

## Total Pancreatectomy and Quality of Life

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Intractable pain is one of the main indications for a surgical approach in chronic pancreatitis. In some cases, especially when the main pancreatic duct is not dilated and when other treatment measures have failed, one surgical approach is a total pancreatectomy. A complication of this approach is diabetes and islet autotransplantation has been suggested in recent years as a good option for minimizing or preventing diabetes. The studies published up to now have shown that pain relief is obtained in most patients, and insulin independence is preserved long term in about one-third, with another third having sufficient beta cell function so that the surgically-caused diabetes is mild [1]. However, the quality of life in these patients should be evaluated using a structured questionnaire. In this respect, the recent paper of Morgan *et al.* is welcome [2]. Over a 20-month period, the authors evaluated 33 patients who underwent extensive pancreatectomy with islet autotransplantation for pancreatitis. In these patients, they evaluated data pertaining to daily oral morphine equivalents and the quality of life was measured by the SF-12 questionnaire in both the preoperative and the postoperative periods. The mean follow-up was nine months and

postoperative complications occurred in 48% of the patients enrolled. Preoperative quality of life scores showed a mean of 25 for the physical component and 32 for the mental health component. Postoperatively, the physical component score increased significantly at 6 months and at 12 months, as did the mental health component score. The data of the SF-12 were also confirmed by the decreased number of morphine equivalents which was preoperatively equal to 357 mg daily and was 161 mg daily at 6 months (-55%). At 12 months, the average of the morphine equivalents was 128 mg daily (-64%). In conclusion, total pancreatectomy with islet autotransplantation should be considered as an effective surgical option for intractable pain in chronic pancreatitis; the quality of life of patients improves and narcotic use decreases. This research should be continued because additional information is needed on the long-term results of this surgical approach. In the meantime, we must take into consideration the message of the authors and a total pancreatectomy should be associated with islet autotransplantation in order to improve the quality of life of patients.

**Key words** Outcome Assessment (Health Care); Pancreatectomy; Pancreatitis, Chronic; Quality of Life

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### References

1. Blondet JJ, Carlson AM, Kobayashi T, Jie T, Bellin M, Hering BJ, et al. The role of total pancreatectomy and islet autotransplantation for chronic pancreatitis. *Surg Clin North Am* 2007; 87:1477-501. [PMID 18053843]
2. Morgan K, Owczarski SM, Borckardt J, Madan A, Nishimura M, Adams DB. Pain control and quality of life after pancreatectomy with islet autotransplantation for chronic pancreatitis. *J Gastrointest Surg* 2011; Nov 1. [PMID 22042566]