, they may have bile acid diarrhoea – which can happen if there is too much bile (see page 54) in the intestines. Or they may have small intestinal bacterial overgrowth (SIBO), which is caused by having too much bacteria in the intestines.

Speak to your family member's medical team if they have diarrhoea that isn't getting better. There are tests to check for bile acid diarrhoea and SIBO, and medicines to treat them. Your family member may need to see a gastroenterology team, who are experts in problems with the stomach and intestines.



Speak to our specialist nurses on our Support Line if you have any questions about bowel problems.

Jaundice

Pancreatic cancer can cause jaundice, which develops if the cancer blocks the bile duct. If your family member has jaundice, their eyes and skin may turn yellow, and they may feel itchy. They may also feel sick, lose weight, and feel tired and thirsty.

There are treatments for jaundice. For example, your family member may have a tube called a stent put in. The doctor or nurse will also treat any symptoms your family member gets because of jaundice, such as itching or being sick.



Read about treating a blocked bile duct in our fact sheet, **Stents and bypass surgery**, or at **pancreaticcancer.org.uk/stentsandbypass**

Are there any symptoms that need urgent medical attention?

Some symptoms need to be treated straight away. We have included some of the main ones here.

If you think the person you are caring for has any of these symptoms or needs urgent help, call any emergency number you have been given by the hospital team, GP or community nurses. Or take them to A&E, or call 999 for an ambulance.

It is important to tell the person you speak to that your family member has pancreatic cancer. Don't worry about being a nuisance – these symptoms need to be treated as they are an emergency.

Infection during chemotherapy

White blood cells fight infection. Chemotherapy can lower the number of white blood cells in the blood, which can increase the risk of getting an infection. This is called neutropenic sepsis.

If your family member is having chemotherapy, an infection is an emergency and needs treating straight away. Don't ignore the signs of an infection.

Signs of an infection include:

- a high temperature, which is 37.5°C, 38°C or higher (depending on the advice of the chemotherapy team)
- feeling shivery or cold
- headaches and sore muscles
- a cough or sore throat
- pain or burning when they pass urine
- generally feeling unwell.

The chemotherapy team should have given you a number to call for urgent advice. If their temperature is high, call this number straight away. If you don't have this number, ask the doctor or nurse for it. You should also call if they feel unwell or have flu-like symptoms, even if their temperature is normal or low. A low temperature is 35°C or below.

If you can't get in touch with the chemotherapy team, go to A&E or phone 999 for an ambulance.



Read more about infections during chemotherapy in our fact sheet, **Chemotherapy for pancreatic cancer**, or at pancreaticcancer.org.uk/chemotherapy

Stent infection

A stent may be put into the bile duct to treat jaundice (see page 30), or the duodenum to treat sickness (see page 27). There is a risk that the stent may get infected, which is normally caused by the stent getting blocked.

Signs of a stent infection include:

- tummy pain
- sore muscles
- a high temperature, fever, shivering or feeling cold
- being sick or loss of appetite
- yellow eyes, dark urine, pale poo and itching (these are signs of jaundice).

If your family member has signs of an infection, you should take them to A&E or phone 999 for an ambulance. They will usually need antibiotics to treat the infection, and the stent can be replaced.



Read more about stents in our fact sheet, **Stents and bypass surgery**, or on our website at **pancreaticcancer.org.uk/stents**

Persistent vomiting

Being sick a lot with no improvement (persistent vomiting) is a sign that something is wrong. If your family member has been vomiting for half a day or longer and can't keep down any food or water, there's a risk of dehydration (see page 28).

If your family member has any signs of dehydration, contact their medical team, GP or district nurse.

Your family member may need to go to hospital, where they will work out the cause of the vomiting. They may need to be given fluid through a drip into a vein to treat the dehydration.

Blood clot in a vein

People with pancreatic cancer may be more at risk of a blood clot forming in a vein – especially people with cancer that has spread to other parts of the body (advanced cancer). Having surgery or chemotherapy can increase the risk of a blood clot.

A blood clot is serious, and needs treating straight away.

It often happens in the lower leg (calf), thigh, pelvis (area below your tummy button) or arm. This is known as deep vein thrombosis (DVT). It can block the normal flow of blood through the vein. Part of a clot can also break off and travel in the blood to the lungs. This is called a pulmonary embolism. This isn't common, but it can be very serious.

Blood clots don't always cause symptoms. But if your family member has any of the symptoms below they should tell their medical team straight away, or go to A&E.

Symptoms of deep vein thrombosis include:

- pain, swelling or tenderness in one of the arms or legs – often in the lower leg
- warm skin in the affected area
- a heavy ache in the affected area
- the skin in the affected area may look red or a different colour to normal.

Symptoms of a pulmonary embolism include:

- feeling short of breath, which can start suddenly or gradually
- sudden pain in the chest (usually when breathing in)
- coughing – usually a dry cough may cough up blood
- extreme tiredness and feeling dizzy, lightheaded or fainting.

Your family member's doctor may give them blood thinning medicine to reduce the risk of blood clots. Moving around as much as possible and drinking plenty of water can also help.



Read more about blood clots at
pancreaticcancer.org.uk/bloodclots

Will there be different symptoms at different stages?

Every person with pancreatic cancer is different. They react differently to their cancer and to treatment. So it's difficult to know what symptoms they will get, and at what stage.

Most symptoms can be treated, so make sure you speak to the GP, doctor or nurse about any new symptoms or symptoms that have got worse. Your family member's medical team will work out the best way to manage them.

If your family member has advanced cancer, some symptoms can come on quite quickly. Some people want to know what to expect – but not everyone will. If you or your family member do, speak to the doctor or nurse. They will be able to talk to you about your loved one's situation and let you know what symptoms to expect.

Symptoms towards the end of life

When someone is in the last few months or weeks of their life, their symptoms may change, or they may get new symptoms.

As someone reaches the last few days of their life, they may start to withdraw from the world, sleep more and speak less. They may stop eating, their breathing may become slower, and some people feel confused or agitated. Their GP or nurse can explain what signs to look out for and answer any questions you have.



Read about caring for someone at the end of their life, including symptoms and signs that the end of life may be near, in our booklet **Pancreatic cancer and end of life care: Information for people in the last few months, weeks or days of life**, or at pancreaticcancer.org.uk/end-of-life



You can also contact our specialist nurses on our free Support Line, and talk through any concerns you have with them.

“ We didn’t really know what to expect in terms of symptoms at different stages. It seems the nature and progression of symptoms like pain varies with every patient.”

How can I help with managing symptoms and side effects?

One of the best ways you can help is by knowing a bit about symptoms, and what to do or who to ask for help.

- Talk to the GP or nurse – either the specialist nurse, district or palliative care nurse (see page 41). It can be helpful to keep a note of any problems or concerns so that you can ask about these.
- Make sure you can quickly find any contact numbers you have been given, including emergency or out of hours numbers – you can make a note of them on pages 55-58.
- Read more detailed information about pancreatic cancer symptoms and side effects on our website – **pancreaticcancer.org.uk/managingsymptoms**
- Contact our specialist nurses on our free Support Line. They can answer questions, talk through concerns and help you work out what to do or who else to talk to. Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

“ We live in Scotland and the most helpful sources of support were the family medical centre nurses and the Macmillan nurses.”

“ It was primarily Pancreatic Cancer UK’s support nurses who told us about the medicine available for different symptoms, so we went armed with this to the appointments.”

Complementary therapies

Some people find that complementary therapies, such as massage, acupuncture or relaxation therapies, can help them cope with anxiety or other symptoms, such as pain.

Complementary therapies work alongside medical treatments – your family member shouldn't stop any cancer treatments.

If your family member is interested in trying a complementary therapy, speak to their GP or nurse about what is available in your area. Always tell their medical team before they start a complementary therapy, as some may affect their treatment. And always tell the complementary therapist about any treatments they are having.

Some hospitals, hospices and local charities may offer some complementary therapies for free, but this can often be limited. The Complementary and Natural Healthcare Council has a list of registered therapists.



Read more about complementary therapies at
pancreaticcancer.org.uk/complementarytherapies

Section 4

Help and support locally

Many people live a long way from their hospital, so it is important to be aware of local services that can support you and the person you are caring for. This section explains the services that are based locally in the community rather than in hospital.



Community health services

If you are caring for someone at home, you will probably want to access community health services at some stage. For example, you might need help from a community nurse at home. These services support families as well as people who are ill, so make sure you ask for support if you need it.

It can sometimes take time to organise care and support at home, so try to find out what is available in your area before you need it. Your family member's GP can help you with this.

Community services often provide access to practical support, such as equipment. There is information about practical support on page 46.

What happens when someone leaves hospital?

Before someone leaves hospital, they should be given advice and information about any care they might be offered at home. This may be called a care package. The support offered will depend on how unwell the person is and the support they have from their family. The support your family member is offered should also take their wishes into account.

It's a good idea to ask about this support well before your family member leaves hospital. The nurse in charge of the ward may be able to arrange it. Your family member will normally have an assessment by a community nurse (see page 41) or an occupational therapist at the hospital (see page 48).

The GP should also be aware of the care package. If your family member's needs change while they are at home, you can ask for another assessment.

Nurses in the community

If your family member needs nursing support at home, this is most likely to come from the community nursing service.

Your family member's GP or main contact at the hospital should be able to refer them to a community nurse. They will normally carry out an assessment, and do further visits depending on what support your family member needs.

Nurses will normally visit during the day, but there will be a team available in the evenings. In most areas, nurses will also be available at night, so it should be a 24 hour service. Ask the GP or the nursing team about how to get help during the night.

Depending on how services are organised where you live, nursing support may be given by different nurses who provide different types of care.

- District nurses give nursing care and work closely with GPs and other services to coordinate care.
- Specialist nurses (palliative care nurses, hospice nurses or Macmillan nurses) work alongside the district nurse to help people manage their symptoms, and give practical support.

Specialist nurses in the community are different to the clinical nurse specialist at the hospital (see page 13). The clinical nurse specialist will be able to help with questions about treatment or side effects, but won't visit you at home.

If your family member is having palliative care at home, the main contact will be the district nurse or palliative care nurse. If you don't know who to contact about your family member's care, ask their GP or main contact at the hospital.

Marie Curie nurses have a different role. They provide nursing care at home for people who are nearing the end of their lives. For example, they may come in overnight so that a carer can get some sleep. The GP or district nurse can put you in touch with a Marie Curie nurse.

Sometimes you may need a short break from caring for your family member. This can help you to rest and may help you cope better. Respite care involves your family member being looked after by someone else for a short time. This may be somebody coming in to sit with your family member for a few hours, day care in a hospice, or a stay in a care home. Speak to your GP or the district nurse about respite care.



Our specialist nurses on our Support Line can explain how to get support at home.

“ During the last weeks of mum’s life we had Marie Curie come out and sit with mum, so me and dad could sleep. This took the pressure off us.”

Hospice Care

Hospices provide palliative care (see page 15) for people with an illness that can’t be cured. A hospice care team may include nurses, doctors, social workers, counsellors, and more. A hospice isn’t just for someone at the end of their life.

Hospice care is free. Services can vary between hospices, so not all hospices may provide all the services mentioned here.

Services may include:

- managing symptoms and side effects, such as pain
- inpatient care, where you stay at the hospice for a short time – for example, to get symptoms under control
- outpatient care, where you go to the hospice for an appointment and then go home after treatment
- day care, where you spend the day in the hospice but don't need to stay overnight
- Hospice at Home services, which provides hands on nursing care at home
- emotional, spiritual and social support
- support for families
- practical and financial advice
- complementary therapies (see page 38).

Most people are referred for hospice care by their GP, district nurse or palliative care nurse. Ask them what hospice services are available. Hospice UK has details of hospices in your area. Or you can call your local hospice to ask about their services.

“ I was told about the local hospice straight away. I saw them in the early days about supporting our children. I was offered support groups and complementary therapy.”

Social care and homecare

There may be times when you need extra support for your family member, or for you. Social care and homecare include support provided to someone in their home by care workers. Care workers can help with everyday care, including washing, dressing, or housework such as cooking, cleaning or shopping.

Services can be organised through your council's social services department, or privately. The GP or hospice can help you organise this care. The services available may depend partly on your financial circumstances.

Social services

The person you are caring for may be eligible for support from your local council's social services department. Social services may provide support such as:

- care at home from care workers
- respite care (see page 42) or day centre care to give you a break
- equipment or adaptations to the home (see page 48)
- help with daily household tasks, such as laundry.

Social services must do a needs assessment to work out what care your family member needs. An assessment is free, and anyone can ask for one. Getting services can take time, so it's a good idea to start the assessment process as soon as possible.

If you are spending a lot of your time caring for your family member, social services must carry out a carer's assessment to find out what support you need. They should look at the impact that the care you provide has on your health and your life. If you live in Scotland this may be called a Carers Support Plan.

If you or your family member have not had an assessment, contact the social services department at your local council. They have a legal duty to do these assessments. Carer's UK have more information on needs assessments. You can find details of your local council on the **gov.uk** website.

Once the assessments are done, the council will decide whether you meet the criteria for care. If you do, social services will draw up a care and support plan to meet your needs.

Services may be provided:

- directly by the **council**
- by **independent organisations** (such as homecare agencies) on the council's behalf
- by a **direct payment** so that you can choose how you organise the support you are entitled to.

You may have to pay for some of the care. This will depend on what the service is and your financial circumstances. Social services will do a financial assessment (means test) to work this out. If your needs don't meet the criteria for getting support, the council should still give you information and advice about support that is available.

If your family member's needs change and they need more or different care, speak to their GP or nurse about this.

If you do need to pay and money is tight, there are sometimes grants available from local charities – ask social services for details of any in your area. For example, the Elizabeth Coteman Fund makes small grants to people with pancreatic cancer.

Private care

Your family member may not be eligible for support from social services, or they may prefer to arrange and pay for support themselves.

The social services department should give you information about finding local services and care providers. The Carers UK website has a list of care organisations and their services.

“Don’t be afraid to ask – be very confident and assertive about your needs.”

“ Source services early and use them. It’s a very difficult disease to contend with. Everyone needs strength to deal with it and you need support to maintain this strength.”

Practical support

There is a wide range of practical support available – for you as a carer, as well as for the person you care for. Practical support might include equipment to help you care for someone at home, or benefits and financial help.

If you’ve got family or friends who want to help, ask for specific things. For example, they could update other friends and family members about recent hospital visits or test results. Or they could help with a lift to hospital, shopping or cooking, or spending time with the person you care for to give you a break.

Blue Badge scheme

If your family member can’t walk or finds walking difficult – and this is a permanent problem – they may be able to apply for a parking permit under the Blue Badge scheme.

The permit can be used in any vehicle they are travelling in, as a passenger or driver. It allows parking for free in restricted parking areas, disabled public parking bays, or yellow lines.

You can apply for a Blue Badge on behalf of the person you care for and they don't have to be the driver to qualify. You can apply from your local council, or online at:

- **gov.uk** if you live in England or Wales
- **mygov.scot** if you live in Scotland
- **nidirect** if you live in Northern Ireland.

Don't apply for a Blue Badge from anywhere else, as it may not be legitimate.

If your family member's cancer can't be cured, it's best to ask for a paper form from your council, or from the Blue Badge Unit if you live in Northern Ireland. Tell them that the person you care for has terminal cancer. This may make the application process easier. If you do apply online, make it clear that they are terminally ill.

Hospital parking and discounts

Many hospitals charge for parking. However, some people may be able to get free or reduced parking charges, including:

- people who often have to go to hospital for treatment, but do not need to stay overnight (an outpatient)
- family members of people who are in hospital for a longer period of time
- people with relatives who are very ill.

Check what the situation is at your hospital. Find out more about hospital parking on the **gov.uk** website.

“ I noticed on the hospital website that anyone with cancer or visiting someone having cancer treatment could get reduced parking, but I wasn’t told this by a member of the hospital staff.”

Travel to hospital

If you find it tiring driving your family member to hospital regularly, see if you can share this with other friends or relatives. If your family member relies on public transport or lifts from other people, they may be able to arrange their appointments around this, although this isn’t always possible.

Some hospitals provide transport, as do the British Red Cross, local charities and support groups. Ask the nurse what help is available in your area.

If you are finding that travelling to hospital is expensive, you may be able to get financial help or claim some of the costs back. Ask the hospital staff for information on benefits and grants that might be available. Or get in touch with Macmillan Cancer Support for information about financial support.

Equipment and adaptations

Getting the right equipment to help you manage at home can make a huge difference. This might include ways to raise a seat to make getting up easier, grab rails to help someone get out of the bath, a wheelchair or a hospital-style bed.

An occupational therapist is a professional who can help your family member find ways to carry out everyday activities that might be difficult. They will carry out an assessment to work out what equipment is needed and help you get it.

Ask the GP or specialist nurse to refer your family member to an occupational therapist. You can also contact your council, or pay to see a private occupational therapist.

Some equipment may be free, but you may need to pay towards the cost of some things. This will depend on your local council. You may be able to get benefits or a grant to help with the cost. Read more about financial support on page 50.

Your family member's local hospice may provide some equipment. If you are thinking of buying any equipment yourself, the Disabled Living Foundation can provide information.

If the person you are caring for only needs equipment for a short time, such as after surgery, the hospital or district nurse will usually supply this. But it depends on your local services. Charities such as the British Red Cross also lend equipment.

“ Incontinence pads were provided by the NHS and were invaluable.”

“ Keep persisting until you receive all the advice, support and equipment you need. There's no such thing as a silly question and sometimes if you don't ask you don't get.”

“ Get equipment as soon as it is needed to make life more comfortable. Having the equipment at home definitely helped us.”

Financial support

Looking after someone with cancer can have an impact on your finances. For example, caring for your family member may mean you can't work, or can only work part time. Or the person you're caring for may have to stop work or pay for travel to treatment sessions.

Dealing with your financial situation is important so that it doesn't become something you worry about. If you can, try to sort things out before they become a problem. There is lots of help available. Macmillan Cancer Support, Carers UK, Carers Trust and Citizens Advice can all give expert advice on work-related issues, benefits and financial matters.

These are some things that might help.

- You and your family member may be able to claim for benefits, such as Carer's Allowance. Macmillan Cancer Support have an online Benefits Checker.
- If you or your family member are working, speak to your employer about your options. For example, you have the right to request flexible working such as working fewer hours or working from home.
- Prescriptions in Scotland, Wales and Northern Ireland are free. In England, the person you are caring for can get free prescriptions if they are having treatment for cancer, or for their symptoms and side effects. They will need to apply for a medical exemption certificate. Ask their GP, hospital or local pharmacy for a FP92A form.
- You may be able to apply for a grant from a charity, for example to help with bills, or buy equipment. The Elizabeth Coteman Fund provides grants to people with pancreatic cancer.

“ Money was a very big worry for my dad. One call to a Macmillan benefits adviser helped sort things out for him. It’s no longer a worry.”

“ I was informed about benefits (such as benefits for terminal cancer patients) by the hospice.”

Thinking about the future

If the person you are caring for has advanced cancer, you may want to think about what will happen if their cancer gets worse. If your family member becomes less well, it may be more difficult for them to make decisions about their care. They may want to think about what care they would or wouldn’t want, before they need it. This is called advanced care planning.

Or they could make a Lasting Power of Attorney. This is a legal document which allows someone else to make decisions about their health and welfare on their behalf. Your family member can also make a Lasting Power of Attorney for their property and financial affairs.



Read about planning care, including the different ways of making decisions and recording them, at **pancreaticcancer.org.uk/planningcare**

Planning for the future may be difficult, but it can help you both feel more in control. It may make it easier for you to follow their wishes, and they may feel comforted that plans have been put in place. Your family member can talk to their doctor or nurse at any time about how they would like to be cared for in the future – they don't need to wait to be asked about this.

? Questions to ask the doctor or nurse

What support are we entitled to?

What services are available locally to help care for my family member at home?

How do we get support and care at home?

Section 5

Further information and support

In this section, we explain some key medical words, and provide information about organisations that can support you. There is also space to record the contact details of the medical team.



Glossary

We have explained some of the medical words that you may hear.

Bile: fluid which helps digestion. 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 (see below).

Digestion: what your body does to break down your food to get the nutrients out of it. The pancreas plays an important role in digestion.

Duodenum: the first part of the small intestine.

Enzymes: substances made by the body. Different types of enzymes have different roles in the body. Pancreatic enzymes help break down food and drink.

Hepatobiliary: this term covers the liver, gall bladder and bile duct. These are very close to the pancreas, and hepatobiliary doctors and nurses may specialise in treating pancreatic diseases as well.

Pancreatic enzyme replacement therapy (PERT): capsules that help to digest food when the pancreas isn't producing enough digestive enzymes.

Steatorrhoea: caused by fat in poo. Poo may be pale, look oily, smell horrible, and be difficult to flush down the toilet. Read more on page 29.



You can find more medical words on our website –
pancreaticcancer.org.uk/medicalwords

Healthcare team members

You can use this space to record the names and numbers of the key professionals involved in your family member's care.

Out of hours or emergency contact

Name:

Telephone:

Notes:

Specialist nurse

A nurse who provides expert care for a condition, such as pancreatic cancer. The specialist nurse may be your main contact.

Name:

Telephone:

Email:

Notes:

Dietitian

A professional who provides expert advice about diet and nutrition, including managing symptoms related to diet.

Name:

Telephone:

Email:

Notes:

Oncologist

A doctor who treats cancer with treatments such as chemotherapy or radiotherapy.

Name:

Telephone:

Email:

Notes:

Surgeon

A doctor who carries out surgery.

Name:

Telephone:

Email:

Notes:

Gastroenterologist

A doctor who treats diseases of the digestive system, including the pancreas.

Name:

Telephone:

Email:

Notes:

General practitioner (GP)

The GP will help manage your family member's cancer. For example, they may help manage some symptoms, and can refer them for other medical services.

Name:

Telephone:

Email:

Notes:

Social services contact

Your council may provide support through social services. This might include practical and financial support.

Name:

Telephone:

Email:

Notes:

Occupational therapist

A professional who can help find ways to carry out everyday tasks, for example by recommending equipment.

Name:

Telephone:

Email:

Notes:

Community nursing service

There are different nurses who can provide support and care locally in the community.

- **Community or district nurse** – provide nursing care in people’s homes, including giving medicine.
- **Palliative care nurse** – nurses who specialise in managing pain and other symptoms.
- **Macmillan nurse** – nurses who specialise in an area of cancer care. Some Macmillan nurses are palliative care nurses – but not all.
- **Hospice nurse** – provide palliative care and support at a hospice. They may also visit you at home.
- **Marie Curie nurse** – nurses who provide nursing care in your home, often overnight.

Nurse

Name:

Telephone:

Email:

Notes:

Name:

Telephone:

Email:

Notes:

Useful organisations

British Association of Counselling and Psychotherapy

www.bacp.co.uk

Tel: 01455 883 300 (Mon-Fri 9am-5pm)

Information about counselling and a database of therapists.

British Red Cross

www.redcross.org.uk

Tel: 0344 871 1111

Provide a range of support including lending equipment, support at home and help with transport.

Cancer Focus Northern Ireland

www.cancerfocusni.org

Nurse line: 0800 783 3339

Provide support for people affected by cancer and their families.

Cancer Research UK

www.cancerresearchuk.org

Helpline: 0808 800 4040 (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

Carers Trust

www.carers.org

Email: info@carers.org

Information and support for carers, and a directory of services.

Carers UK

www.carersuk.org

Advice line: 0808 808 7777 (Mon and Tues 10am-4pm)

Information and support for carers, including benefits checks, and advice on financial and practical issues.

Citizens Advice

www.citizensadvice.org.uk

**Telephone: England 03444 111 444; Wales 03444 77 20 20;
Scotland 0808 800 9060; Northern Ireland 0300 1233 233**

Or in person at your local Citizens Advice Bureau.

Provide information and advice on a range of issues including work, benefits, patient rights and information for carers.

Complementary & Natural Healthcare Council

www.cnhc.org.uk

Tel: 020 3668 0406 (Mon-Fri 9.30am-5.30pm)

Information about complementary therapies and a register of therapists.

Disabled Living Foundation

www.dlf.org.uk

Helpline: 0300 999 0004 (Mon-Fri 10am-4pm)

Provide information about equipment to help with daily living.

Elizabeth Coteman Fund

www.ecfund.org

Telephone: 01223 782171

Provide grants for people with pancreatic cancer for equipment and respite care. Provide support to those affected by pancreatic cancer.

Fruit Fly Collective

www.fruitflycollective.com

Provide information and support for families affected by cancer.

GOV.UK

www.gov.uk

Provides information about government services, including information about benefits, transport, money and hospital parking.

Health in Wales

www.wales.nhs.uk

Information about the NHS in Wales, and local services.

Healthtalk.org

www.healthtalk.org

Personal experiences presented in written, audio and video formats, including people talking about pancreatic cancer.

Hospice UK

www.hospiceuk.org

Telephone: 020 7520 8200

Information about hospices, and a database of hospices.

Macmillan Cancer Support

www.macmillan.org.uk

Support Line: 0808 808 00 00 (Everyday, 8am-8pm)

Provide practical, medical and financial support for anyone affected by cancer, including family members.

Maggie's Centres

www.maggiescentres.org

Telephone: 0300 123 1801

Centres around the UK and online offer free practical, emotional and social support for anyone affected by cancer.

Marie Curie

www.mariecurie.org.uk

Support line: 0800 090 2309 (Mon-Fri 8am-6pm, Sat 11am-5pm)

Provide care and support to people with a terminal illness and their families, including nurses and hospices.

mygov.scot

www.mygov.scot

Information about public services in Scotland, including health and social care services.

NHS website

www.nhs.uk

Provides information about health conditions, living well, care, and local services in England.

NHS inform

www.nhsinform.scot

Tel: 0800 22 44 88

Provides information about different health conditions, living well, and local services in Scotland.

nidirect

www.nidirect.gov.uk

Information about local services in Northern Ireland, including health services and information and support for carers.

Winston's Wish

www.winstonswish.org.uk

Freephone Helpline: 08088 020 021 (Mon-Fri, 9am-5pm)

Provide support to children with a family member who has a serious illness, and children who have been bereaved.

This booklet has been produced by the Support and Information Team at Pancreatic Cancer UK.

We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this will add to the medical advice you have had and help you make decisions about your treatment and care. This information should not replace advice from the medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

We would like to thank the following people who reviewed this information

- Achla Damania, Macmillan GP, Vale Royal and South Cheshire
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- Pancreatic Cancer UK Lay Information Reviewers
- Pancreatic Cancer UK Specialist Nurses

Give us your feedback

If you have any comments or suggestions, email us at **publications@pancreaticcancer.org.uk** or write to our Information Manager.

The photographs in this booklet are of people who have and haven't been affected by pancreatic cancer.

Pancreatic Cancer UK

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