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NHS
National Institute for Health and Clinical Excellence

Treating tumours or chronic pancreatitis with laparoscopic distal pancreatectomy

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how laparoscopic distal pancreatectomy can be used to treat people with pancreatic tumours or chronic pancreatitis in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe pancreatic tumours, chronic pancreatitis or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 6.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

What has NICE said?

This procedure can be offered routinely as a treatment option for patients with pancreatic tumours or chronic pancreatitis, provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

The procedure should only be carried out in specialist centres by a multidisciplinary team that should usually include a pancreatic surgeon, a gastroenterologist, an endocrinologist and a pathologist.

Other comments from NICE

Some of the information NICE looked at was from a slightly different operation called enucleation, which involves removing just the tumour.

This procedure may not be the only possible treatment for pancreatic tumours or chronic pancreatitis. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Laparoscopic distal pancreatectomy

The procedure is not described in detail here – please talk to your surgeon for a full description.

The pancreas is an organ in the upper abdomen. It is involved in digestion, and also produces insulin.

Laparoscopic (or 'keyhole') distal pancreatectomy may be used to remove some types of tumours in the pancreas, which are usually non-cancerous. It can also be used to remove a type of cyst that can result from chronic pancreatitis.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all

Laparoscopic distal pancreatectomy is the removal of the left part of the pancreas. The operation is carried out under general anaesthesia through small cuts in the abdomen, using a fine telescope to see inside the body. This is also called ‘keyhole surgery’.

Small, non-cancerous tumours may also be removed by a different procedure called ‘enucleation’. This means that the tumour is extracted without removing any of the pancreas.

If a tumour is large, open surgery may be required.

In some cases, the surgeon may also remove the spleen. A drain may be put in for a few days after the operation.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks that laparoscopic distal pancreatectomy is a suitable treatment for you, he or she should still make sure you understand the benefits and risks before you agree to it.

You may want to ask the questions below

- 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 operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at seven studies on this procedure.

How well does the procedure work?

In one of the studies, which was a review of 15 other studies including 282 laparoscopic distal pancreatectomy procedures (which removed part of the pancreas) and 87 enucleation procedures (which only removed the tumour), patients spent an average of 7.5 days in hospital. In another study which compared laparoscopic distal pancreatectomy with open surgery, patients treated with laparoscopic distal pancreatectomy spent less recovery time in hospital (an average of 5 days) than patients treated with open surgery (an average of 8 days).

In this study, patients who had laparoscopic distal pancreatectomy felt that they had returned to normal activity after an average of 3 weeks, compared with 6 weeks for patients who had open surgery.

The review of 15 studies reported that after laparoscopic distal pancreatectomy, 5.7% of tumours returned after just over 2 years.

The expert advisers stated that because this procedure is still quite new, there is not a lot of information about how successful it is in the long term.

Risks and possible problems

In the review of 15 studies, approximately 14% of procedures could not be completed using the laparoscope and required open surgery. On average, 8% of procedures had to be done again because of complications.

The main complication after the procedure was the development of a pancreatic fistula (an abnormal link between the pancreas and neighbouring organs), which happened in 13% of procedures.

The expert advisers stated that the other risks include bleeding, leakage of fluids from the pancreas, and not removing enough of the pancreas to avoid future tumours.

More information about pancreatic tumours and chronic pancreatitis

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG204

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1192).

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