Pancreas necrosis: What to do after initial drainage

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Nurses | Pancreas | Radiology & Imaging

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The speaker presented nine practical tips for managing patients after initial drainage of pancreatic necrosis, emphasizing the limited evidence base and the importance of tailored, multidisciplinary approaches based on radiological anatomy and clinical factors.

KEY POINTS

- Approximately 25 to 50 percent of patients require necrosectomy after initial drainage, with complications occurring in up to 20 to 30 percent, according to the speaker.
- The Q score (quadrant-necrosis-infection) can predict necrosectomy need, with low scores associated with approximately 25 percent risk and high scores with approximately 65 percent risk, as stated by the speaker.
- Pancreatic parenchymal necrosis differs from extrapancreatic necrosis in clinical course, with the speaker reporting 40 percent versus 13 percent needing necrosectomy in one study.
- Disrupted pancreatic duct in parenchymal necrosis is associated with worse outcomes including ICU admission, longer hospital stay, chronic pancreatitis, and organ failure, the speaker stated.
- The speaker recommended leaving plastic pigtail stents in place long-term, particularly in parenchymal necrosis, citing a 25 percent recurrent collection rate when removed and meta-analysis evidence for preventing reinterventions.
- Multidisciplinary collaboration with radiologists, interventional radiologists, and surgeons improves patient outcomes, the speaker emphasized.

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