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Summary

# Long-term consequences after pancreatic surgery

Mary Phillips

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Pancreas | Surgery | Hepatobiliary

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**The speaker reported that over 80% of patients experience diverse long-term metabolic and gastrointestinal consequences following pancreaticoduodenectomy despite pancreatic enzyme replacement therapy and micronutrient supplementation, highlighting the need for structured holistic follow-up beyond cancer surveillance.**

KEY POINTS

- In the speaker's observational study of 134 patients (mean 4.5 years post-surgery, 556 patient-years of follow-up), 82% experienced at least one long-term consequence, with 28% having anastomotic issues over a 10–14 year period.
- The speaker stated that diabetes incidence exceeded 50% at two years post-operation and continued to increase, compared to 16% background incidence in this UK age group; osteopenia or osteoporosis was present in 72% of patients.
- Pancreatic enzyme replacement therapy doses doubled within five years as the pancreatic remnant atrophies; iron deficiency affected 36% and recurred in most.
- In a cohort of 205 patients receiving routine micronutrient supplementation (including vitamin D at three times the UK recommended intake for over 20 years), depletion rates remained substantial: 46% for vitamin D, 42% for iron, and 44% for zinc.
- The speaker concluded that patients require long-term holistic follow-up including nutritional assessment, review of enzyme adequacy, micronutrient screening, bone density and diabetes surveillance, and proactive investigation of bile acid malabsorption and small intestinal bacterial overgrowth in those with uncontrolled symptoms.
- The speaker recommended that primary care physicians be advised of potentially reversible causes such as anastomotic strictures when patients present with cholangitis or reflux, as many are managed without tertiary referral.

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