Pancreas Cancer
When you are receiving Best Supportive Care

Potential symptoms and what to do about them

You have been given a diagnosis of pancreatic cancer. Currently you are not receiving any treatment for your cancer. Sometimes the most difficult thing is knowing who to contact for help should you develop symptoms from your cancer. This information leaflet is to help you to contact the right person.

Your care team or clinical nurse specialist may have already discussed some of these symptoms with you.

This list is not exhaustive therefore if you develop any symptoms not listed you could discuss this with your GP or clinical nurse specialist. Some patients may already be under the care of the specialist palliative care team or their local hospice. For these patients you may want to contact them directly rather than the GP.

Equally if you feel your symptoms warrant emergency advice or attention,

compassionate care

Potential Symptoms	What to do/Who to contact:
Pain	Some patients worry about pain. Not all cancer patients will experience pain. With pancreas cancer pain may start in the upper abdomen and sometimes spreads to the back. The pain maybe there all the time or come and go. For some people It may feel worse when lying down and be relieved by sitting up or bending forward. If pain is a problem for you, then your **GP** will be able to assist you with this. Your **GP** may also ask for the **Specialist Palliative Care Team** to see you as they can also be helpful in the management of pain and can see you in your own home.
Jaundice(yellowing of eyes and skin)	Jaundice can develop if cancer in the pancreas blocks the bile duct. This means that bile cannot drain away and builds up in the body. This causes the symptoms of jaundice such as yellowing of the skin and the whites of the eyes, itchy skin, dark urine, and pale stools. Jaundice is often relieved by placing a stent (a small mesh tube) inside the bile duct to relieve the blockage. This is done at your local hospital in the endoscopy department. Jaundice can also occur if you have a stent in place that has become blocked. This may also be associated with a fever or shaking episodes. If the symptoms of jaundice occur it is important to contact your **GP** or **Clinical Nurse Specialist** as soon as possible. A blood test is often required to help with diagnosis and plan treatment which is usually a stent/stent change. Some patients will require a hospital stay for this.
Nausea	Nausea can be an unpleasant symptom. If this is troubling you then please see your **GP**. Your **GP** will be able to assist you with this. Your **GP** may also ask for the **Specialist Palliative Care Team** to see you as they can also be helpful in the management of nausea and can see you in your own home.
Vomiting	Vomiting is not a pleasant experience and needs to be addressed as soon as possible. If you are vomiting a few hours after eating, or vomiting undigested food it may be a problem with food passing through your stomach. The pancreas sits just below your stomach and close to the first part of your bowel. Sometimes the cancer presses on your stomach/bowel and restricts food from passing through. This can cause vomiting often a few hours after eating or at night if food and drink can't leave the stomach. This can sometimes be relieved by the insertion of a stent (a wire mesh tube placed inside the stomach/bowel to allow food and drink to pass through. This is not an operation and is done in the endoscopy department of your local hospital). If this happens please contact your **Clinical Nurse Specialist.** If you are vomiting for other reasons your **GP** will be able to assess this and prescribe appropriate medication to help or your GP may also ask for the **Specialist Palliative Care Team** to see you as they can also be helpful in the management of vomiting and can see you in your own home. **If you vomit blood of brown fluid seek medical advice straight away, ether via 111 or 999 and A&E if vomiting blood.**

Poor Appetite	Poor appetite can be a natural part of the cancer process, and a lot of patients will lose their appetite at some point during their diagnosis. Small frequent meals are best. If you have been referred to the **Macmillan Specialist Dietitian** you can discuss this with them. Your Macmillan Specialist Dietitian following an assessment may also be able to recommend special supplement drinks to take in-between your meals. For some patients in extreme cases certain medications can help and your GP will be best placed to advice or he/she may refer you to the **Specialist Palliative Care Team** for advice.
Weight Loss	Some weight loss can be part of the disease process. Weight loss may occur even if there are no changes in the amount of food you eat. If you are concerned advice can be obtained from the **Macmillan Specialist Dietitian**. They can be accessed via your **District Nurse, GP** or **Clinical Nurse Specialist Team.**
Change in Bowel Habits	Changes in your bowel habits occur in pancreas cancer when your pancreatic duct is blocked. You may pass frequent bowel motions that are pale in colour, smelly, and are difficult to flush away. This is a symptom of pancreas cancer called steatorrhoea, which just means fatty stools (poo). It may also be associated with bloating after eating. These bowel symptoms can mean that you are not absorbing your food properly. This may also be a cause of weight loss. There may be medication that can help with these symptoms called pancreas replacement enzymes (for example Creon). If you are experiencing these symptoms then please contact your **Clinical Nurse Specialist Team** for advice**.**
Ascites (swelling in your tummy)	Pancreatic cancer can sometimes cause fluid to build up in your abdomen (tummy). This build-up of fluid is called ascites. Ascites can sometimes cause pain and discomfort. You may notice your tummy looking and feeling bigger than usual and you may also feel full more quickly when you eat. It may be difficult to get comfortable particularly when lying down, moving around might also become more difficult and you may notice you get breathless if you have ascites. If you have any of these symptoms please discuss with your **GP**. Sometimes medications called diuretics (water tablets) maybe used to try and help reduce the fluid. However the fluid may also need to be drained off to make you feel more comfortable. Draining the fluid is usually done in hospital. It involves a local anaesthetic in your tummy to numb the area. A thin tube is inserted into your tummy to drain the fluid. The fluid can unfortunately build up again and you may need to have it drained more than once. If your GP feels you need a drain he will refer you back to the hospital.

Weakness	Weakness is something that cancer patients will experience at some point. This can be a natural part of the cancer process. However if this is effecting your ability to function then please see your **GP** or discuss with your **District Nurse**. If the weakness is having an effect on your day to day ability to manage you may require additional help and your **GP** and **District Nurse** can refer you on to appropriate community services to help you.
Emotional Distress	A cancer diagnosis is a difficult time for both yourself and your family. If you and your family are having difficulties coming to terms with what is currently happening and feel your need extra help and support then you can discuss this with your **District Nurse**, **GP** or your **Clinical Nurses Specialist**. It maybe that they can refer you on to our **Counselling Service** or the **Specialist Palliative Care Team** who have services to help with these issues.

There may be other symptoms not listed here. If you experience any other symptoms that concern you, please contact your GP or Clinical Nurse Specialist to discuss further.

My Key Contacts	
Huddersfield Royal Infirmary	Switchboard: 01484 342000
Calderdale Royal Hospital	Switchboard: 01422 357171
Consultant / Secretary	Consultant: Secretary: Telephone:
Keyworker Cancer Nurse Specialist (CNS)	Wendy Markey Lead Upper Gastro-Intestinal Cancer Nurse Specialist Telephone: 01484 355064
	Nicola Neale Upper Gastro-Intestinal Cancer Nurse Specialist Telephone: 01484 355064
	Rebecca MacMillan Upper Gastro-Intestinal Cancer Nurse Specialist Telephone: 01484 355064
	Cassie Martin Upper Gastro-Intestinal Cancer Nurse Specialist Telephone: 01484 355064
Cancer Care Co-ordinator	Nahedia Ahmed Upper Gastro-Intestinal Cancer Care Co-ordinator Telephone: 01484 355064
Macmillan Cancer Information Centre	Macmillan Unit Calderdale Royal Infirmary Telephone: 01422 222709 Greenlea Unit Huddersfield Royal Infirmary Telephone: 01484 343614
Specialist Dietitian	Kate Darwin Telephone: 01484 355064 Mobile: 07717274793
G.P.	Name: Address: Telephone:
Specialist Palliative Care Team	Specialist Nurse: Telephone:
Macmillan	Telephone: 0808 808 00 00 Email: **www.macmillan.org.uk**
Upper GI Admin Lead	Leanne Schofield Telephone: 01484 355064

If you have any comments about this leaflet or the service you have received you can contact :

Wendy Markey
Lead Upper GI CNS
Huddersfield Royal Infirmary
Lindley
Huddersfield
HD3 3EA
Tel: 01484 355064

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਬਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

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