Pancreatic Cancer UK

Surgical Management of Pancreatic Cancer

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Aims:

- Understand statistics surrounding pancreatic surgery
- Relevance of staging and resectability
- Types of surgery performed
- Immediate management of patient post-operatively
- Complications of surgery
- Key factors

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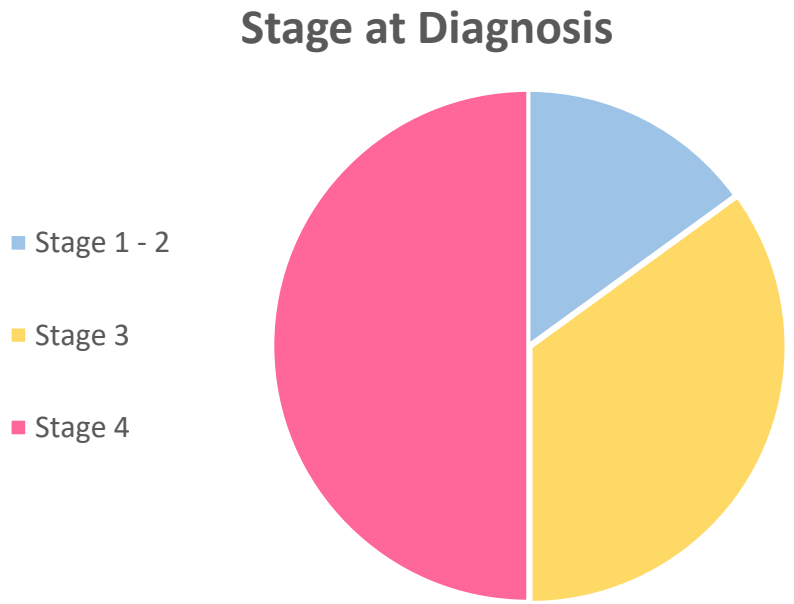
Statistics around diagnosis

- 10–20% of patients present with resectable tumours
- 30–40% present with borderline resectable pancreatic cancer (BRPC) or locally advanced/unresectable pancreatic cancer (LAPC)
- 50–60% present with metastatic or systemic disease



www.ncbi.nlm.nih.gov/pubmed/27158978; Kleeff et al., 2016

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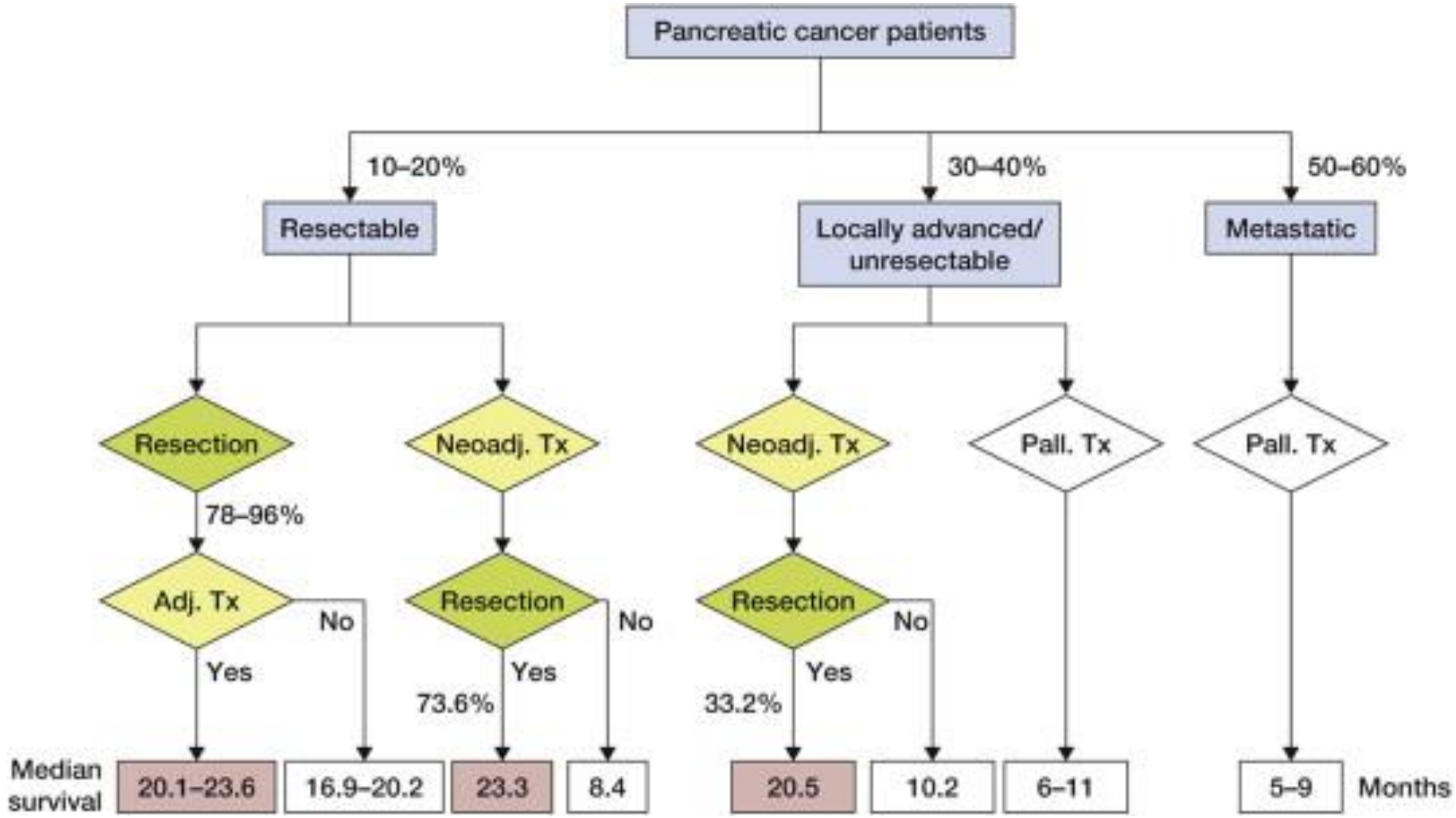
Diagnosis, Treatment Pathways and Median Survival (months)



http://www.pancreatology.net/article/S1424-3903(14)00997-1/pdf; Hidalgo et al., 2015

Note: these statistics are the overall of Europe (incl. UK)

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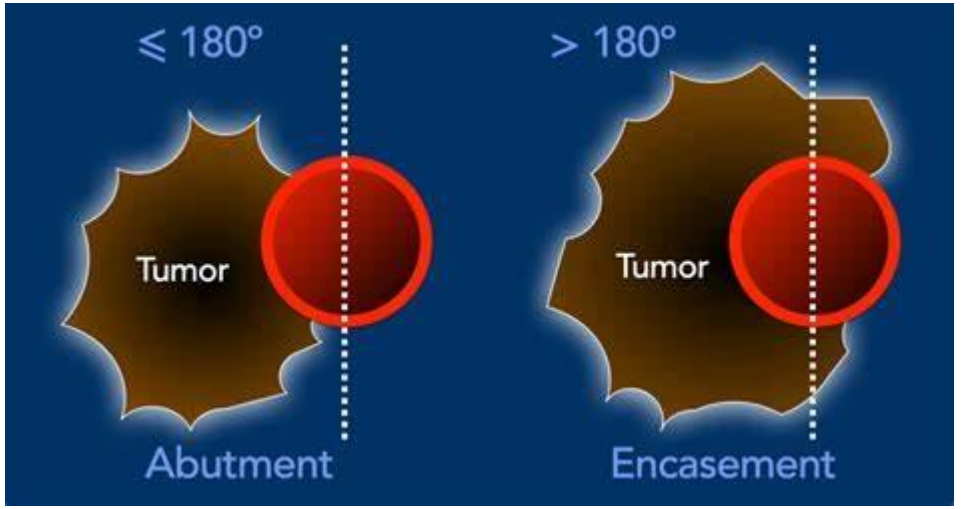
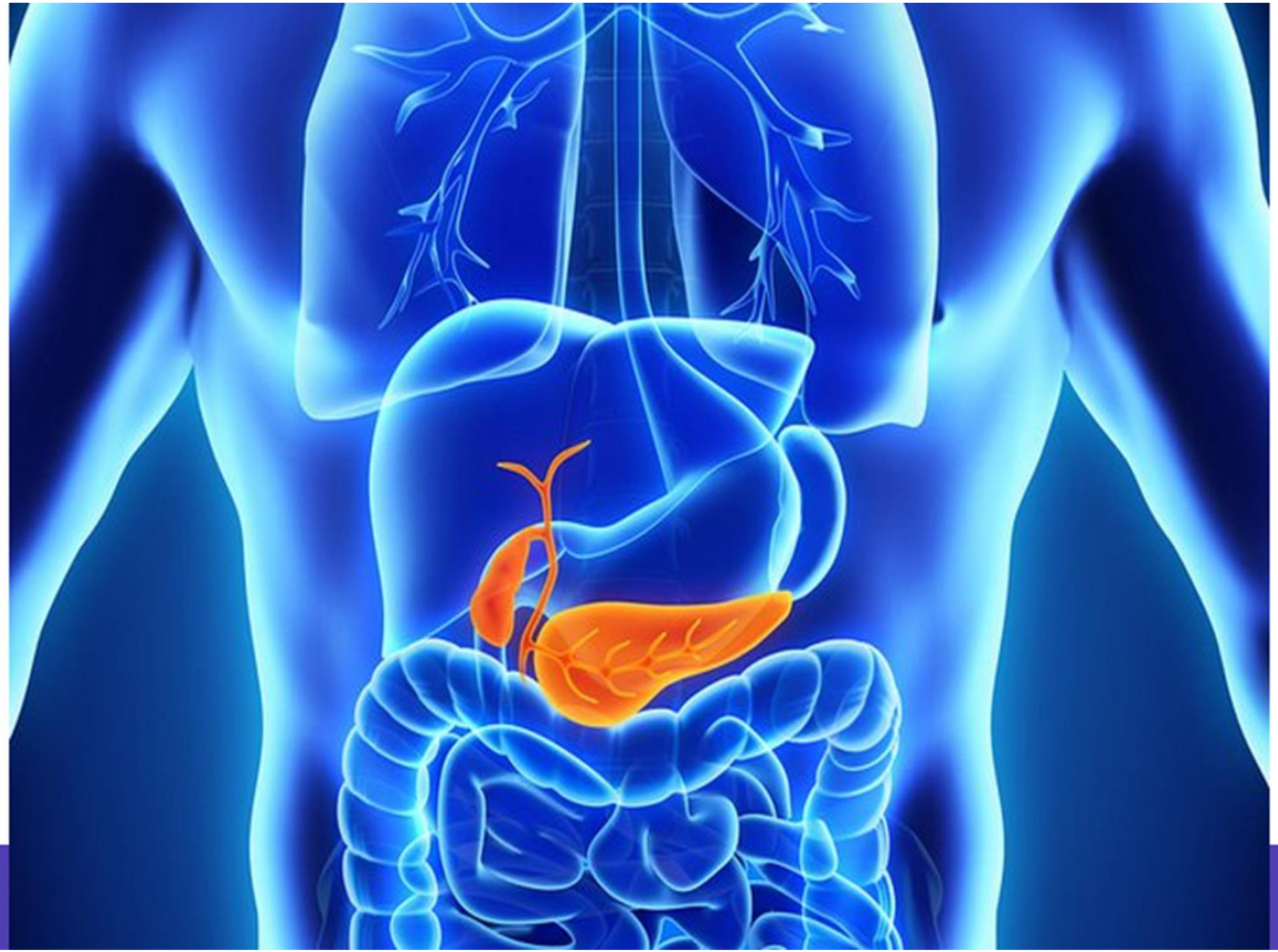
Locally Advanced Pancreatic Cancer:

- **LAPC** is defined as a pancreatic adenocarcinoma **without distant metastases**, with **>180° involvement** of the hepatic artery, superior mesenteric artery and/or celiac trunk, or unreconstructible involvement of the porto-mesenteric vein

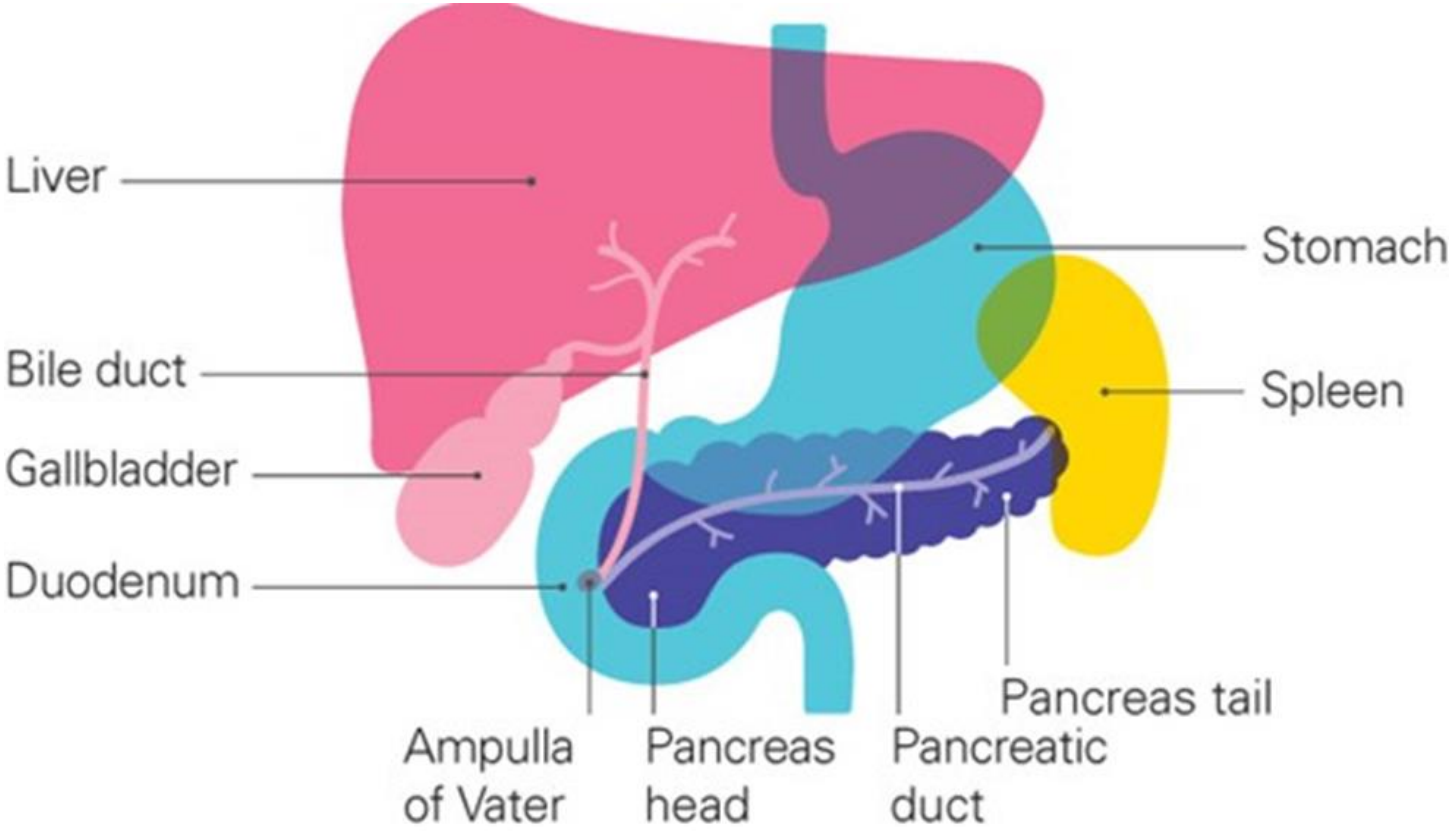
- Small proportion will respond to chemotherapy and then be re:considered for surgery (or other techniques) - *laparoscopy* useful as 20–30% of patients with LAPC have peritoneal metastases



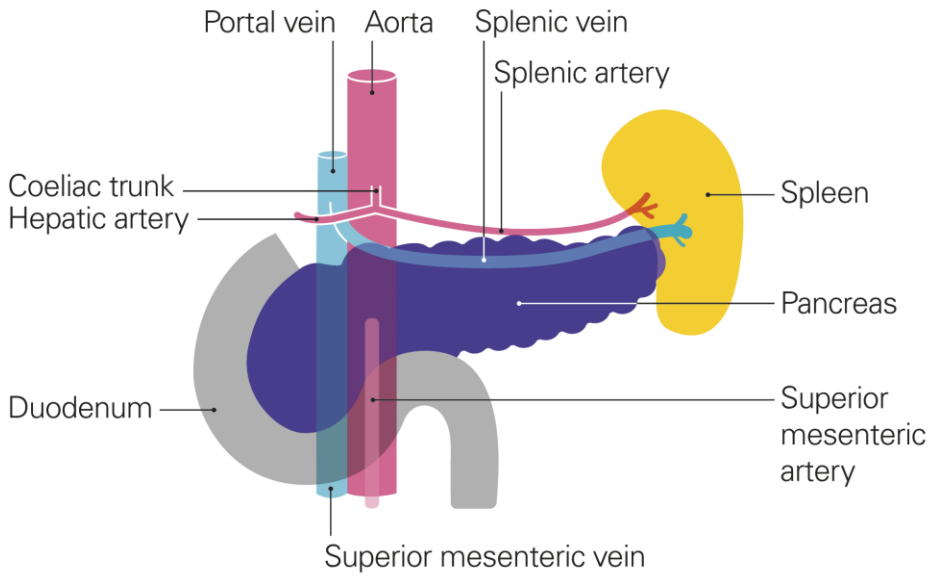
The Radiology Assistant : Pancreatic Cancer - CT staging 2.0



Anatomy



Pancreas with surrounding blood vessels



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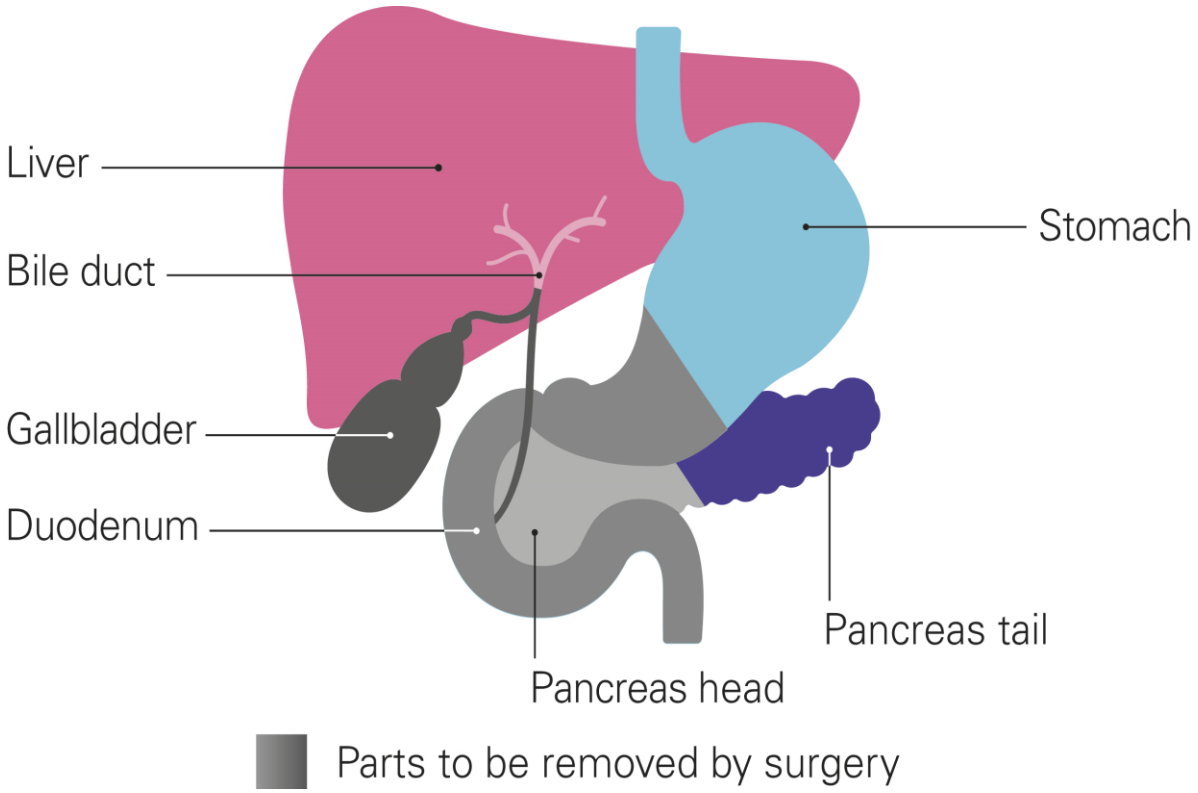
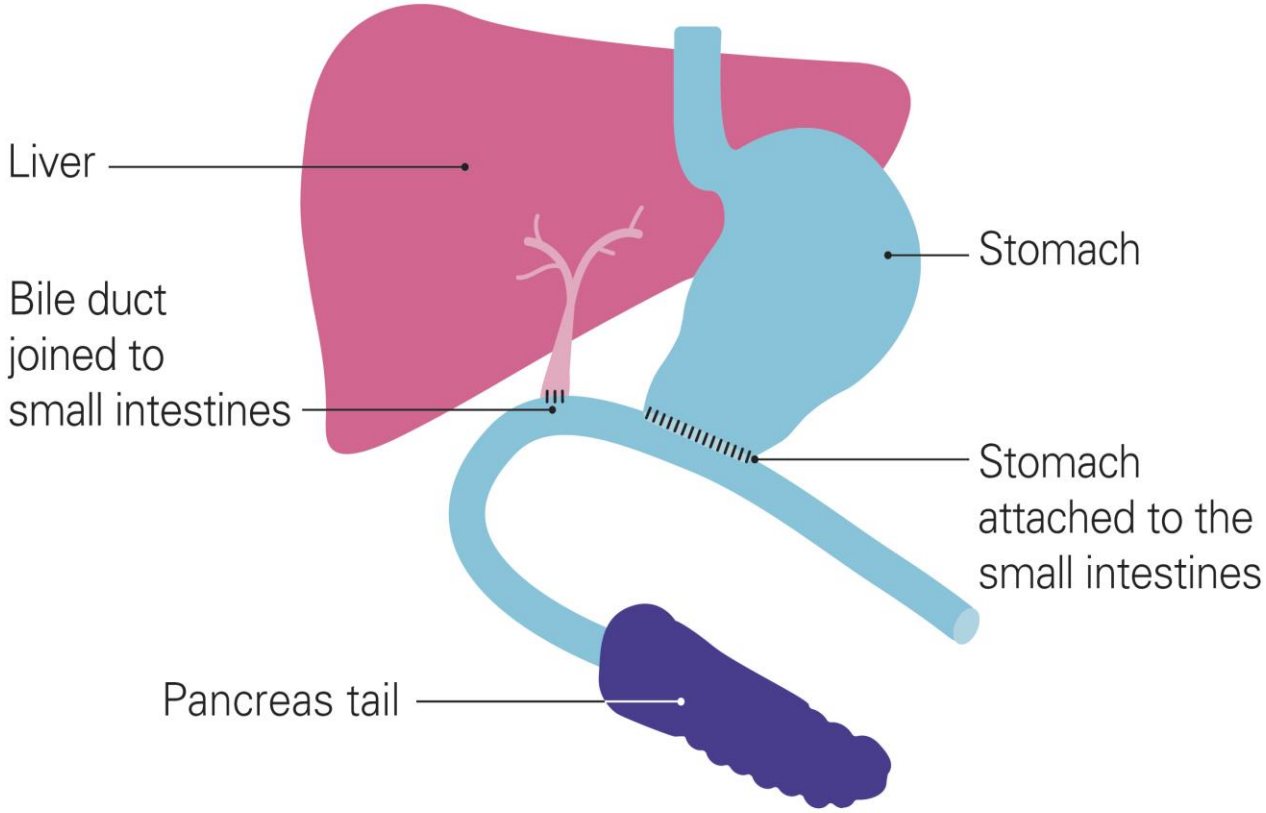
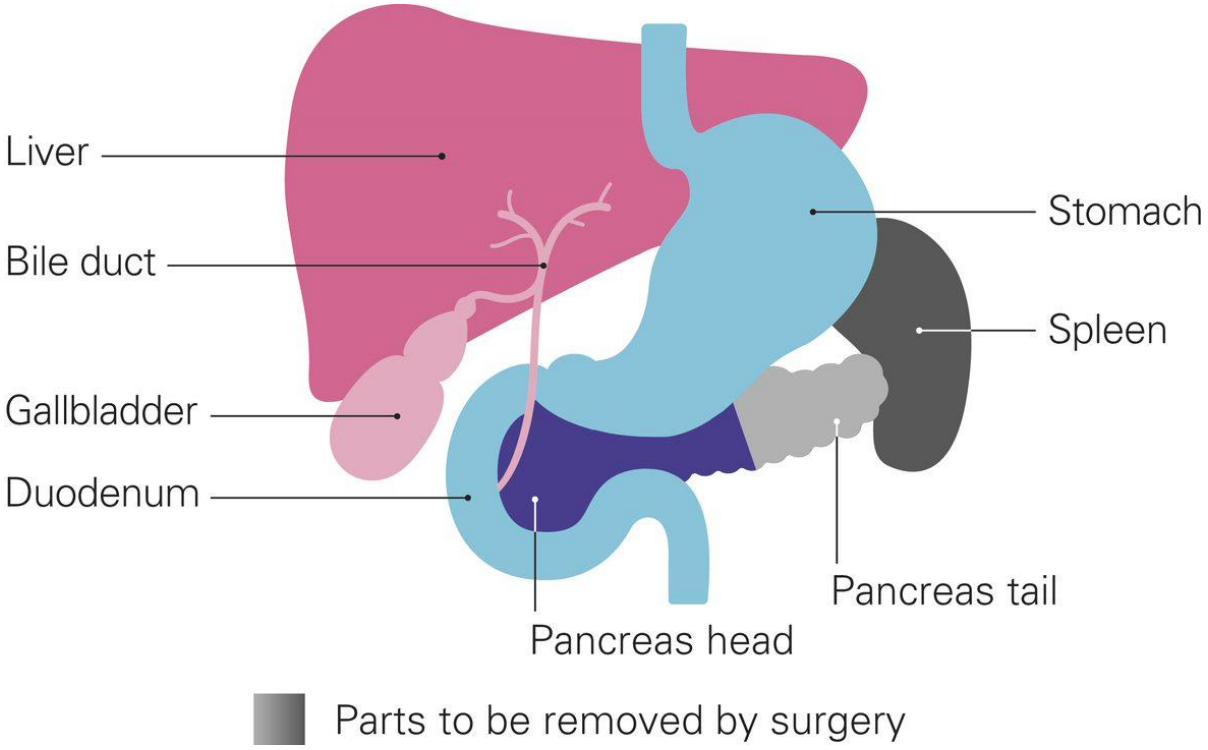
Pancreatic Surgery

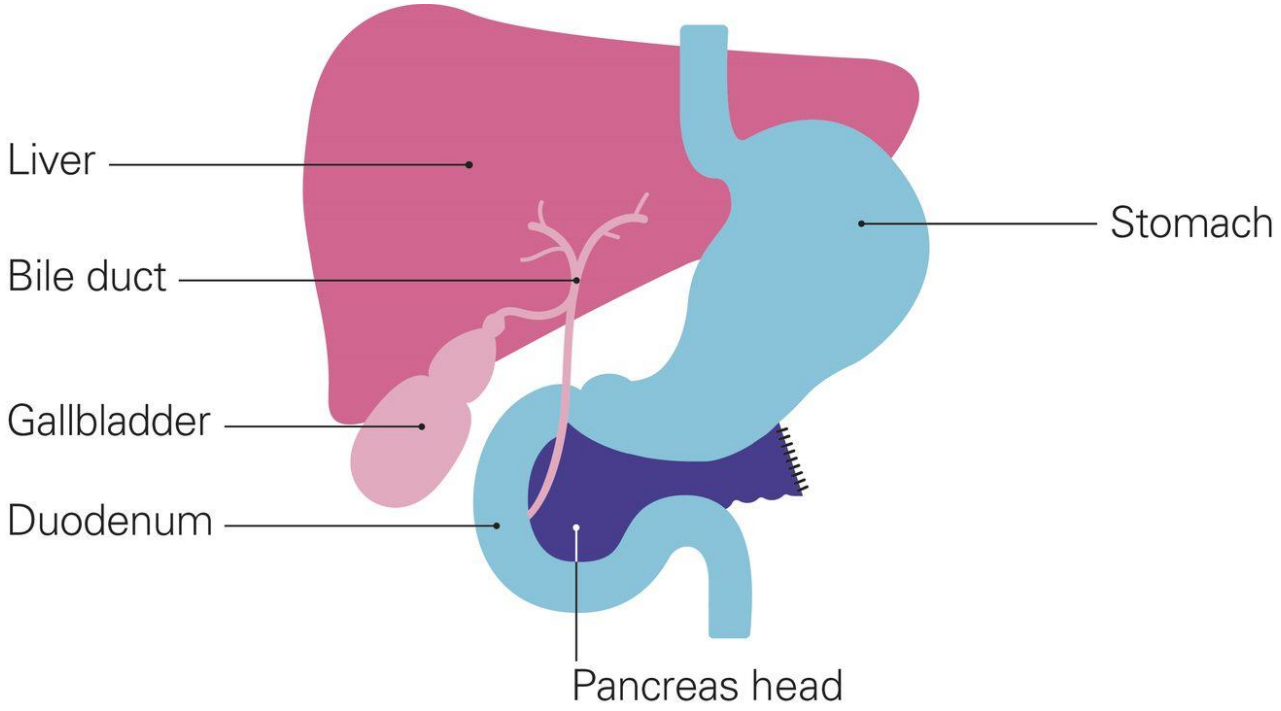
Whipple


Liver
Bile duct
Gallbladder
Duodenum
Stomach
Pancreas tail
Pancreas head
Parts to be removed by surgery

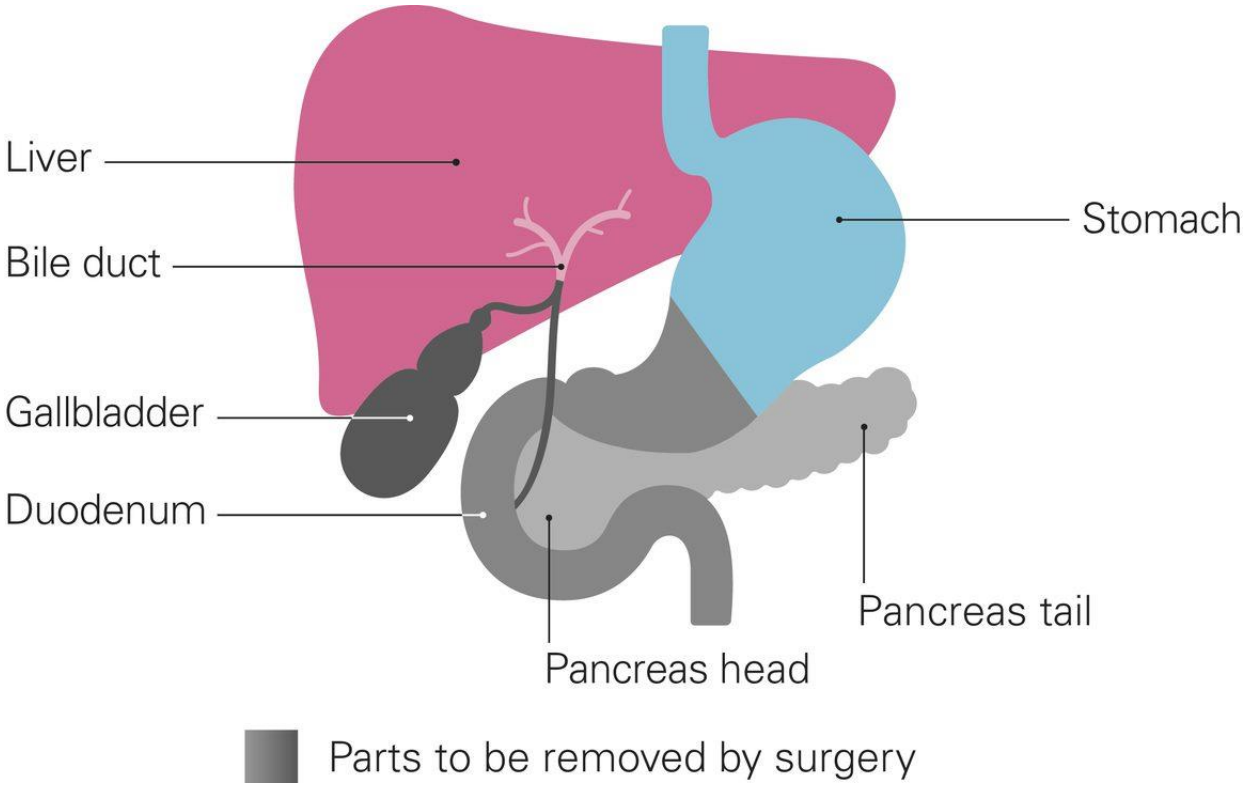

Liver
Bile duct
joined to
small intestines
Stomach
Stomach
attached to the
small intestines
Pancreas tail

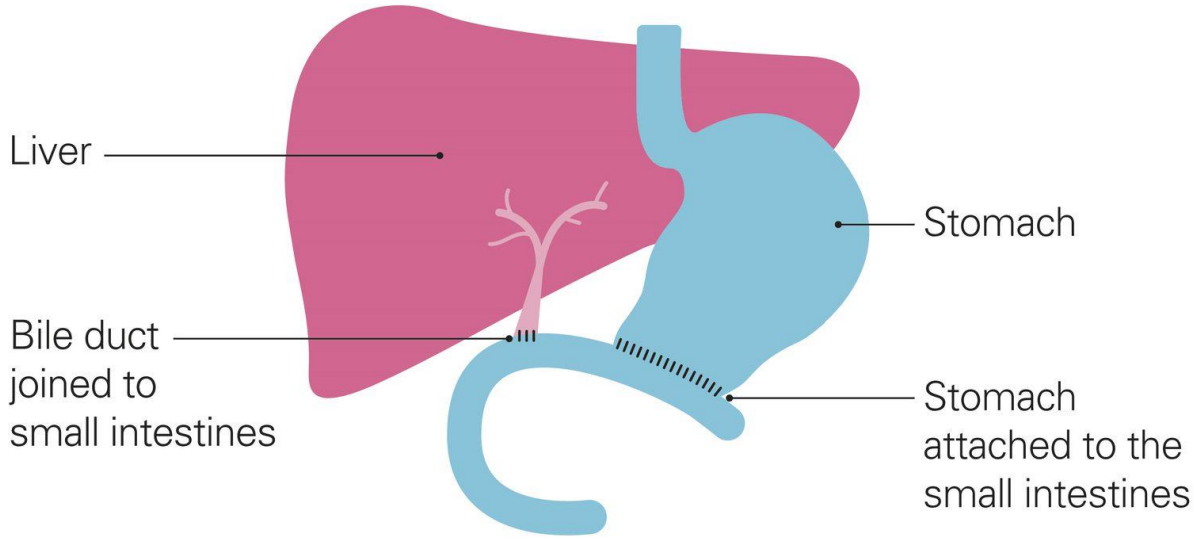
Distal Pancreatectomy & Splenectomy:





Total Pancreatectomy





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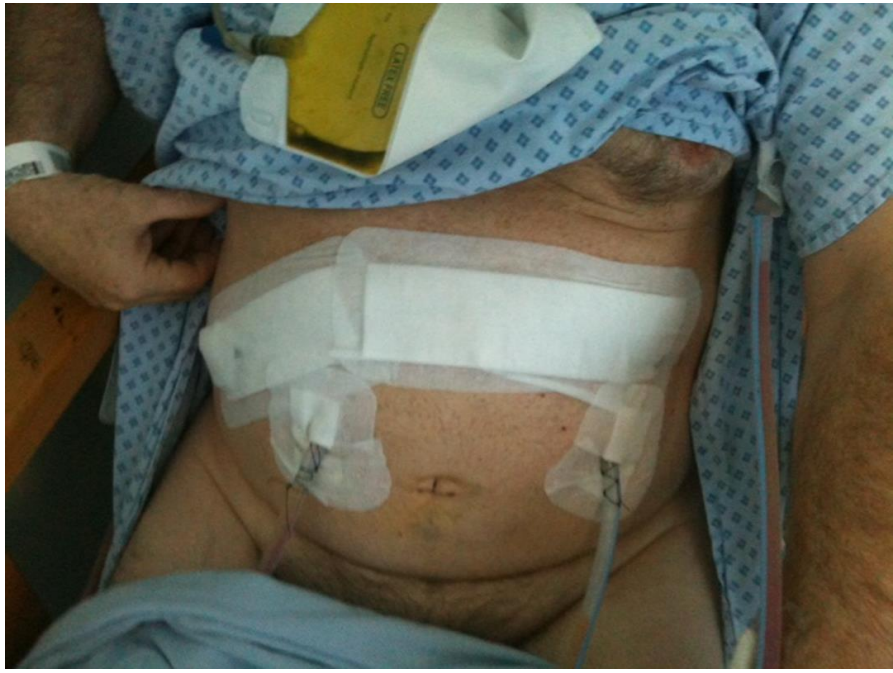
Recovery post pancreatic surgery:



- 4-9hrs operation
- Patient transferred to HDU/ITU post op + then ward on day 1/2
- Octreotide + antibiotics
- CV line, epidural - PCA, catheter, NGT, drains
- Minimal fluid intake allowed (mouth swab, sips 1st few days)
- Drain fluid amylase on day 3 + 5 before resuming oral intake
- Mobilization and chest physiotherapy essential – day 1
- TPN if patient not able to resume oral intake by day 8-10
- Median hospital stay approximately 7-10 days
- Complete recovery as long as three months, often more

Think – blood sugars & PERT

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Complications:

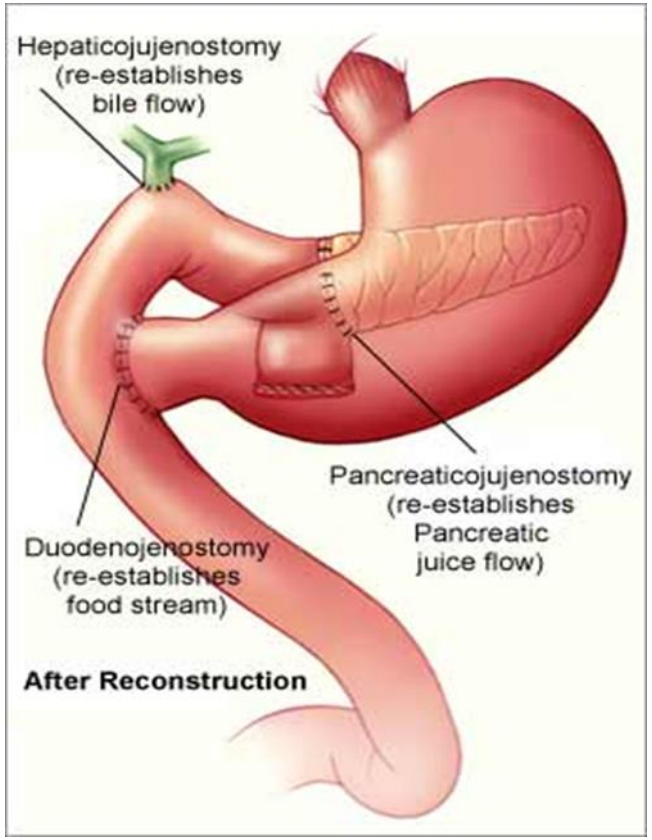
Generic

- Respiratory
- Cardiovascular
- Bleeding
- Infection

Specific

- Pancreatic leak
- Biliary leak
- Gastro-enteric leak
- Chyle leak
- Delayed gastric emptying
- Pancreatitis

- Diabetes
- Pancreatic Enzyme Insufficiency (PEI)



https://www.drjbshum.ca/pancreaticoduodenectomy

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1. Ensure patient is stable

- Observation parameters
  - Consciousness
  - Pulse rate
  - Blood pressure
  - Respiratory rate
  - Oxygen saturation
  - Temperature
  - Urine output
  - (Drain output)

2. Resuscitation

- Establish IV access
- IV fluids
- Urinary catheter
- Antibiotics
- Analgesia
- Imaging
- Intervention

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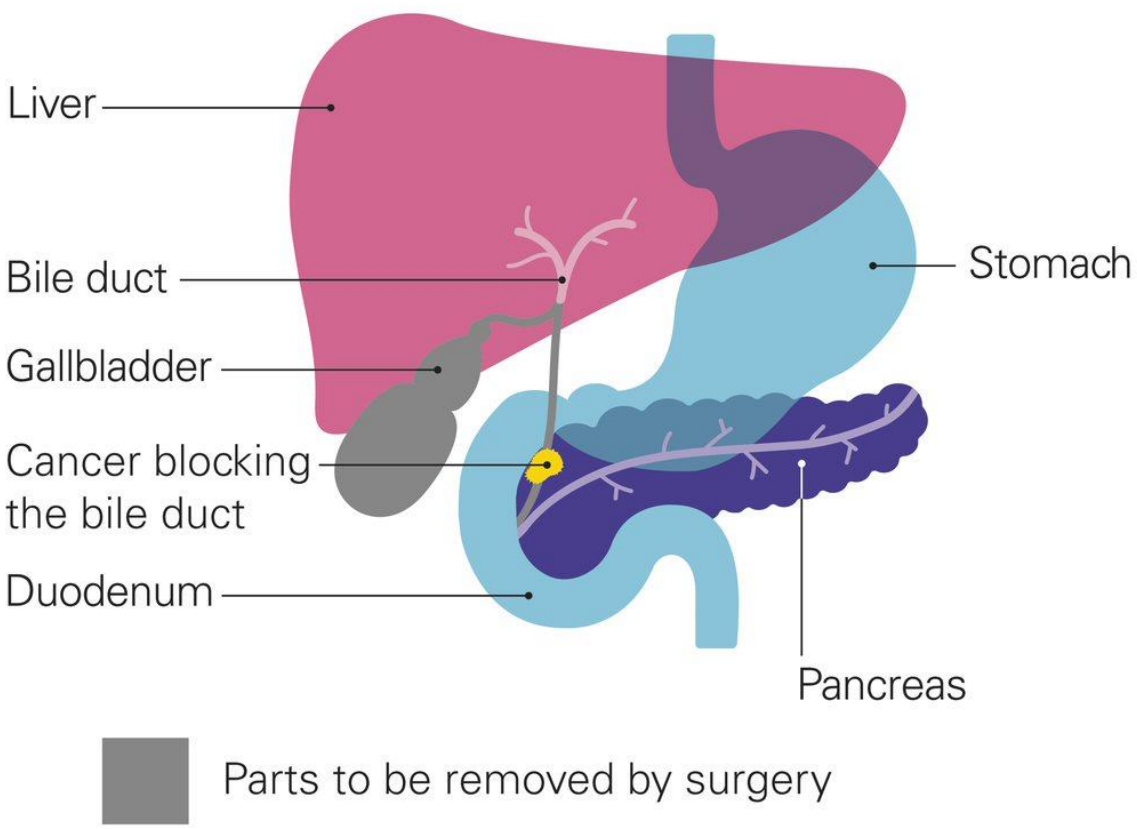
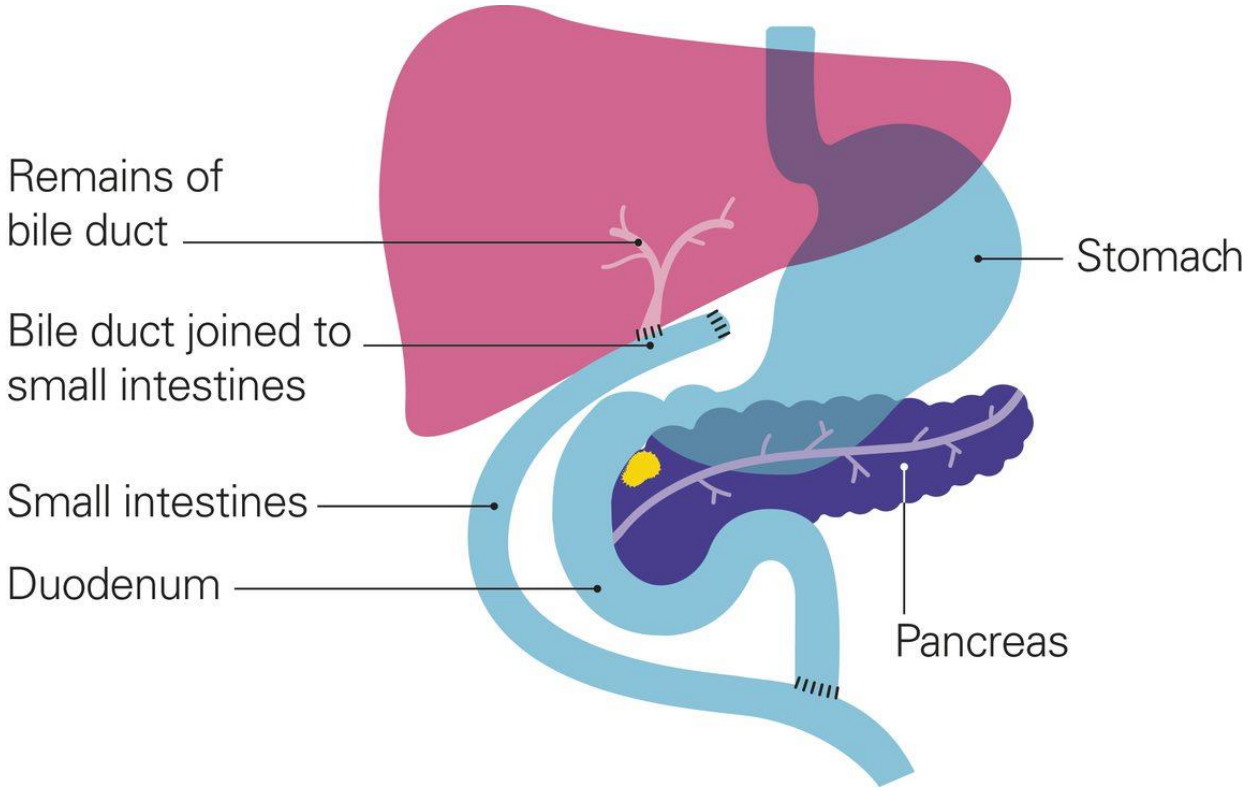
Biliary Bypass Surgery:





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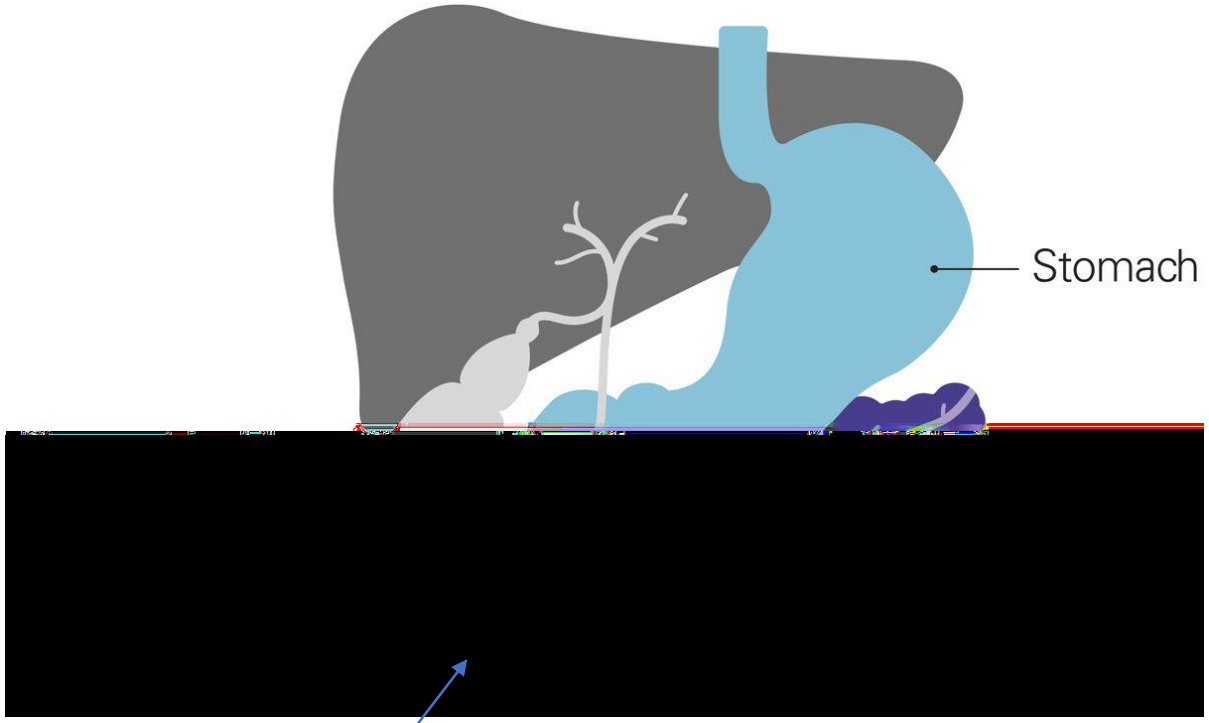
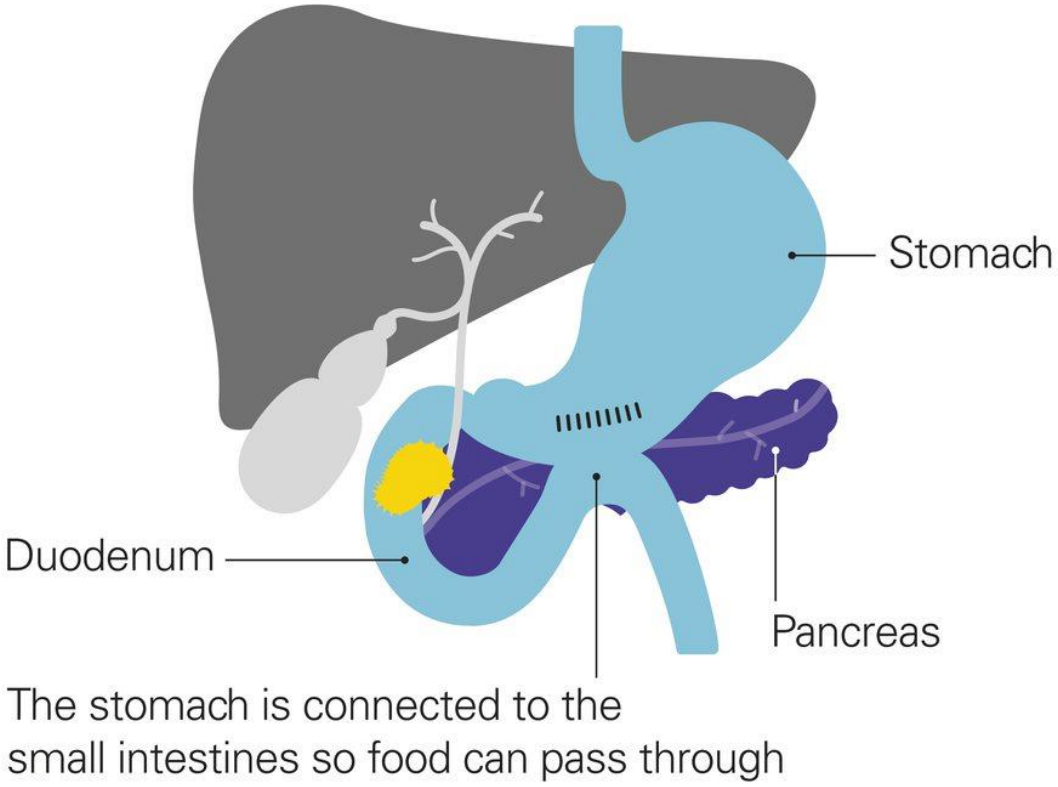
Duodenal Bypass:



Duodenal obstruction



Duodenum bypassed

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Things to remember…

- Early Diagnosis
- Timely referral
- Right selection of patients (by the right team)
- Optimize pre-operatively
  - Biliary drainage
  - Nutrition
  - PERT
  - Diabetes
  - Psychosocial support
  - Welfare
  - Other symptoms

- Post-operative follow-up/support → fit enough for adjuvant chemo

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