

INFORMATION FOR PATIENTS UNDERGOING PERCUTANEOUS BILIARY DRAINAGE

Introduction

This leaflet is intended to provide answers to common questions that you may have about biliary drainage.

What is percutaneous biliary drainage?

Percutaneous biliary drainage is the passage of a tube through the skin into the liver enabling bile to be drained externally.

Why do I need a percutaneous biliary drainage?

The reason why you need biliary drainage is that the bile ducts have become blocked. The commonest causes of bile duct blockage are gallstones and pancreatic masses. It is the case in some situations where the cause of the obstruction is not clear until the drainage procedure has been undertaken.

What happens during the test?

The exact technique may vary slightly but the general outline of the procedure is as follows.

The doctors anaesthetise the skin using local anaesthetic. A fine needle is passed, either using an ultrasound probe or using x-rays, into the liver. Over the needle a fine bore tube is passed into the biliary tree and bile can then be drained externally.

Why do I need biliary drainage?

You need biliary drainage as the obstruction prevents the bile from draining into the gut. The progressive build up of bile within the liver makes you extremely susceptible to infection. Furthermore, you will become yellow (jaundiced) which in some patients may be extremely itchy.

How will the percutaneous biliary drainage help me?

The percutaneous biliary drainage will remove the bile from the bile ducts and thus prevent infection. Furthermore the jaundice will settle and the skin itching will also improve. Importantly, it will enable the radiologist to make a diagnosis, and possibly continue on with further procedures re-route the bile into the gut.

What are the risks or complications?

Risks are rare; however, it is certainly possible that during the procedure the bacteria in the bile might be released into the bloodstream, making you

unwell. Other complications include bleeding. This may require treatment in X-Ray or occasionally requires an operation.

What happens before the test?

In most instances you will have had a number of tests confirming the diagnosis. Blood is usually taken to check the clotting as obstructed bile ducts may affect your blood's ability to clot.

How do I prepare for the test?

Most patients are advised not to have anything to eat prior to the test. You will be on a drip and antibiotics will be administered on the ward or in the x-ray department. Usually, you should continue to take all your normal medicines. However, it is important to tell your doctor of any tablets you are taking, as occasionally they may need to be stopped. The procedure takes anywhere between 20 minutes to 1 hour, depending on the difficulty and complexity of the case.

What happens after the test?

You will go back to the ward with a small tube arising from your tummy or the right side of your abdomen, which may be closed off, or draining directly into a small bag. The bile initially comes out as green, however when the liver 'picks up' the bile becomes a yellow colour.

Will there be any pain?

Patients do experience some discomfort during this procedure. Some patients are given intravenous painkillers and sedation in order that the procedure will be as pain-free as possible.

When can I go home?

This will be very much dependent on the diagnosis and the future plans for your treatment. Your physician or surgeon will discuss all of these after the drainage.

Will I have any further tests?

You may find that further procedures and check procedures are undertaken to assess the position of the tube and to place smaller tubes inside the body to maintain the flow of bile.

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have

received enough information about the procedure before you sign the consent form.

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