

EURACARE

PATIENT INFORMATION FORM

BILIARY STENTING

What is biliary stenting?

It is the percutaneous placement of a permanent plastic or metal stent across the site of the bile duct blockage. Stents are usually inserted a few days after the initial drainage procedure, and they keep the narrowed duct open without the need for a catheter. The liver produces bile which aids digestion of fats. If the bile duct becomes blocked, the bile cannot drain normally and backs up in the liver.

Why do you need a biliary stent?

Other tests that you have already performed, would have shown that there is a blockage of the bile duct. Signs of blocked bile ducts include jaundice (yellowing of the skin), dark urine, light stools, itching, nausea, and poor appetite. This is a potentially serious condition that needs to be treated.

Are there any risks?

Although biliary stenting is a relatively safe technique, there are potential risks as with any procedure. Occasionally, it may not be possible to place the stent in the bile duct, in which case surgery may be required to relieve the blockage. Rarely, bleeding can be more severe. With regards to biliary stents, they may be misplaced at the time of the procedure or may migrate following the procedure. These can be rectified by placement of a second stent in the correct place.

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 will probably have had some blood tests performed beforehand to check that you do not have an increased risk of bleeding. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must also tell your doctor about this.

Who will you see?

A specially trained doctor called an interventional radiologist. They have special expertise in reading the images and using imaging to guide the needle to the area of interest.

Where will the procedure take place?

In the radiology department – either in the ultrasound room, CT scanner or a Cath lab.

What happens during the biopsy?

You will lie on the x-ray table, generally flat on your back. Your skin will be cleaned with antiseptic and the radiologist will use the x-ray equipment or ultrasound machine to decide on the most suitable point for inserting the needle. Then your skin will be anaesthetised with local anaesthetic, and a fine needle inserted into the liver. When the radiologist is sure that the needle is in a satisfactory position, a permanent metal tube, called a stent, is placed across the obstruction, to relieve the blockage. Even if this is done, a temporary external catheter may be left in place, attached to a drainage bag.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Some discomfort may be felt when inserting the stent.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 45 minutes, or occasionally it may take longer than 90 minutes. As a guide, expect to be in the x-ray department for about an hour and a half altogether.

What happens afterwards?

You will be taken back to a ward. Nursing staff will carry out routine observations including pulse and blood pressure. You will generally stay in bed for a few hours, until you have recovered and are ready to go home.

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.

Giving my consent (permission)

The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives. If there is anything you do not understand or you need more time to think about it, please tell the staff caring for you.