

Endoscopic transluminal pancreatic necrosectomy

Information for the public

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What has NICE said?

Endoscopic transluminal pancreatic necrosectomy is safe enough and works well enough for use in the NHS.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your healthcare team

A healthcare team experienced in managing pancreatic necrosis should decide which patients should be offered endoscopic necrosectomy. The team should include specialists who are experienced in managing complex pancreatic disease.

The condition

The pancreas is a part of the digestive system. It is a gland that sits behind the stomach. It produces fluid containing enzymes that help to digest food. Sometimes these enzymes can attack the pancreas itself causing swelling, inflammation and severe pain (acute pancreatitis). This can result in a serious, life-threatening complication called necrosis, in which some of the pancreas tissue dies.

The usual surgical treatment for pancreatic necrosis is open or keyhole surgery to remove the dead tissue. In some patients, fluid collects that needs to be drained using an endoscope.

NICE has looked at using [endoscopic transluminal pancreatic necrosectomy](#) as another treatment option. The aim of this procedure is to avoid open or keyhole surgery and the complications associated with them.

[NHS Choices](#) may be a good place to find out more.

The procedure

This procedure is done using a general anaesthetic or sedation. An endoscope (a thin, flexible tube with a camera on the end) and surgical instruments are inserted through the mouth and into the stomach. The stomach is inflated using carbon dioxide. A small cut is made in the wall of the stomach and the opening is held open with a balloon. The instruments are passed through into the area of dead tissue. Fluid is drained and the dead tissue is removed. A stent (a short tube) may be left in place in the stomach wall to help further drainage. The procedure usually needs to be repeated, and other treatments may also be needed.

Benefits and risks

When NICE looked at the evidence, it decided that there was enough evidence to know how well this procedure works and how safe it is. The 9 studies that NICE looked at involved a total of 940 patients.

Generally, they showed that around 90% of patients were free from symptoms after the procedure.

The studies showed that the risks of endoscopic transluminal pancreatic necrosectomy included:

- bubbles of air or carbon dioxide trapped in blood vessels (an embolism); 1 patient died as a result
- bleeding after the procedure in around 10% of patients, needing further treatment
- perforation (a hole) in an organ, caused unintentionally during the procedure, in around 5% of patients
- organ failure in 2 patients
- air in the abdominal cavity, sometimes needing treatment using a hollow needle to release the air, in 5% of patients
- new-onset diabetes in 2 patients, diagnosed around 6 months after the procedure.

NICE was also told about some other possible risks, including side effects from sedation and the stent moving out of place.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?

- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

