Post-ERCP induced pancreatitis (PEP) is a significant complication of ERCP, especially in high risk cases or where there has been involvement of the pancreatic duct. Rectal NSAIDs and pancreatic duct stents are used to reduce the risk of PEP. It is not yet known if PD stents plus rectal NSAIDs reduce the risk of PEP more than rectal NSAIDs alone.

Methods We performed a retrospective analysis of 2028 ERCPs performed at a single large DGH centre in the UK to examine if PD stenting plus rectal NSAIDs significantly reduced the risk post procedure complications.

Results We found pancreatitis occurred in 3% of ERCPs (n=61). All patients had rectal NSAIDs administered at time of ERCP. We found PD involvement significantly increased the rate of PEP. We found that PD stenting did not significantly provide reduction in the severity of pancreatitis, measured by Modified Marshal or Atlanta scores, compared to those that had PD involvement without PD stent insertion or those without PD duct involvement. There was no significant difference in length of admission amongst groups.

Conclusions Our study further demonstrates that PD involvement at ERCP increases the rate of PEP. However, our study suggests PD stenting does not significantly provide reduction in rates of pancreatitis when used in combination with rectal NSAID therapy. In addition, there is an additional cost associated with PD stent placement plus the need for further follow-up if the PD stent does not spontaneously pass. We do reflect the number of pancreatitis cases in our cohort was small and that this was the experience from a single, large centre. We suggest further randomised controlled trials are required to prove the benefit of PD stent placement in combination with rectal NSAIDs over rectal NSAIDs alone in prevention of post-ERCP pancreatitis.
Introduction Chronic pancreatitis is defined as a spectrum of inflammatory disorders of the exocrine pancreas that typically result in loss of function and pain. The main indication for operating on patients with chronic pancreatitis is managing intractable pain or treating complications, however surgical intervention is usually the last resort after conservative measures have failed. Evidence from previous studies stated that early surgery has a more favorable outcome on the treatment of intractable pain compared to endoscopic management.

Aim To compare the analgesic requirements of patients who underwent surgical intervention for chronic pancreatitis pre- and post-operatively.

Methods A retrospective database search to identify all patients having pancreatic surgery indicated for CP in a tertiary center (Manchester Royal Infirmary) over a 20-year period from 1999-2019. Patients were excluded from the study if histology showing pancreatic carcinoma was identified.

Results Analgesia was scored as a 1 for simple painkillers, 2 for PRN opiates, and 3 for regular opiates with pre- and post-op cumulative scores compared. The cumulative pain score pre-operatively was 46 (5 people scoring 1, 1 scoring 2, 13 scoring 3, and one patient not taking any painkillers). Post-operatively pain score breakdown was 5 scoring 1,3 scoring 2 and 12 scoring 3, however, 4 patients that remained on regular opiates were found to be on a reduced dose compared to pre-operatively. A reduction of 0.5 was used to denote patients that remained on regular opiates but had a reduction in their dosage. Therefore the cumulative pain score was 45.

The one patient whose analgesia requirements increased postoperatively developed a complication (pancreatic leak) post-operatively. This is believed to be the reason for the increased dependence. Excluding this patient gives a pre-operative cumulative pain score of 46 and a post-operative cumulative pain score of 42.

Conclusion From our patient cohort, we can demonstrate a reduction in total analgesic requirements postoperatively. Whilst this remains an uncommon indication for surgical intervention it appears to hold potential benefits and merits study on a larger scale.

Abstract PTU-73 Figure 1

PTU-74
WEIGHT REGRESSION ANALYSIS IN PATIENTS WHO HAVE UNDERGONE SURGERY FOR CHRONIC PANCREATITIS

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Introduction Chronic pancreatitis is defined as a spectrum of inflammatory disorders of the exocrine pancreas that typically result in loss of function and pain. It often results in weight loss due to the progressive loss of endocrine and exocrine function. Surgical interventions for chronic pancreatitis are the last resort option and normally saved for patients with intractable pain however the impact of surgery on weight gain has not been previously studied.

Aim To examine the impact of surgery on weight gain in patients with chronic pancreatitis.

Methods A retrospective database search to identify all patients having pancreatic surgery indicated for CP in a tertiary center (Manchester Royal Infirmary) over a 20-year period from 1999-2019. Patients were excluded from the study if histology showing pancreatic carcinoma was identified. Pre-op weights were taken from nutritional screening at the time of admission showing pancreatic carcinoma was identified. Pre-op weights were taken from follow-up clinic appointments on average six months postoperatively.

Results On studying patient weights pre-and post-op it was found that 40% of patients had a steady weight gain, 25% had a weight drop, 30% had no documented weights for comparison and 5% had stable weights.

Conclusion This study has shown that over half of the cohort of patients with recorded pre and post op weights had either gained weight or kept their weight steady after surgery. This supports the hypothesis that surgical intervention in patients with chronic pancreatitis does not compromise patient weights and merits further study.