Pancreatic fistula

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Pancreatic fistula usually follows operative trauma to the gland or occurs as a complication of acute or chronic pancre atitis. It is important to define the site of the fistula and the epithelial structure with which it communicates (e.g. exter nally to skin or internally to bowel). If there is uncertainty about whether the fluid issuing from a drain site or a wound is pancreatic juice, measurement of the amylase content will be diagnostic. Management includes correction of metabolic and elec trolyte disturbances and adequate drainage of the fistula into a stoma bag with pr otection of the skin. Investigation of the cause of the fistula is required as the underlying cause must be treated before the fistula will close . Frequently , the cause is related to obstruction within the pancreatic duct, which can be overcome by endoscopic insertion of a stent or catheter into the pancreatic duct. While waiting for closure of the fistula, the patient should be given parenteral or nasojejunal nutritional support (as opposed to nasogastric or oral feeding; the rationale is that parenteral or nasojejunal feeding reduces the volume of pancreatic secretion). The use of octreotide will also suppress pancreatic secretion. César Roux , 1857–1934, Professor of Surgery and Gynaecology , Lausanne, Switzerland. Christian Albert Theodor Billroth , 1829–1894, Professor of Surgery , Vienna, Austria. - Management of pancreatic fistulae - /uni25CF - /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF -

Tests Measure amylase level in /f_l uid Determine the anatomy of the /f_i stula Check if the main pancreatic duct is blocked or disrupted Measures Correct /f_l uid and electrolyte imbalances Protect the skin Drain adequately Parenteral or nasojejunal feeding Octreotide to suppress secretion Relieve pancreatic duct obstruction if possible (ERCP and stent) Treat underlying cause

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