GROUP 6 PRESENTATION

ON THE TOPIC

 PANCREATIC AND LIVER CANCER WITH

MANAGEMENT

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TABLE OF CONTENTS

1. LIVER CANCER
* Over view and definition of liver cancer
* Types of liver cancer
* Signs and symptoms of liver cancer
* Causes and risk factors of liver cancer
* Prevention and treatment
* Management ( nrsing care plan)
1. PANCREATIC CANCER
* Overview and definition of pancreatic cancer
* About the pancreas ( anatomy and physiology)
* Types of pancreatic cancer
* Causes and risk factors of pancreatic cancer
* Signs and symptoms
* Pathophysiology
* How pancreatic cancer forms in the body
* Complications
* Prevention and treatment
* Management ( nursing care plan)
1. CONCLUSIONS OF BOTH PANCREATIC AND LIVER CANCER

1. LIVER CANCER
* *OVERVIEW AND DEFINITION OF LIVER CANCER*

The liver is an organ only found in vertebrates which detoxifies various metabolites, synthesizes proteins and produces biochemical necessary for digestion and growth. In humans, it is located in the right upper quadrant of the abdomen, below the diaphragm. Its other roles in metabolism include the regulation of glycogen storage, decomposition of red blood cells and the production of hormones.

The liver is connected to two large blood vessels: the hepatic artery and the portal vein and common hepatic duct. The hepatic artery carries oxygen-rich blood from the aorta via the celiac plexus, whereas the portal vein carries blood rich in digested nutrients from the entire gastrointestinal tract and also from the spleen and pancreas. These blood vessels subdivide into small capillaries known as liver sinusoids, which then lead to lobules.

LIVER CANCER

Liver cancer is cancer that begins in the cells of your liver. Your liver is a football-sized organ that sits in the upper right portion of your abdomen, beneath your diaphragm and above your stomach.

Several types of cancer can form in the liver. The most common type of liver cancer is hepatocellular carcinoma, which begins in the main type of liver cell (hepatocyte). Other types of liver cancer, such as intrahepatic cholangiocarcinoma and hepatoblastoma, are much less common.

* *TYPES OF LIVER CANCER*

Cancer cells from another organ spread to the liver. Unlike other cells in the body, cancer cells can break away from the primary site, or where the cancer began. The cells travel to other areas of Liver cancer is a cancer that occurs in the liver. The liver is the largest glandular organ in the body and performs various critical functions to keep the body free of toxins and harmful substances. The liver is responsible for producing bile, which is a substance that helps you digest fats, vitamins, and other nutrients such as glucose, so that you remain nourished at times when you are not eating. When cancer develops in the liver cells, it destroys the liver and interferes with the ability of the liver to function normally.

 Liver cancer is generally classified as primary or secondary. Primary liver cancer begins in the cells of the liver. Secondary liver cancer develops when the body through the bloodstream or the lymphatic system. Cancer cells eventually collect in another body organ and begin to grow there.

 The main types of primary liver cancer are:

Hepatocellular carcinoma:also known as hepatoma,is the most common type of liver cancer,this condition develops in the hepatocytes,which are the predominant liver cells.It can spread from the liver to other parts of the body,such as the pancreas,intestines and stomach.HCC is much more likely to occur in people who have severe liver damage due to alcohol.

Cholangiocarcinoma:this is also known as a bile duct cancer,develops in the small,tube-like bile ducts in the liver.These ducts carry bile to the gallbladder to help with digestion.Bile duct cancer accounts for approximately 10 to 20 percent of all liver cancers.When the cancer begins in the section of the ducts inside the liver,it’s called intrahepatic bile duct cancer.When the cancer begins in the section of the ducts outside the liver,it’s called extrahepatic bile duct cancer.

Liver Angiosarcoma:this is a rare form of liver cancer that begins in the blood vessels of the liver.This type of cancer tends to progress very quickly,so it’s typically diagnosed at a more advanced stage.

Hepatoblastoma:this is an extremely rare type of liver cancer.Its nearly always found in children,especially those under age 3.With surgery and chemotherapy,the outlook for people with this type of cancer can be very good.When hepatoblastoma is detected in the early stages,the survival rate is higher than 90 percent

* *SIGNS AND SYMPTOMS OF LIVER CANCER*

1. Pain in the upper abdomen on the right side or near the right shoulder blade.

2. Enlarged liver (hepatomegaly) felt as a mass under the ribs on the right side.

3. Abdominal swelling (ascites) or bloating in the abdomen that develops as a mass.

4. Jaundice, which appears as yellowing of the skin and eyes and occurs when the liver is not functioning properly.

5. Weight loss not associated with changes in diet.

6. Decrease in appetite or a feeling of fullness after a small meal.

7. Nausea and vomiting.

8. General weakness or fatigue that is persistent.

9. Fever that is unrelated to other conditions.

10. Enlarged spleen, felt as fullness under the ribs on the left side.

 SOME PARANEOPLASTICS SYNDROMES RELATED TO LIVER CANCER

1. Hypercalcemia.

2. Hypoglycemia.

3. Erythrocytosis.

4. Hypercholesterolemia.

5. Gynecomastia.

6. Shrinking of testicles in men.

* **CAUSES AND RISK FACTOR**

 Primary liver cancer( Hepatocellular carcinoma) tends to occur in livers damaged by birth defects, Alcohol abuse or chronic infection with diseases such as hepatitis B and C, hemochrimatosis( a hereditary disease associated with too much iron in the liver) and cirrhosis.

RISK FACTORS OF LIVER CANCER

The risk of developing cancer depends on many things including age, genetics, lifestyle, and environmental factors. Anything that can increase the risk of cancer is called A RISK FACTOR.

1. AGE: Liver cancer can happen at any age but it is most common in older people than young adults. Most people are diagnosed over the age of 60years. The highest rates are in 85 to 89 year olds.
2. LIVER CIRRHOSIS: Cirrhosis is the scarring of the liver due to previous damage. This scarring can cause problems with the way liver works. Having cirrhosis increases the risk of getting liver cancer( HEPATOCELLULAR CARCINOMA or HCC).
3. SMOKING: The risk of liver cancer is increased further if you smoke and drink a lot alcohol. The risk might be higher in smoke who have Hepatitis B or Hepatitis C infection.
4. BODY WEIGHT: Being overweight or obese increases the risk of liver cancer. Diabetes and Non alcoholic fatty liver disease are more common in people who are overweight.
5. ALCOHOLISM: Heavy alcohol use increases the risk of liver cancer. Drinking alcohol long term can cause cirrhosis of the liver, which increases the risk of liver cancer. Alcohol might also directly damage the DNA inside liver cells. The risk of liver cancer is higher in heavy drinkers who have hepatitis B or C virus infections compared to those who drink moderate amounts of alcohol or don’t drink at all.
6. NON ALCOHOLIC FATTY LIVER DISEASE: in this condition fat builds up in the liver. The fat causes inflammation and damage, which leads to cirrhosis. It is common with people that are Obese, Hypertensive and have high levels of fat in the blood.
7. INFECTION WITH HEPATITIS VIRUSES: Infection with the Hepatitis B or C viruses increases the risk of developing primary liver cancer.
8. DIABETES: People with diabetes have a higher risk of liver cancer than people who do not have diabetes. The higher risk may be due to the higher level of insulin in people with diabetes or due to liver damage caused by the diabetes.

 Other risk factors include: HIV/AIDS, Chemicals, Aflatoxin Exposure, Certain inherited Cancer disease, Tobacco use and Inherited metabolic diseases

* PREVENTION AND TREATMENT OF LIVER CANCER

You can lower the risk for developing liver cancer by following healthy lifestyle such as regular exercise, controlling your weight and eating a health diet with limited amount of alcohol.

It is also important to avoid infection with the Hepatitis B and C viruses.

PROTCTION AGAINST HEPATITIS B AND C INFECTION.

If it isn't treated, hepatitis B can lead to cirrhosis (scarring), liver failure and cancer. If a person is at risk for hepatitis B or C consider undergoing screening test.

If one has chronic HBV, the person might be a candidate for antiviral therapy, which can slow down the progression of liver disease and decrease ( although not eliminate ) the risk of liver cance.

Also visit a doctor for regular surveillance with imaging test such as ultrasound, CT or MRI at least every six months to allow identification of the disease at an early stage so that one can start getting care at a point when the cancer is still very trreatable.

TREATMENT FIR LIVER CANCER

Treatent vary but may include removal of part of the liver, transplant, chromatography and in some cases radiation.

MEDICATION : Include Chemotherapy.

CHEMOTHERAPY: This is the treatment with drug to destroy cancer cells. Chemo may be an option for people whose liver cancer cannot be treated with surgery, has not responded to local therapist such as ablation or embolization, or when targeted therapist is no longer helpful.

The most common chromatograpy drug for treating liver cancer include

- Gemcitabine (Gemzar)

- Oxaliplatin (Elevation)

- Cisplatin

- Doxorubicin (pegylated liposomal doxorubicin)

- 5-fluorouracil ( 5-Fu )

- Capecitabinee ( Xeloda )

- Mitoxantrone (Novantrone )

Sometimes combination of 2 or 3 of these drugs are used. GEMOX (gemcitabinr plus oxalipatin) is one option for people who are guilty healthy and may tolerate more than one drug. 5-Fu based chemotherapy egg with FOLFOX ( 5-fu,oxliplatin and leucovorin) is another option for people with bad liver disease.

Chemotherapy cannot b in 2 different ways

- Systemic chemotherapy

- Regional chemotherapy

SYSTEMIC CHEMOTHERAPY

Drugs are injected right into the vein or taken by mouth. These drugs enters the blood stream and reaches almost all areas of the body, possibly making this trsatment useful for cancer that have spread to other parts of the body. For IV chemo, aa slightly larger and sturdier catheter is required in the vein system to administer chemo. They are known as central venous catheter ( CVCs ) , central venous access devices ( CVADs), or central lines. The most common type of CVCs are the part and PICC line.

REGIONAL CHEMOTHERAPY

This means administrator chemotherapy in a manner so it stays ( or tend to stay ) in a section of the body particularly the section with cancer. The drugs are put right into the artery that leads to the part of the body with the tumor. It reduces side effects by limiting the amount of drug reaching the rest of the body. Hepatic artery hinduism or chemo given directly into the hepatic arrery, is regional chemotherapy that can be used for liver cancer. Hepatic artery industrial is a medical procedure that delivered chemotherapy directly to the liver.

SURGERY

It includes Liver transplantation and Hepatectomy.

LIVER TRANSPLANTATION

This is also known as hepatic transplantation. It is the replacement of a diseased liver with the healthy liver from another person ( allograft ). It is a treatment option for endstage liver disease android acute liver failure. The most common technique is orthotopic transplantation in which the native liver is removed and replaced by the donor organ in the same anatomic position as the origins liver.

PARTIAL HEPATECTOMY OR LIVER RESECTION

Is a type of surgery designed to remove cancerous tumors from the liver. Before this is done, the physician would first consider the following;

- The extent of thee cancer.

- The location of the tumors.

- The extent of the surgery that would be required to remove all of the tumor.

- The overall function of the organ.

- The patients overall health.

* *THE NURSING MANAGEMENT OF LIVER CANCER*

1.The nurse should play an important role in the proper evaluation of pain

2.The nurse should assess the cancer pain and cooperate with the doctor to formulate an appropriate treatment plan

**3.The**should assist the patient in taking his/her drugs in a timely manner

4.The nurse should monitor for analgesic effects and adverse reactions in the patient

5.The nurse should render psychological support to the patient and family relations

NAME: Mrs. ADEBAYO JENNIFER

WARD/UNIT: Female medical ward

UNIT: 018

DIAGNOSIS: LIVER CANCER

NURSING CARE PLAN FOR MRS ADEBAYO JENNIFER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NURSING DIAGNOSIS/PROBLEMS | OBJECTIVES | NURSING ORDERS | Scientific Rationale | Evaluation |
| 1.Chronic pain secondary to liver diseases evidence by facial expression and patient verbalization | 1.Patient pain will be reduce after 1 hour of nursing intervention | 1.Make patient comfortable on bed2.Give psychological support to the patient3.Give prescribe analgesics4.Reassure the patient and family relations | 1.To make patient feel at ease2.To relieve patient of the pain3.To relieve patient and family relations of mental stress and increase the confidence of the patients and family members in overcoming the disease | Patient verbalize less pain by the end of 1 hour of nursing intervention |
| 2.Aniexty related to enlargement of the abdomen | patient will be less anxious within 30 minutes of nursing intervention | 1.Assess patient anxiety level2.Make patient comfortable3.Reassure patient of existing condition4.Diverse therapy5.Give prescribed antidepressant drugs to patient | 1.To get baseline data2.To reduce patient anxiety level3.To make patient feel at ease | Patient was less anxious within 30minutes of nursing intervention |

1. THE PANCREATIC CANCER
* *OVERVIEW OF PANCREATIC CANCER AND DEFINITION*

Pancreatic cancer is a disease in which healthy cells in the pancreas stop working correctly and grow out of control. These cancerous cells can build up and form a mass called a tumor.

A cancerous tumor is malignant, meaning it can grow and spread to other parts of the body. As it grows, a pancreatic tumor can affect the function of the pancreas, grow into nearby blood vessels and organs and eventually spread to other parts of the body through a process called metastasis.

* *ABOUT THE PANCREAS (ANATOMY AND PHYSIOLOGY)*

Cells within the pancreas help to maintain homeostasis. The cells that do this are located within the pancreatic islets that are present throughout the pancreas. When the blood glucose are low, the islet cells produces alpha cells which secretes glucagon , beta cells secretes insulin when the glucose level is high, and delta cells secretes somatostatin which helps to decrease the release of glucagon and growth hormone.

 Glucagon acts to increase glucose levels by promoting the creation of glucose and the breakdown of glycogen to glucose in the liver. It also decreases the uptake of glucose in fat and muscle. Glucagon release is stimulated by low blood glucose or insulin levels, and during exercise. Insulin acts to decrease blood glucose levels by facilitating uptake by cells particularly skeletal muscle), and promoting its use in the creation of proteins, fats and carbohydrates. The pancreas is a gland organ it is the organ of the digestive system and endocrine system of vertebrates. In humans, it is located in the abdomen behind the stomach and functions as a gland. The pancreas is an elongated, tapered organ located across the back of the belly, behind the stomach. The right side of the organ called the head is the largest part of the organ and it lies in the curve of the duodenum, the first division of the small intestine. The tapered left side extends slightly upward- called the body of the pancreas and the ends near the spleen called the tail of the pancreas.

 The pancreas plays both the endocrine and exocrine function. As an endocrine gland, it functions mostly to regulate blood sugar levels, secreting the hormones insulin, glucagon and somatostatin. As an exocrine organ, it functions mostly in secreting pancreatic enzymes which aids digestion. These enzymes include Amylase, Trypsin and Lipase which aids in the digestion of carbohydrates, protein and fats respectively.

 Insulin helps control blood glucose levels by signaling the liver and muscle and fats cells to take in glucose from the blood. Insulin therefore helps cells to take in glucose to be used for energy, insulin signals the liver the up glucose and store it as glycogen.

* *TYPES OF LIVER CANCER*

Exocrine tumors. These are the most common type of pancreatic cancer. And adenocarcinoma is the most common type of exocrine tumor. These tumors usually start in the ducts of the pancreas, called ductal adenocarcinoma. Much less commonly, if the tumor begins in the acini, it is called acinar adenocarcinoma.

An increasingly common diagnosis is called intraductal papillary mucinous neoplasm (IPMN). An IPMN is a tumor that grows within the ducts of the pancreas and makes a thick fluid called mucin. IPMN is not cancerous when it begins but could become cancerous if not treated. Sometimes, an IPMN has already worsened and become a cancer by the time it is diagnosed.

Much rarer types of exocrine pancreatic tumors include: acinar cell carcinoma, adenosquamous carcinoma, colloid carcinoma, giant cell tumor, hepatoid carcinoma, mucinous cystic neoplasms, pancreatoblastoma, serous cystadenoma, signet ring cell carcinoma, solid and pseudopapillary tumors, squamous cell carcinoma, and undifferentiated carcinoma.

Endocrine tumors. These are also called pancreatic neuroendocrine tumors (PNETs) or islet cell tumors. They are much less common than exocrine tumors, making up about 7% of pancreatic cancers. A pancreatic neuroendocrine tumor can be functioning or nonfunctioning. A functioning tumor makes hormones. A nonfunctioning tumor does not make hormones. A functioning neuroendocrine tumor is named based on the hormone the cells normally make. These include:

Insulinoma

Glucagonoma

Gastrinoma

Somatostatinoma

VIPomas

PPomas

* *CAUSES AND RISK FACTORS OF PANCREATIC CANCER*

The cause of pancreatic cancer is unknown. This type of cancer occur when abnormal cells begin to grow within the pancreas and form tumors. Cancer of the pancreas is caused when mutated cells grow out of control, forming a tumor. While doctors and researchers don’t know what causes the changes in the cells, they do know some common factors that may increase a person’s risk for developing this type of cancer. The two most significant risk factors are inherited gene mutations and acquired gene mutations.

RISK FACTORS THAT CAN BE CHANGED:

 TOBACCO USE: The risk of getting pancreatic cancer is twice as high among smokers compared to those who have never smoked.

 OVERWEIGHT: Obese people with body mass index of 30 or more are about 20% more likely to develop pancreatic cancer. DIABETES: Pancreatic cancer is more common in people with diabetes. The reason for tis is not known. Most of the risk is found in people with type 2 diabetes. CHRONIC PANCREATITIS: A long term inflammation of the pancreas. It is linked with an increased risk of pancreatic cancer. WORKPLACE EXPOSURE TO CERTAIN CHEMICALS: Certain chemicals used in dry cleaning and metal working industries may raise a person’s risk of pancreatic cancer

RISK FACTORS THAT CAN’T BE CHANGED

AGE: The risk of developing pancreatic cancer goes up as people age. GENDER: Men are slightly more likely to develop pancreatic cancer than women FAMILY HISTORY: Pancreatic cancer seems to run in some families. The high risk is due to an inherited syndrome. the gene causing the syndrome is not known. Although family history is a risk factor, most people who get pancreatic cancer do not have a family history of it. INHERITED GENETIC SYNDROMES: It can be passed from parent to child. These gene changes may cause as many as 10% of pancreatic cancers. Example of genetic syndrome that can cause pancreatic cancer include hereditary breast and ovarian cancer.

* *SIGNS SYMPTOMS OF PANCER*

Early pancreatic cancers often do not cause any signs or symptoms. By the time they do cause symptoms, they have often grown very large or already spread outside the pancreas.

Having one or more of the symptoms below does not mean you have pancreatic cancer. In fact, many of these symptoms are more likely to be caused by other conditions. Still, if you have any of these symptoms, it’s important to have them checked by a doctor so that the cause can be found and treated, if needed.

Jaundice and related symptoms

Jaundice is yellowing of the eyes and skin. Most people with pancreatic cancer (and nearly all people with ampullary cancer) will have jaundice as one of their first symptoms.

Jaundice is caused by the buildup of bilirubin, a dark yellow-brown substance made in the liver. Normally, the liver releases a liquid called bile that contains bilirubin. Bile goes through the common bile duct into the intestines, where it helps break down fats. It eventually leaves the body in the stool. When the common bile duct becomes blocked, bile can’t reach the intestines, and the amount of bilirubin in the body builds up.

Cancers that start in the head of the pancreas are near the common bile duct. These cancers can press on the duct and cause jaundice while they are still fairly small, which can sometimes lead to these tumors being found at an early stage. But cancers that start in the body or tail of the pancreas don’t press on the duct until they have spread through the pancreas. By this time, the cancer has often spread beyond the pancreas.

When pancreatic cancer spreads, it often goes to the liver. This can also cause jaundice.

There are other signs of jaundice as well as the yellowing of the eyes and skin:

Dark urine: Sometimes, the first sign of jaundice is darker urine. As bilirubin levels in the blood increase, the urine becomes brown in color.Light-colored or greasy stools: Bilirubin normally helps give stools their brown color. If the bile duct is blocked, stools might be light-colored or gray. Also, if bile and pancreatic enzymes can’t get through to the intestines to help break down fats, the stools can become greasy and might float in the toilet.Itchy skin: When bilirubin builds up in the skin, it can start to itch as well as turn yellow.

Pancreatic cancer is not the most common cause of jaundice. Other causes, such as gallstones, hepatitis, and other liver and bile duct diseases, are much more common.

Belly or back pain

Pain in the abdomen (belly) or back is common in pancreatic cancer. Cancers that start in the body or tail of the pancreas can grow fairly large and start to press on other nearby organs, causing pain. The cancer may also spread to the nerves surrounding the pancreas, which often causes back pain. Pain in the abdomen or back is fairly common and is most often caused by something other than pancreatic cancer.

Weight loss and poor appetite

Unintended weight loss is very common in people with pancreatic cancer. These people often have little or no appetite.

Nausea and vomiting

If the cancer presses on the far end of the stomach it can partly block it, making it hard for food to get through. This can cause nausea, vomiting, and pain that tend to be worse after eating.

Gallbladder or liver enlargement

If the cancer blocks the bile duct, bile can build up in the gallbladder, making it larger. Sometimes a doctor can feel this (as a large lump under the right side of the ribcage) during a physical exam. It can also be seen on imaging tests.

Pancreatic cancer can also sometimes enlarge the liver, especially if the cancer has spread there. The doctor might be able to feel the edge of the liver below the right ribcage on an exam, or the large liver might be seen on imaging tests.

Blood clots

Sometimes, the first clue that someone has pancreatic cancer is a blood clot in a large vein, often in the leg. This is called a deep vein thrombosis or DVT. Symptoms can include pain, swelling, redness, and warmth in the affected leg. Sometimes a piece of the clot can break off and travel to the lungs, which might make it hard to breathe or cause chest pain. A blood clot in the lungs is called a pulmonary embolism or PE.

Still, having a blood clot does not usually mean that you have cancer. Most blood clots are caused by other things.

Diabetes

Rarely, pancreatic cancers cause diabetes (high blood sugar) because they destroy the insulin-making cells. Symptoms can include feeling thirsty and hungry, and having to urinate often. More often, cancer can lead to small changes in blood sugar levels that don’t cause symptoms of diabetes but can still be detected with blood tests

* *PATHOPHYSIOLOGY OF PANCREATIC CANCER*

-Pancreatic cancer is the inflammation of the pancreas

-Signs and symptom ;jaundice,belly or back pain ,weight loss ,poor appetite, nausea and vomiting, gallbladder or liver enlargement, blood clots, diabetes

-Typically, pancreatic cancer first metastasizes to regional lymph nodes, then to liver and less,commonly, to the lungs. It can also directly invade surrounding visceral organs such as the duodenum , stomach , and colon , or it can metastasize to any surface in the abdominal cavity via peritoneal spread.Ascites may result , and this has an ominous prognosis . Pancreatic cancer may spread to skin as painful nodular metastases. Metastasis to bone is uncommon .

 -Pancreatic cancer rarely spreads to the brain, but it can produce meningeal carcinomatosis.

* *HOW PANCREATIC CANCER IS FORMED IN THE BODY SYSTEM*

The most common type of pancreatic cancer, adenocarcinoma of the pancreas, starts when exocrine cells in the pancreas start to grow out of control. Most of the pancreas is made up of exocrine cells which form the exocrine glands and ducts. The exocrine glands make pancreatic enzymes that are released into the intestines to help you digest foods (especially fats). The enzymes are released into tiny tubes called ducts which eventually empty into the pancreatic duct. The pancreatic duct merges with the common bile duct (the duct that carries bile from the liver), and empties into the duodenum (the first part of the small intestine) at the ampulla of Vater. Endocrine cells make up a smaller percentage of the cells in the pancreas. These cells make important hormones like insulin and glucagon (which help control blood sugar levels), and release them directly into the blood. Pancreatic neuroendocrine tumors start in the endocrine cells.

 Pancreatic cancer occurs when cells in your pancreas develop changes (mutations) in their DNA. A cell's DNA contains the instructions that tell a cell what to do. These mutations tell the cells to grow uncontrollably and to continue living after normal cells would die. These accumulating cells can form a tumor. When left untreated, the pancreatic cancer cells can spread to nearby organs and blood vessels and to distant parts of the body.

Most pancreatic cancer begins in the cells that line the ducts of the pancreas. This type of cancer is called pancreatic adenocarcinoma or pancreatic exocrine cancer. Less frequently, cancer can form in the hormone-producing cells or the neuroendocrine cells of the pancreas. These types of cancer are called pancreatic neuroendocrine tumors, islet cell tumors or pancreatic endocrine cancer.

*COMPLICATIONS OF PANCREATIC CANCER*

 1. Pancreatic insufficiency: pancreatic cancers most often occur in the exocrine cells that produce pancreatic enzymes. When a tumour occurs and takes over these calls, the lack of enzymes can result in malabsorption, abdominal cramping and malnutrition even with normal diet. It is treated with pancreatic enzyme replacement.

2. Diabetes: new onset diabetes occurs due to the inability of the pancreas to produce enough insulin as a result of the presence of the tumour. About 85% of people with pancreatic CA will develop insulin resistance or diabetes at some point.

3. Stomach or small intestine obstruction: an obstruction caused by the growing tumour may occur either in the area where the contents of the stomach pass into the small intestine (pylorus) or in the duodenum.

4. Bile duct obstruction: This is a very common complication of pancreatic CA and it may present at the time of diagnosis. This prevents bile from entering the small intestine and leads to jaundice, urobillinogen, dark stool, pruritus, and might cause infections.

5. Cachexia: this is also known as cancer related anorexia/cachexia syndrome. This is a syndrome that involves weight loss, muscle wasting and loss of appetite. It is the direct cause of death for 20% of people with the cancer.

6. Blood clots: blood clots (deep vein thrombosis) that sometimes break off and travel to the lungs (pulmonary emboli) are not just a complication of pancreatic CA, they can be the first symptom of it. They are also more likely to develop bleeding on blood thinners than other people with cancer, so treatment needs to be carefully monitored.

7. Pain: the growing tumour may press on the nerves in the abdomen, causing severe pain. Pain medication and sometimes a celiac plexus block is used to reduce pain.

* *PREVENTION AND TREATMENT OF PANCREATIC CANCER*

PREVENTION OF PANCREATIC CANCER

Although there is no particular way to prevent pancreatic cancer but you may reduce your risk of pancreatic cancer if you:

Stop smoking: If you smoke, try to stop. Talk to your doctor about strategies to help you stop, including support groups, medications and nicotine replacement therapy. If you don't smoke, don't start.

Maintain a healthy weight: If you are at a healthy weight, work to maintain it. If you need to lose weight, aim for a slow, steady weight loss — 1 to 2 pounds (0.5 to 1 kilogram) a week. Combine daily exercise with a diet rich in vegetables, fruit and whole grains with smaller portions to help you lose weight.

Choose a healthy diet: A diet full of colorful fruits and vegetables and whole grains may help reduce your risk of cancer.

Limit use if alcohol: Heavy alcohol use has been tied to pancreatic cancer in some studies. This link is still not certain, but heavy alcohol use can also lead to conditions such as chronic pancreatitis, which is known to increase pancreatic cancer risk.

Limit exposure to certain chemicals in the workplace: Avoiding workplace exposure to certain chemicals may reduce your risk for pancreatic cancer.

TREATMENT OF PANCREATIC CANCER

Treatment of pancreatic cancer may depend on the stage, treatment may include surgically removing the pancreas, radiation and chemotherapy.

SURGERY

Whipple procedure and pancreatectomy

CHEMOTHERAPY

Chemotherapy uses drugs to kill cancer cells. These drugs can be injected into the vein or taken orally.

RADIATION THERAPY

It uses high energy beams such as those made from x-rays to destroy cancer cells

CLINICAL TRIALS

These are studies to test new treatments such as systemic therapy and new approaches to surgery or radiation therapy. If the treatment being studied proves to be safer and more effective than current treatments, it can become the new standard of care.

PALLIATIVE CARE

It’s a specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness. This kind of care is not the same as hospice care or end of life care and its provided by teams of nurses, doctors and other specially trained professionals

* *MANAGEMENT (NURSING CARE PLAN)*

NAME: Mrs. ADULOJU OLUWATIMILEYIN

WARD/UNIT: Female medical ward

UNIT: 027

DIAGNOSIS: PANCREATIC CANCER

NURSING CARE PLAN FOR MRS ADULOJU OLUWATIMILEYIN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NURSING DIAGNOSIS/PROBLEMS | OBJECTIVES | NURSING ORDERS | Scientific Rationale | Evaluation |
| 1. chronic pain related to disease process evidenced by verbalization
 | partient will verbalize less pain within 30-1hour of nursing intervention | 1. asses level of pin
2. establish patient interpersonal relationship
3. make patient comfortable
4. diversional therpy
 | 1. to know baseline data
2. to assure the patient trust
3. to reduce pressure
4. distract patient mind from the pain
 | patient verbalized less pain within 1hour of nursing intervention. |
| 1. risk for infection related to surgical intervention
 | patient will show no sign of infection through out period of admission | 1. provide aseptic technic during wound dressing
2. ensure patient environment is clean
3. provide balance nutrition
4. provide antibiotics
 | 1. to avoid cross infection of microorganism
2. to prevent infection
3. to aid wound and to meet require meets of the body
4. for fast healing of wound
 | Patient shows no sign of infection throughout the period of hospitalization |

*CONCLUSION OF BOTH PANCREATIC AND LIVER CANCER*

As the group has stated, Pancreatic cancer is the cancer that begins in the pancreas, the organ lying behind the lower part of the stomach

The No 1 cause of the cancer is when irritated cells grow out of control forming a tumor

Pancreas pain is felt in the upper left side or middle of the abdomen. Pain may be worse within minutes after eating or drinking at first, more commonly of foods that have high fat content.

Specialist for this disease are the

A: Oncology department- they specialize in cancer

B: Palliative Medicine- They focus on improving quality of life for those with severe illnesses

C: General Surgery- Performs a range of surgeries on the abdomen

D: Gastroenterology- Focuses on the digestive system and it’s disorders

Treatment of Pancreatic cancer depends of stages

It may be surgical, radiology and Chemotherapy

Medications: Chemotherapy and Chemotherapy protective drugs

Surgery and Palliative care