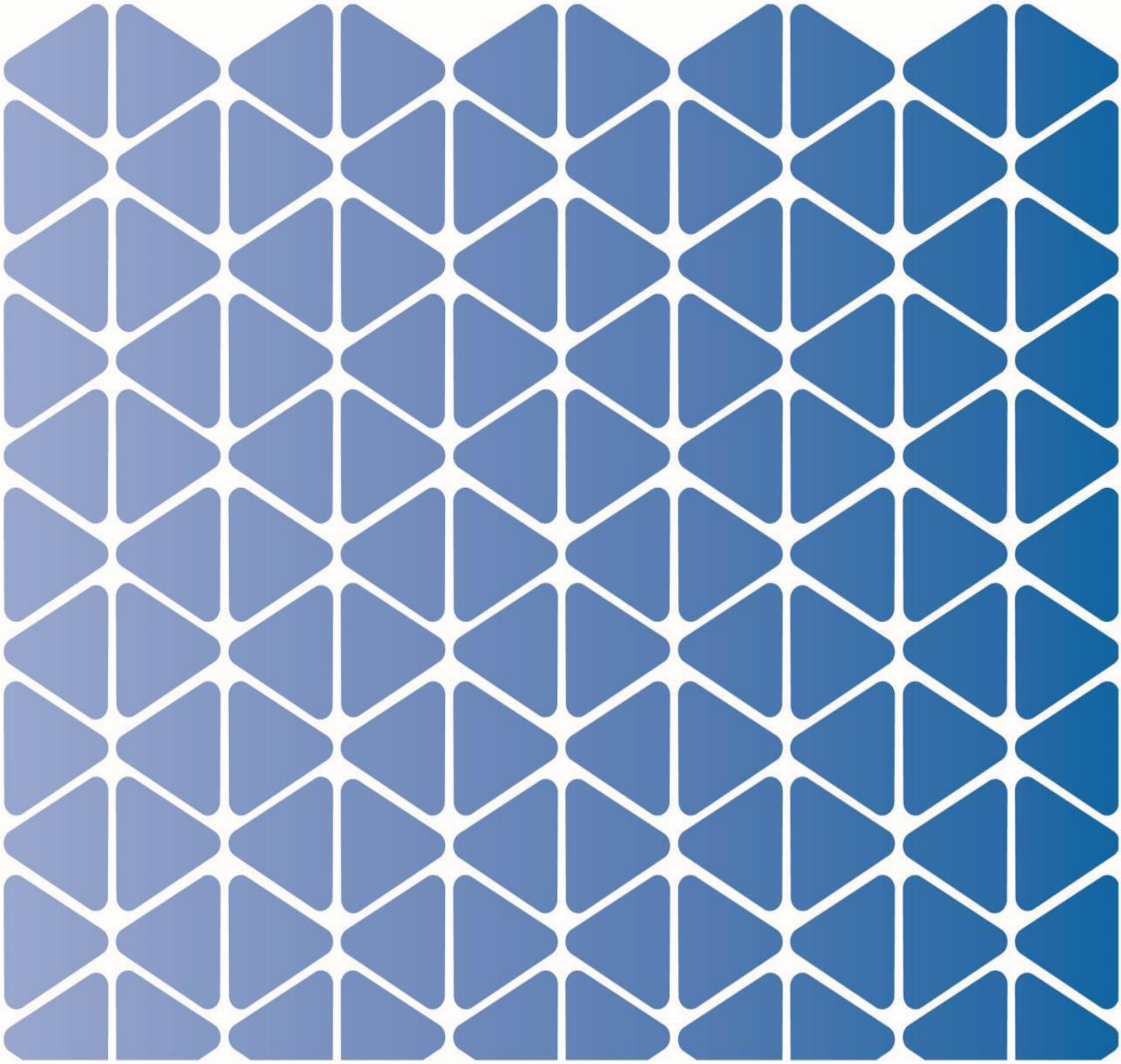
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM & BILIARY STENT



This leaflet tells you about having a percutaneous transhepatic cholangiogram (PTC) and drainage. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

What is a percutaneous biliary drainage?

A percutaneous biliary drainage is a procedure in which a small plastic tube (drain) is inserted into the liver through the skin to drain the bile. It is sometimes combined with taking a picture of the bile ducts to see where the blockage might be. This is known as a percutaneous transhepatic cholangiogram (PTC).

Why do you need a PTC and drain?

Biliary drainages are typically performed because you have become jaundiced (yellow) and extremely itchy. This is because the bile cannot flow normally into the gut and the condition makes you susceptible to infection. The most common reasons for this are gallstones and pancreatic masses, although there are other causes.
Other imaging such as an ultrasound scan or a computed tomography (CT) scan, will have shown that there is a blockage or leak within the bile ducts. The doctors looking after you have decided that you need a PTC and drainage to obtain more information about your liver problem and relieve the obstruction.

Are there any risks?

PTC and drainage is a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

- Procedure involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. The doses that are used in medical x-rays are very low and the associated risks are minimal. The radiologist is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.

- Bleeding generally stops after the procedure. However, in some scenarios it might need additional procedure like embolization to plug the leaking artery if injured during the procedure.

- Infection. This can generally be treated satisfactorily with antibiotics, but occasionally you can feel unwell after the procedure.

- Leak of bile into the abdomen causing soreness/ peritonitis.

- Pain may last for 24-48 hrs which can be controlled with analgesics.

- Death is rare with the procedure but known.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Are you required to make any special preparations?

You need to be an inpatient in the hospital. You cannot eat for 6 hours beforehand, though you are allowed to drink some water up until 2 hours prior to the appointment. You need to have a needle put into a vein in your arm in case you require any medicines during the procedure. You will receive an antibiotic prior to the procedure. During the procedure you may receive a sedative. The radiologist will discuss this with you at the time.

You will need to have a blood test prior to admission to check your blood clotting levels. You will be informed of the arrangements for this test

If your blood clotting is abnormal, you may be given special blood transfusions to try and correct this. If you have any concerns about having blood transfusions, you should discuss these with your doctor.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the fluoroscopy room in the radiology department. This is an X-ray room which specialised X-ray equipment has been installed.

What happens during the procedure?

Before the PTC and drainage, the interventional radiologist will explain the procedure and may ask you to sign a consent form. Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will lie on the X-ray table, generally flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen.

The procedure is performed using local anaesthetic and sometimes sedation. The skin at the side of your abdomen will be swabbed and covered with sterile towels. Local anaesthetic will be injected into the skin to numb the area. Once the skin is numb, a small needle is inserted into the bile ducts. A small amount of dye (contrast agent) is injected to allow images to be taken of the ducts. Once the interventional radiologist has enough information, a drain will be left in place and connected to an external drainage bag.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. When the catheter is placed in the liver, you may get a dull ache in the right shoulder.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

Biliary stent insertion

During the same session of after a couple of days a small stent (plastic or mesh tube) may be placed into the duct to allow the bile to drain in the normal way and the external tube can be removed. A guide wire is passed through the drain in place & the external tube is removed, the stent can then be inserted over the guide wire and positioned under X-Ray control.

Please let the Imaging Department know if you:

- are taking any of the drugs mentioned below
- have any allergies.

Aspirin, Clopidogrel, Dipyridamole, Cilastozol, Prasugrel Warfarin, Dabigatran and Rivaroxaban

If you are taking any of these regularly please ring the Imaging department; the contact numbers are below. We will need to know why you are taking this medication and discuss this with you. We will advise if you need to stop taking these prior to your procedure, but this should only be done after discussion with the Referring Clinician.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Hospital Imaging Department 01527 512766
- Department Worcester Royal Hospital Imaging Department 01905 760614

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
  Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- http://www.nhs.uk/
  On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.