

Undergoing Percutaneous Biliary Drainage

Information For Patients

This leaflet tells you about the procedure known as Percutaneous Biliary Drainage. It explains what is involved and what the possible risks are. It is not meant to be a substitute for informed discussion between you and your doctor but can act as a starting point for such a discussion.

Whether you are having the procedure as planned or as an emergency procedure you should have sufficient explanation before you sign the consent form.

What is biliary drainage?

One of the normal functions of the liver is to produce bile. This drains through a series of small tubes (ducts) and eventually drains into one large tube, the common bile duct, which itself empties into the duodenum (first part of the small bowel). If the bile duct becomes blocked either by gallstones, inflammation or tumour around the pancreas, the bile cannot drain, and the skin becomes jaundiced (yellow). This is serious and needs to be treated by draining the bile.

There are 2 ways to achieve bile drainage:

- **Endoscopic Retrograde Cholangio Pancreatography**

(ERCP) – This involves passing a long thin flexible tube (endoscope) through your mouth and down into your small bowel (duodenum) and inserting an internal drainage tube.

- **Percutaneous biliary drainage** – involves inserting an internal or external drain into your bile duct through a tiny hole in your skin.

Why do I need percutaneous biliary drainage?

You may have already had other tests, such as an ultrasound scan or a CT scan that have shown that your bile ducts are blocked. You may have also had an unsuccessful ERCP and the doctors looking after you have decided that you would benefit by having a percutaneous drainage tube inserted. This may then be easily changed for an internal drainage tube or a stent at a later date if needed.

Who will be doing the drainage procedure?

An Interventional radiologist will perform the procedure, a doctor who specialises in such procedures; he will be assisted throughout the procedure by radiology nurses and radiographers.

How do I prepare for the procedure?

You need to be an in-patient in the hospital. You will be asked not to eat for four hours beforehand, though you may be allowed to drink some water. You may receive a sedative to relieve anxiety, as well as an antibiotic. You will be asked to put on a hospital gown. You will have some routine blood tests before we can proceed with the procedure.

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.

Where is the procedure performed?

The drainage will take place in the radiology department in a special “screening room” design specially for this type of procedure.

What actually happens during the drainage?

You will need to lie on the x-ray table, on your back. A fine soft tube will be placed into a nostril to give you oxygen to breathe during the test. You will be given an injection to make you sleepy and ease any discomfort you may feel. There will be a nurse looking after you during the procedure, who will monitor your pulse and blood pressure. They will give you extra painkillers if needed.

The area of skin where the drain is to be placed will be cleaned with antiseptic. The doctor will inject a local anaesthetic under the skin to numb the area. This may sting a little. The rest of your body will be covered by a sterile sheet.

The doctor will then insert a fine needle into your liver guided by an ultrasound machine and x-rays. Once the needle is in a satisfactory position, x-ray dye is used to assess the bile ducts. One of the following will be inserted:

- External drain – a plastic tube that is fixed to the skin by a stitch (suture) and drains the bile into a drainage bag.
- Internal / external drain – a plastic tube, which crosses the bile duct blockage and drains bile into the duodenum and into an external drainage bag.
- Internal stent – a permanent metal tube, which is placed across the obstruction to relieve the blockage. A temporary external drain may also be used for a few days.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

Be aware that you are connected to a drainage bag. Try not to make any sudden movements, such as getting out of bed or a chair. Remember you have a drainage bag with you. The bag will need to be emptied regularly and the nurses must measure and record the amount of bile each time. You may have to have further x-rays to check if the drain or stent is working. Your doctors will discuss with you if you need any further procedures and if the external drain can be removed. A stent will be left in permanently.

Are there any risks or complications?

Percutaneous biliary drainage is a safe procedure and should result in an improvement in your medical condition. However, there are some risks and complications that can arise.

Any procedure using sedation can result in complications, although they are rare. They include a reaction to the medicines used (nausea or skin reactions) or the effect on any ongoing disease process (e.g. heart, lung or kidney disease).

Does this procedure use radiation?

This procedure does use x-rays which involves you receiving a moderate dose of radiation; however, the benefit of an accurate diagnosis or successful treatment far outweighs the risk.

Specific complications of percutaneous biliary drainage

- The doctor may be unable to place the drainage tube. This is usually due to the ducts not being wide enough for the needle to be placed.
- Occasionally there is a bile leak from the duct where the tube has been inserted. This results in a small collection of bile inside the abdomen that can be painful. The leak from the duct should stop within 48 hours but may need draining.
- If you are jaundiced you may have problems with blood clotting causing slight bleeding from the wound site. On rare occasions this may become severe and need a blood transfusion or another procedure to stop the bleeding.

Any enquiries regarding your procedure please contact:

Radiology Admin Team

Telephone: 01484 355 591
9am to 5pm

Radiology Day Case

Telephone: 01484 355 5781
8am to 5pm

Post procedure information will be given on discharge

Out of hours

Contact GP or Accident and Emergency Department

Other Useful Numbers

If you would like to make a complaint:

Patient Advice and Complaints Service PALS 9am - 5pm Monday to Friday

Telephone: 0800 013 0018

Email: patientadvice@cht.nhs.uk

Letter: Patient Advice & Complaints Service, Calderdale & Huddersfield NHS Foundation Trust, Acre Street, Lindley, Huddersfield, HD3 3EA

Further information about Interventional Procedures can be found:

<https://wyaat.wyhpартnership.co.uk/our-priorities/west-yorkshire-vascular-services>

<https://www.bsir.org/patients/>

If you would like this information in large print, Braille, Audio, CD or in another language contact below

If you have any comments about this leaflet or the service you have received you can contact :

Radiology Admin Team
Radiology Department
Huddersfield Royal Infirmary,
Lindley, Huddersfield
HD3 3EA

Telephone No: (01484) 342186

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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المذكور أعلاه"

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) with the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists and edited accordingly by Calderdale & Huddersfield Trust

SMOKEFREE CHFT We are a smoke free Trust. If you need help to quit yorkshiresmokefree.nhs.uk can help

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