

Complications

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Major abdominal surgery carries a number of general risks which are well detailed elsewhere; for the sake of brevity, they will not be discussed here. Pancreas transplant patients are Frederic Eugene Basil Foley, 1891–1966, urologist, Ancker Hospital, St Paul, MN, USA. and to ensure that they are suitable for major surgery. Despite this, longstanding diabetes means that complications are common and potentially serious. Intraoperative complications such as bleeding following reperfusion can lead to the need for blood transfusion and inotropic support. Up to one in three patients require further surgery postoperatively. This may be due to reperfusion pancreatitis or bleeding. Reperfusion pancreatitis (a manifestation of ischaemia-reperfusion-related injury) can result in an amylase-rich transudate around the pancreas and in the abdominal cavity. Drainage may be necessary to aid recovery: in patients with an ongoing inflammatory state clinicians have a low threshold to return to the operating theatre for washout and debridement of peripancreatic necrosis. Thrombosis affects up to 8% of patients and this may result in early graft loss or β -cell dysfunction. Anastomotic leaks, particularly from the duodenum, are rare but difficult to manage; they can be controlled with direct drainage, such as a Foley catheter within the duodenum. However, such complications may necessitate surgical revision or, in extreme cases, graft pancreatectomy. Bladder-drained pancreases can cause cystitis from pancreatic enzyme secretion and electrolyte disturbance, acidosis and dehydration from the loss of bicarbonate. Up to 50% of patients with bladder-drained pancreas transplants require enteric conversion (where the transplant duodenum is surgically detached from the bladder and reconnected to the small bowel) within the first year following transplant. This usually follows recurrent hospital admissions for acidosis and is performed to mitigate the risk of acute kidney injury. Also, the indication for conversion may be driven by patient choice because of symptoms from chemical cystitis, urinary tract infection (UTI) and the need for high-dose oral sodium bicarbonate. Late complications of pancreas transplantation include pseudoaneurysm formation, which may result from fungal infection or a vascular anastomosis, and highlights the importance of culturing the preservation fluid at the time of transplant and treating any cultured microorganisms. A full list of complications following pancreas transplantation is given in Table 90.1

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