Diabetes and pancreatic cancer six-part online course

Glossary

BG – Blood Glucose Level.

Biliary bypass – the operation to bypass a blocked bile duct is called a choledochojejunostomy or hepaticojejunostomy. The surgeon will cut the bile duct above the blockage and connect it to the small intestine

Diabetic ketoacidosis (DKA) – a life-threatening complication of diabetes characterised by hyperglycaemia, metabolic acidosis (blood pH <7.3 or HC03 <15mmol/L) and increased ketones in the blood (3mmol/L or greater).

Diabetes mellitus (DM) – the term for conditions where the level of glucose in the bloodstream is persistently high (hyperglycaemia) and the body is unable to return it to its usual level. This is usually shortened to 'diabetes'

Distal pancreatectomy – this operation removes the body and tail of the pancreas. The spleen is also often removed.

Duodenal / gastric bypass – the operation to bypass a blocked duodenum is called a gastrojejunostomy. The surgeon will connect the stomach to the small intestine

ERCP (endoscopic retrograde cholangiopancreatography) – usually performed if the bile duct is blocked, this allows a stent to be placed to unblock it. A small camera (endoscope) is passed through the mouth into the duodenum and a smaller tube is then inserted through the centre of the endoscope. Dye is injected to highlight any obstruction to its flow through the bile ducts and small amounts of tissue (brushings) can be collected to aid diagnosis.

EUS (endoscopic ultrasound) – a very accurate procedure that is good for visualising the tumour and lymph nodes, and especially for taking biopsies.

Gastric outlet obstruction (GOO) – can be caused by the pancreatic cancer blocking the duodenum so food can't flow out of the stomach. This means food and drink stays in the stomach for longer before passing into the bowel. This unpredictable delivery of nutrients into the bowel can increase the risk of post-meal hypoglycaemia.

Hyperglycaemia / Hyper – where the level of glucose in the bloodstream is persistently high.

Hypoglycaemia / Hypo – occurs when the blood glucose level falls below 3.9 mmol/L.

Hyperinsulinaemia – a condition where there are excessive levels of insulin circulating in the blood relative to the level of glucose.

Insulin resistance (IR) – when the insulin produced does not work as efficiently at moving glucose from the bloodstream into the cells, which leads to higher BGs.

Pancreatic enzyme replacement therapy (PERT) – the main treatment for PEI. It is available in capsules that replace the enzymes that the pancreas would normally produce.

Pancreatic exocrine insufficiency (PEI) – a reduction of pancreatic exocrine activity in the intestine at a level that prevents normal digestion.

PTC (percutaneous transhepatic cholangiogram) – this is an X-ray procedure that examines the bile ducts in the liver and is used to diagnose blockages.

Pylorus preserving pancreaticoduodenectomy (PPPD) – similar to the Whipple's operation for pancreatic cancer, but none of the stomach is removed. The pylorus, which controls the flow of food out of the stomach, is preserved. The tail of the pancreas is joined to the jejenum (small bowel).

Total pancreatectomy – this operation removes the whole pancreas, the duodenum, the gall bladder, part of the bile duct and sometimes part of the stomach and the spleen. Exactly what is removed depends on where the cancer is. Patients may have a total pancreatectomy if there is a large tumour, more than one tumour, or if the remaining pancreas is not healthy.

Whipple's procedure (pancreaticoduodenectomy or PD) – the most common operation for pancreatic cancer. It is usually used for cancers in the head or neck of the pancreas. It involves the removal of the head of the pancreas, lower end of the stomach, duodenum, gall bladder, part of the bile duct and surrounding lymph nodes. The remaining part of the stomach and bile duct are then joined to the small intestine. The pancreas is joined to the small intestine or to the stomach.