

A CT of the abdomen may be obtained in patients with suspected pancreatic adenocarcinoma. If the findings on CT show a resectable tumor that is consistent with pancreatic adenocarcinoma, the next step in therapy may be surgical resection. Tissue histology is still needed for definitive diagnosis, but this can be obtained from tissue samples collected intraoperatively, rather than having the patient undergo a separate biopsy procedure.

FNA Biopsy if Diagnosis or Resectability Uncertain

[Uncertain-surgeon with diagnosis-chart and biopsy-needle](#)

While patients who have imaging that is highly characteristic of pancreatic adenocarcinoma and shows a resectable tumor can go straight to surgery, a fine needle aspiration or FNA biopsy should be performed for patients in whom there is diagnostic uncertainty or it is uncertain if the tumor can be resected, as the results could aid in guiding non-surgical management.

Treatment

Whipple if Resectable

[Surgeon-whip](#)

For patients whose pancreatic adenocarcinoma is deemed to be resectable, the conventional procedure performed is a pancreaticoduodenectomy, more commonly called a Whipple procedure. This procedure involves removal of the pancreatic head, duodenum, proximal 15cm of jejunum, gallbladder, common bile duct, and part of the stomach. Resection is currently the only known curative intervention for pancreatic adenocarcinoma, as radiation and chemotherapy provide only palliative relief.

Palliative Care if Not Resectable

[Palliative-pail by no-surgeon sign](#)

For patients with unresectable pancreatic adenocarcinoma, the main line of treatment is palliative care to relieve symptoms according to patient preference, as there are no curative options for a non-resectable tumor.