gutflix
GI learning, personalised

Summary

# The management of acute pancreatitis

Georg Beyer

UEG Week Berlin 2025 | Presentation

Hepatobiliary | Nurses | Small Intestine & Nutrition | Pancreas

October 6, 2025

**The speaker reviewed common management errors in acute pancreatitis, emphasizing that aggressive fluid resuscitation can be harmful, early ERCP is rarely needed in biliary pancreatitis without cholangitis, and prophylactic antibiotics should be avoided.**

## KEY POINTS

- The speaker stated that aggressive fluid resuscitation increases risk of fluid overload in patients without organ failure at admission, citing the waterfall trial which was stopped early for safety concerns, and recommended controlled fluid therapy at 1.5 ml/kg/hour or 100-200 ml/hour in normal adults
- For biliary pancreatitis with bile duct obstruction but without cholangitis, the speaker stated that observing for approximately three days is safe based on the APAC trials from the Netherlands, which showed no advantage of early ERCP over conservative management
- The speaker recommended against prophylactic antibiotics because acute pancreatitis begins as sterile inflammation and early mortality is due to organ failure not infection, suggesting procalcitonin as a biomarker to distinguish infection from sterile inflammation based on UK data showing reduced antibiotic use
- The speaker stated that early enteral or oral nutrition is the most effective intervention to prevent infections and adverse outcomes, and that there is no pancreatitis diet so patients should eat what they like
- The speaker reported that in a retrospective analysis at their hospital, over one-third of patients coded as idiopathic pancreatitis had a treatable cause in the medical records that was not addressed, and recommended follow-up ultrasound or endoscopic ultrasound after pancreas healing to identify causes

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c597168c-a82e-11f0-830e-0242ac140006

**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.