

- **ERCP: done with stone removal when acute pancreatitis results from gallstones.**

In case of gallstone pancreatitis, laparoscopic cholecystectomy should be done within 48 hours of admission.

- **Other surgical intervention indications include:**

Pancreatic duct disruption, Pseudocysts (management: Percutaneous drainage), Infected pancreatic necrosis (management: Surgical drainage, it must remove all necrotic material and collections. Necrosectomy can be performed through a transperitoneal or a retroperitoneal approach. Most often several operations are necessary to remove all necrotic tissues. The choice of the surgical approach depends on the location of necrosis and collections).

Complications:

Early Local complications: less than 4 weeks,

include: peripancreatic fluid collection, pancreatitic/peripancreatic necrosis.

Late local complications: more than 4 weeks,

pancreatic pseudocyst, pancreatic walled-off necrosis (which is formerly known as pancreatic abscess).

Systemic complications of acute pancreatitis: Sepsis, Acute Respiratory Distress Syndrome, Renal failure, Hyperglycaemia and Obstructive jaundice.

Prognosis of acute pancreatitis (Ranson's criteria):

Estimates mortality of patients with pancreatitis, based on initial and 48-hour lab values.

On admission			
WBC	>16k	Yes = 0	Yes = +1
Age	>55	No = 0	Yes = +1
Glucose	>200mg/dL (>10mmol/L)	No = 0	Yes = +1
AST	>200	No = 0	Yes = +1
LDH	>350	No = 0	Yes = +1
48hrs into admission			
Hct drop	>10% from admission	No = 0	Yes = +1
BUN increase	>5mg/dL from admission	No = 0	Yes = +1
Ca	<8mg/dL within 48hrs	No = 0	Yes = +1
Arterial pO ₂	<60mmHg within 48hrs	No = 0	Yes = +1
Base deficit(HCO ₃)	>4mg/dL within 48hrs	No = 0	Yes = +1
Fluid needs	>6L within 48hrs	No = 0	Yes = +1

Mortality estimation

0-2 criteria: <1% mortality

3-4 criteria: 16% mortality

5 or more: >40% mortality