

Information for patients and carers

Intraductal Papillary Mucinous Neoplasms

(IPMN)

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

What is an IPMN?

Your pancreas is an organ within your abdominal cavity that sits just behind your stomach. It is responsible for producing enzymes to aid digestion and insulin to control your blood sugar levels. The pancreas contains small tubes (ducts) within it that allow the enzymes to travel to the first part of the intestine (duodenum) as part of that process.

IPMNs are a type of pancreatic cyst that develop when there is a change in the cells that line the pancreatic duct. This results in the production of a substance called mucin which can cause a plug in the outlet of these small tubes (ducts), which subsequently results in formation of a cyst (sac of fluid).

IPMNs are benign (non-cancerous) but over time a small number have the potential to turn cancerous and require surveillance.

Symptoms

IPMNs rarely cause symptoms. Many are found during investigations for other conditions. If you do develop symptoms these may include:

- Jaundice (yellowing of the whites of the eyes or skin)
- Pain in your upper tummy (abdomen)
- Unexplained/ unintentional weight loss
- Feeling sick or being sick

It is important to contact your specialist team should you develop any of these symptoms in between your surveillance scans.

Investigations

You may be offered one, or a combination of the following tests to help us diagnose your cyst or monitor for any changes in your pancreas.

MRI scan: A scan that uses a strong magnetic field to detect changes in the pancreas. Sometimes this is done using an injected dye to produce more contrast in the detailed images.

A CT scan: A scan which uses X-ray to take pictures from many different angles to examine the pancreas.

An endoscopic ultrasound (EUS): This involves passing an endoscope (thin, flexible telescope) through the mouth and into the intestine usually after a sedative (relaxing medication). The endoscope has an ultrasound which can assess any changes and a small amount of tissue can be taken for a biopsy (tissue examination under a microscope).

Treatment

For most patients with low-risk cysts, active monitoring is the appropriate follow up which may include regular scans and blood tests. The frequency of your investigations and follow up will be determined by the radiological (scan) features of your pancreatic cyst. This will be decided by your Pancreas Specialist Team in line with international guidelines and discussed with you in your clinic appointment.

For some patients' pancreatic cysts may display 'high risk' features. This means the chances of the pancreatic cyst being pre-cancerous are increased, and in this case surgery may be recommended by the specialist team. If this is the case, you will be offered a clinic appointment with the specialist surgeon to discuss your options in more detail.

If your cyst does not change over time it may be appropriate to stop your surveillance scans. Some people may choose not to have follow up scans at all and in some cases, monitoring is not thought to be helpful because:

- The IPMN is very small
- The patient does not want, or the patient is not fit enough, for major pancreatic surgery should the cyst change

Your results

In the majority of cases pancreatic cysts do not change throughout the period of surveillance and in this case your results may be communicated to you via letter, along with details of further follow up scan dates. These results can often take a few weeks after your test before they reach you, this is nothing to be concerned about.

If you develop new symptoms or your scan shows a change in the size of features of your cyst, you may be offered a face-to-face appointment in the specialist clinic.

Keeping well

Smoking, alcohol and being overweight can increase the risk of cancer developing and are best avoided.

Contact details

Should you require further advice or information please contact:

Department of Upper Gastrointestinal surgery on **01772 523595**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: Upper Gastrointestinal Tract

Division: Surgery

Production date: August 2024

Review date: August 2027

JR 1173 v1