Managing Side Effects of Pancreatic Cancer Treatment in Emergency Settings

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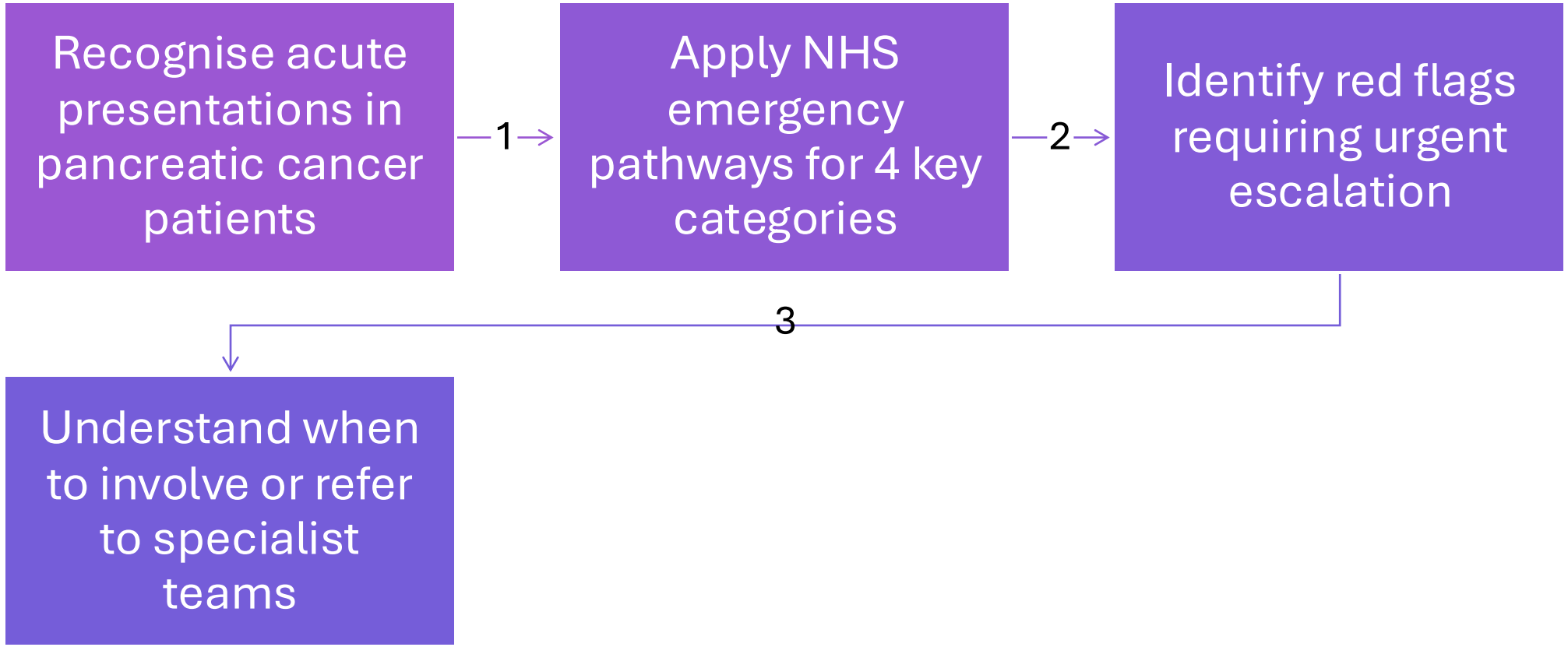
Objectives


Recognise acute presentations in pancreatic cancer patients
1
Apply NHS emergency pathways for 4 key categories
2
Identify red flags requiring urgent escalation
3
Understand when to involve or refer to specialist teams

4 Key Emergencies

Infection:

- Cholangitis, febrile neutropenia, post-op sepsis

Obstruction:

- Biliary, GI, anastomotic stricture

Bleeding:

- Post-op haemorrhage, GI bleed, ulceration

Thromboembolism:

- DVT/PE risk very high in pancreatic cancer

Days to Weeks - Post-surgical Side Effects

Pancreatic fistula/anastomotic leak	Delayed gastric emptying	Post-op haemorrhage	Wound infection/dehiscence
• Presentation: fever, pain, high drain amylase • Action: CT + surgical review + drain if needed	• Presentation: vomiting, distension. • Action: NG tube, IV fluids, antiemetics. Usually temporary	• Early = surgical • Late = pseudoaneurysm • Action: Resuscitate, CT angiogram, IR/theatre	• Sepsis screen, IV anti-biotics, surgical input

Poll Question:

- Which emergency presentation in pancreatic cancer patients do you find trickiest to manage in your emergency settings?

  - Pancreatic fistula/anastomotic leak
  - Delayed gastric emptying
  - Post-op haemorrhage
  - Wound infection/dehiscence

Months to Years – Post-Surgical Side Effects

Biliary/GI structure

- Presentation: Jaundice, cholangitis (time critical)
- Action: Urgent biliary drainage + IV abx if septic. Stent may be needed

New onset diabetes

- Presentation: Brittle diabetes post-resection
- Action: stabilise and urgent referral to specialist diabetes team
- Presentation: Exocrine insufficiency
  - Weight loss, diarrhoea, failure to thrive
- Action: PERT = pancreatic enzyme replacement therapy. Refer to a specialist dietitian

Ulcer/GI bleed

- Presentation: Melena, anaemia
- Action: PPI infusion, urgent OGD

Post-systemic Therapy Side Effects

Febrile neutropenia	Nausea/vomiting	Diarrhoea	Venous thromboembolism (VTE)	Pain management:
• Presentation: Fever after recent chemo = emergency • Action: IV broad-spectrum anti-biotics within 1 hour	• Action: Anti-sickness meds prescribed	• Action: Fluids to avoid dehydration. Medication to control if >4x/day or can't tolerate fluids. PERT	• Presentation: SOB, chest pain, coughing up blood or leg pain, swelling, warmth, redness • Action: Low threshold CTPA/doppler, LMWH if stable – prescribed for 3-6 months	• Thorough examination to find cause. Scan? Analgesia as needed. Potential to refer

Post-radiotherapy Side Effects: Acute and Late

Acute enteritis

- Presentation: Stomach/bowel prone to radiation which may cause nausea/vomiting/diarrhoea.
- May worsen during treatment and last for weeks after
- Action: anti-emetics

GI ulceration/bleed

- Presentation: Late effect
- Action: Resuscitate, IV PPI, urgent endoscopy

Biliary stricture / radiation fibrosis

- May present as cholangitis
- Action: Drainage via ERCP stent

Poll Question:

- Radiotherapy-induced diarrhoea always settles immediately after treatment ends?
  - True
  - False

Take home messages

- **Suspect sepsis, obstruction, bleed, VTE in every acute presentation**
- **Febrile neutropenia = door-to-antibiotic <1 hour**
- **Jaundice + fever = cholangitis → urgent drainage**
- **PERT, antiemetics, laxatives are core supportive treatments**
- **Early contact with HPB/oncology/AOS/CNS/dietitians improves outcomes**

Conclusion

In summary, pancreatic cancer patients are high-risk and often complex

Recognising patterns of complications and acting quickly within established emergency pathways can be life-saving

Timely escalation and multidisciplinary involvement are key to improving both survival and quality of care

Thank you!

References:

Pancreatic Cancer UK: NHS management guidelines

NICE Guideline NG85: Pancreatic cancer in adults