Summary: Acute pancreatitis: Are we still innocent bystanders?

Andrada Seicean

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Surgery | Pancreas | Endoscopy

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The speaker presented an overview of acute pancreatitis management emphasizing four treatment pillars: fluid resuscitation with Ringer's lactate, ladder analgesic pain control, early oral nutrition with nasogastric feeding as first-line enteral support if needed, and selective drainage only for infected or symptomatic pancreatic fluid collections.

KEY POINTS

- The speaker stated that CT scanning should be performed after 72 hours from disease onset and urea blood nitrogen checked at 48 hours from admission, with mortality reported as up to 20% in severe necrotising pancreatitis.
- Nutrition should be started as soon as possible with oral feeding; if intake is problematic in the first 72 hours, nasogastric feeding is recommended as first choice and nasojejunal feeding as second choice, with parenteral nutrition needed quite rarely.
- No prophylactic antibiotics should be used, and antibiotics should be given only when infection is documented.
- Drainage is indicated only for infected and symptomatic pancreatic fluid collections, not for asymptomatic collections, using a stepwise approach.
- The speaker advised avoiding early ERCP in patients without cholangitis and coordinating timely cholecystectomy with surgical colleagues.

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