

Informed Consent

Pancreatic Surgery Treatment for Abscess and Mass Removal (Partial Pancreatectomy)

Your pet has been presumptively diagnosed with a problem within the pancreas. The pancreas is responsible for producing hormones that help regulate blood sugar and enzymes that help aid in digestion. Some of the problems that we can help with surgically are mass removals (insulinomas or adenocarcinoma type masses), treatment of pancreatic abscesses (focal infection of the pancreas), or cysts, and we can remove part of the pancreas if it appears diseased or lacks blood supply. We will perform an abdominal exploratory surgery and if we can visually confirm disease in the pancreas, we will treat that as best as we can. There are risks with both general abdominal surgery and specifically with pancreatic surgery, and they will both be discussed separately below. The complication rate after pancreatic surgery is generally low, about 15% (though the risk of recurrent or persistent low blood sugar in cases of insulinoma can be quite high). If you have any questions or concerns, please let us know.

Abdominal Surgery Risks

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue and revision is recommended. If they are not covered, emergency intervention is required.

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

Pancreatic Surgery

Pancreatitis-the pancreas produces digestive enzymes and damage to the pancreas can cause those enzymes to leak within the pancreas, which causes inflammation and damage to the pancreas. Usually it will heal over time, but pancreatitis can make your pet very sick. Usually additional therapies are recommended.

Recurrence of any pancreatic abscess or cyst- treatment provided for an abscess or cyst (if that is present and the cause for surgery), treatment may not be effective and additional therapies may be needed.

Recurrence of any tumor-if the underlying cause was a tumor, and if tumor cells are left behind (we cannot see the cells) the tumor may regrow. If the tumor type was one that can spread, it is possible that spread happens prior to surgery whether we see it or not and that could cause recurrence of the tumor in other places in the body (lymph nodes, lungs, liver, etc).

Recurrent or persistent hypoglycemia (low blood sugar)- if the underlying problem was a specific tumor called an insulinoma, one of the post operative risks is persistent hypoglycemia. This can occur if there happened to be more than one tumor (because it has spread already-either within or outside of the pancreas) and they can be VERY small, or if some of the main tumor was left behind and those cells regrow. These scenarios can happen in 50% or more of patients.

Obstruction of the biliary system- if obstruction is going to occur, usually it occurs prior to surgery, however, if a tumor regrows, an abscess comes back, or if there is pancreatitis (see above), all those could cause obstruction of the bile duct post operatively. If this occurs, additional therapies are usually recommended.

Peritonitis- if enough pancreatic enzymes leak from the pancreas, or if there is an infection within the pancreas, that material could cause inflammation within the abdomen. Infections that are resolving or minor may not need additional therapies, but in severe, aggressive, or recurrent cases, additional therapies may be recommended.

Damage to adjacent structures- if dissection is used to remove a portion of the pancreas, it's possible that damage to vessels in the area could compromise the stomach, liver, spleen, or intestines.

Damage to the pancreatic ducts- this may also occur during dissection and additional therapies may be needed.

Diabetes- if a substantial portion of the pancreas is removed, the pancreas may have difficulty making enough insulin and this could lead to diabetes. Additional medical therapies may be required.

Exocrine pancreatic insufficiency- as above, if enough of the pancreas is removed, the function of the pancreas may be affected and supplementation of digestive enzymes to the food may be needed for life.

With regards to treatment of pancreatic abscess:

Systemic complications/peritonitis- in severe disease, the problem can spread (before surgery, during surgery, or after surgery) beyond the pancreas to affect the abdomen, and could then cause systemic effects including peritonitis, blood infection (sepsis), shock and death.