



## BASIC INFORMATION

### DESCRIPTION

Inflammation of the pancreas. The pancreas supplies digestive juices and hormones for the body. Acute pancreatitis occurs suddenly and lasts for a short period. If injury to the pancreas occurs, chronic pancreatitis develops.

### FREQUENT SIGNS AND SYMPTOMS

#### *Acute pancreatitis:*

- Extreme abdominal pain.
- Vomiting.
- Abdominal swelling and gas.
- Fever.
- Muscle aches.
- Drop in blood pressure.

#### *Chronic pancreatitis:*

- Persistent mild or severe pain, often after meals, in the upper abdomen. Pain sometimes spreads to the back or over the entire body. Pain is aching, burning, gnawing, or stabbing. Pain episodes may last days or weeks, but rarely less than 1 day.
- Mild jaundice (yellow skin and eyes), sometimes.
- Rapid weight loss.

### CAUSES

The inflammation is a reaction to injury, infection, or irritation of the pancreas. It can be brought on by a number of different factors. Sometimes the cause is unknown.

### RISK INCREASES WITH

- Alcoholism.
- Disease of the gallbladder or bile ducts.
- Obstruction of the pancreatic duct by stones, scarring, or slow-growing cancer (rare).
- Abdominal injury.
- Viral, bacterial, or parasitic infection.
- Hyperlipidemia (high fat levels in the blood).
- Tumor.
- Trauma or surgery or certain medical procedures.
- Peptic ulcer disease.
- Use of drugs, such as sulfa drugs, azathioprine, chlorothiazide, or cortisone drugs.

### PREVENTIVE MEASURES

Avoid risk factors where possible.

### EXPECTED OUTCOMES

Acute pancreatitis is often curable with treatment. Chronic pancreatitis may have recurrent attacks for years. Drugs and diet changes can help symptoms.

### POSSIBLE COMPLICATIONS

Complications may occur from acute and chronic pancreatitis. They can affect the heart, lungs, kidneys, and other body organs, and could be fatal in a few cases.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms and activities. Medical tests may include blood, stool, and urine studies; x-rays of the abdomen; CT scan or ultrasound of the pancreas; and others.
- Acute pancreatitis normally requires hospital care for intravenous (IV) fluids and control of pain and vomiting. Oxygen or breathing support with a machine may be needed for breathing problems. Surgery may be required for gallstones, perforated peptic ulcer, or to drain a source of infection.
- Chronic pancreatitis may be treated as an outpatient with drugs, diet controls, and avoidance of alcohol. In some cases, surgery may be needed to control pain.
- To learn more: National Digestive Diseases Information Clearinghouse, 2 Information Way, Bethesda, MD 20892, (800) 891-5389; website: [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov).

### MEDICATIONS

- Your health care provider may prescribe:
  - Pain relievers.
  - Digestive enzymes that the damaged pancreas cannot manufacture.
  - Antibiotics, if bacterial infection develops.
  - Drugs to reduce stomach acid.
  - Insulin, if diabetes is present.

### ACTIVITY

For acute pancreatitis, bed rest or rest sitting in a chair, if that is more comfortable. Increase activities gradually as symptoms resolve. No limits for chronic pancreatitis.

### DIET

Small, frequent, and low-fat meals. Abstain completely from drinking alcohol.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of acute pancreatitis.
- Jaundice (yellow skin and eyes), fever of 101°F (38.3°C) or higher, continued weight loss, muscle cramps, or seizures occur.

Special notes:

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More notes on the back of this page