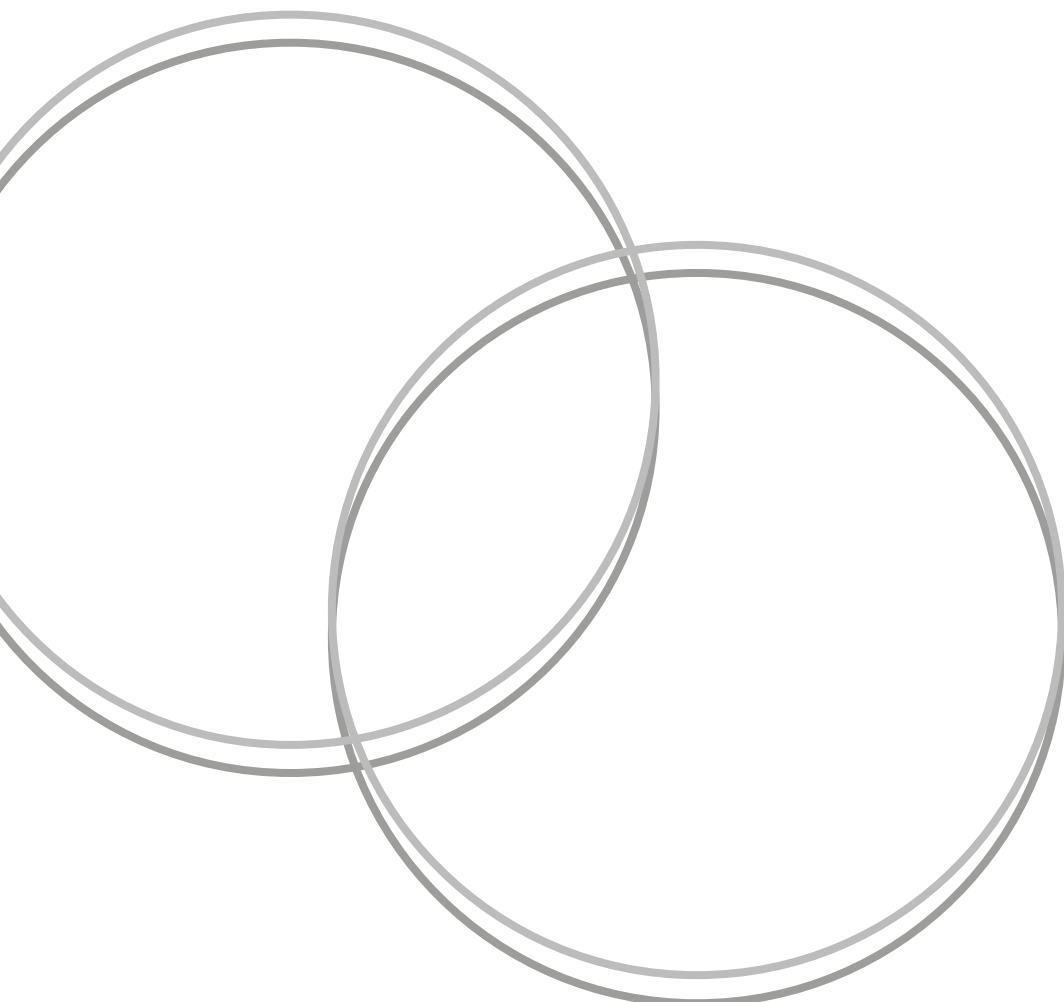




Oxford University Hospitals
NHS Foundation Trust

Biliary Drainage and Stenting

Information for patients



Radiology Department

What is a percutaneous biliary drainage?

The liver produces bile which flows through a series of tubes that eventually empty into the small bowel. Sometimes the flow of bile becomes blocked and a patient develops jaundice.

The obstruction can be relieved by the insertion of a very small tube (catheter) through the skin (percutaneous) on your right and / or left side into the obstructed duct. This will allow the bile to drain externally for a while and reduce the congestion in the obstructed duct. After a couple of days a small stent may be placed to allow the flow of bile to continue in the normal way and the external tubing may be removed. The procedure is done in the X-ray department, using X-ray guidance, by specialist X-ray doctors. It is done using local anaesthetic and pain relief with sedation.

The information in this leaflet will add to the discussions you have with your doctors. It is important that you have all the information you need before you sign a consent form.

Why do I need a percutaneous biliary drain?

Other tests you have had (ultrasound scanning or CT scanning) show that the flow of bile is blocked. The most common cause of this blockage is gall stones or inflammation around the pancreas. Sometimes the doctors need to wait until the external drain is removed to understand what the actual problem is. There are other ways of treating this condition but your doctors have decided that this is the best option for you. Please ask any questions that you may have. If you would rather not have this procedure please talk to the doctor caring for you on the ward.

What actually happens during this procedure?

You will be on your back on the X-ray table. You will be given pain relief and sedatives to make you sleepy and comfortable. This can be a painful procedure and we will do all we can to make it comfortable for you. Your blood pressure, heart rate and oxygen levels will be monitored closely.

Oxygen will be given to you by a face mask. As this is a sterile procedure, the side of your chest will be painted with antiseptic and you will be draped in sterile material. Local anaesthetic will be placed into your skin and then a small catheter placed into the appropriate area. A drainage bag will be attached to this tube and you will return to the ward. The procedure usually takes about 1 to 2 hours.

Often within a couple of days you will return to the X-ray department to have a small stent placed where the blockage is. This will be done through the catheter you already have through your skin into the duct. This stent will allow the obstructed duct to drain normally and the catheter and bag will be removed.

What happen afterwards?

It is important to make sure that you protect the drainage bag so that it doesn't get pulled out. You should be able to lead a normal life, just having the bag emptied occasionally. The nurses will measure the amount of fluids that are coming out.

What are the risks and complications?

- It may not be possible to place the drain properly.
- Sometimes bile may leak into the abdomen around the catheter. This can be painful and may require draining.
- The procedure may cause a septicaemia (blood infection) but you will be given antibiotics to reduce the chance of this happening.
- Bleeding may be a problem and occasionally a blood transfusion is needed. Rarer still is the need for an embolisation procedure or surgical operation to stop any bleeding.

How to contact us

If you have any questions or concerns, you may telephone the number on your appointment letter.

Further information

Royal College of Radiologists

www.rcr.ac.uk

British Society of Interventional Radiology

www.bsir.org

Cardiovascular and Interventional Society of Europe

www.cirse.org

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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