



Pancreatic cysts: your next steps

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Understand the finding

A pancreatic cyst contains fluid. It is often found by chance and is not the same as pancreatic cancer. I assess its likely type, scan features and your health before recommending further tests. An incidental finding may not explain the symptoms that led to your scan.

Check the type

Pseudocysts often follow pancreatitis. Serous cysts are generally benign. Mucus-producing cysts, including IPMNs and MCNs, have some cancer potential. The exact type is not always clear from scans.

Compare the images

MRI/MRCP shows the cyst and pancreatic ducts. Previous images help assess real change. Routine gastroscopy or colonoscopy cannot inspect a pancreatic cyst. Tell our team where earlier scans were performed.

Use EUS selectively

Endoscopic ultrasound gives closer views through the stomach or duodenum. Sampling is considered when it could change care. A negative or inadequate sample cannot exclude every concerning change. Fluid results and the scan need to be interpreted together.

Know your follow-up

Monitoring depends on the cyst, change, age, health, preferences and whether treatment would be appropriate. Surgery is not automatic. The proposed scan interval and responsible team should be documented. Keep copies of your results. Inherited-risk screening is a separate assessment.

Report new symptoms

Do not wait for the next scan with jaundice, unexplained weight loss or persistent new upper abdominal or back pain. Severe pain, repeated vomiting, dehydration or jaundice with fever needs urgent assessment.

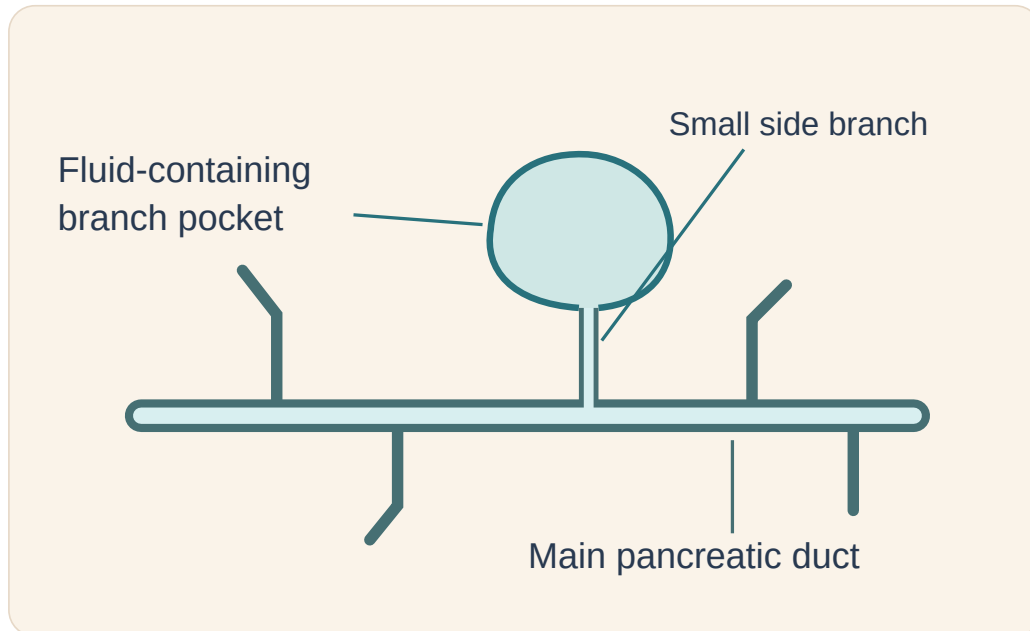
Call 111 if you collapse or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.





A finding, then a reasoned follow-up plan

What a duct connection means



A duct connection is a clue. It is not a diagnosis on its own.

One common type of pancreatic cyst is a branch-duct IPMN. This separate magnified example explains what is meant by a cyst communicating with a duct: a fluid-containing side branch connected to the main pancreatic duct. It is a simplified example and does not diagnose your cyst, determine cancer risk or set a follow-up interval. Some cysts do not communicate with a duct.

Read this illustration alongside the advice in this guide.

