

Treatment for cancer of the bile duct

Hepatobiliary and Pancreatic Services

Produced: Feb 2025

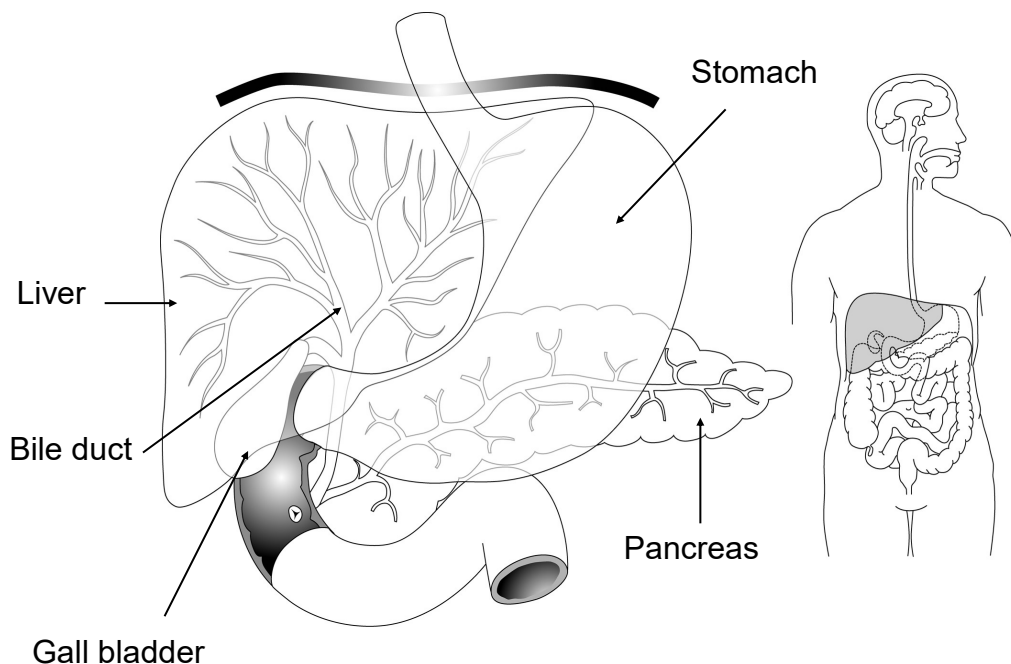
Information for patients

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Introduction

The aim of this booklet is to help you understand more about bile duct cancer (cholangiocarcinoma) and the treatments that are available to you.



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or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Where are my bile ducts and what do they do?

The bile ducts are the tubes that connect the liver and gall bladder to the small bowel. Bile is made in the liver and is stored in both the liver and the gall bladder. It then travels down the bile ducts to the small bowel, where it helps to break down the fats in your food.

What is cancer?

The body normally works on the principle that as one cell dies, it is replaced. However, cancer cells are cells that grow and do not die. These cells then form new abnormal cells, which form a tumour. These cells can spread to nearby tissues and other organs.

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What is cancer of the bile duct?

This form of cancer can occur anywhere along the bile ducts and tends to be of the type called adenocarcinoma. Bile duct cancers are separated into three groups, depending on where in the bile ducts they occur:

- Intra-hepatic bile duct cancer is when the tumour is found in one or more of the small bile ducts that run through the liver.
- If the tumour occurs in one or more of the bile ducts outside the liver then it is referred to as a distal bile duct cancer.
- A hilar or Klatskin tumour is when cancer develops at the point where the two main bile ducts in the liver join together.

Initial diagnosis can be confused with cancer in the head of the pancreas. This is because a definite diagnosis for this type of cancer can only be made following examination of a specimen from the tumour.

What causes cancer of the bile duct?

No one really knows what causes this type of cancer. People who have been born with abnormalities of the bile ducts, such as choledochal cysts, have an increased risk of developing these tumours, as do people with chronic inflammatory bowel conditions.

What signs and symptoms may I have?

These may include:

- mild discomfort in your abdomen (tummy)
- high temperatures and fevers
- weight loss
- loss of appetite
- jaundice

What is jaundice?

If the tumour causes a blockage in the bile ducts, resulting in a reduction in bile flow, then obstructive jaundice will occur. This causes dark urine, pale stools and yellowing of the eyes and skin. Itching may also occur.

How is cancer of the bile duct diagnosed?

When you see your consultant surgeon in clinic, he will order blood tests and special X-rays to see if he can find out what is causing your symptoms. The blood tests may detect abnormal liver function and certain chemicals in the blood may be higher than usual. However, even if levels are normal it does not always mean that a cancer is not present.

Your consultant will have organised scans of your abdomen, and these could be:

- an ultrasound scan
- a Computed Tomography scan (C.T.)
- a Magnetic Resonance Imaging scan (M.R.I.)
- a Magnetic Resonance Cholangio-Pancreatogram (M.R.C.P.)

If the cancer has caused obstructive jaundice, an Endoscopic Retrograde Cholangio-Pancreatogram (E.R.C.P.) may be carried out. This is done in the Endoscopy Department at the Glenfield General Hospital.

During an E.R.C.P. a special flexible telescope is passed down through the mouth to the stomach, until it lies opposite the opening of the pancreas. Once in position, a small tube is passed into the bile duct and dye is injected. Pictures can then be taken and a small tube (stent), about the size of a biro refill, put in place, so that drainage can occur. This procedure is carried out under light sedation and you will need to stay within the department until it is considered safe for you to go home. An overnight stay in hospital may sometimes be recommended.

If a diagnosis cannot be made from the above tests, then your surgeon may perform a laparoscopy. This is done in theatre under a general anaesthetic. The surgeon will make several small cuts into your abdomen, enabling the abnormal area to be looked at and for the area to be biopsied.

Separate leaflets about these tests are available - please ask a member of staff if you would like one.

The Multidisciplinary Team (MDT)

While planning your care, your doctor will discuss your medical problem at a weekly meeting with other specialists. This means that your planned treatment is a joint decision by your doctor and several other specialists. Members of the MDT include:

- other hepatobiliary surgeons (doctors who specialise in operations involving the liver, pancreas and biliary tree)
- a pathologist (a doctor who studies body tissues)
- an oncologist (a specialist cancer doctor)
- doctors and nurses from the palliative care team (specialists in care given to control symptoms, such as sickness and pain)
- medical consultants
- clinical nurse specialists (key workers)

What treatments are available?

This form of cancer is hard to treat. Treatments that are available are surgery and / or chemotherapy.

Surgery

The only treatment for potentially curing bile duct cancer is to have surgery to completely remove the cancer, and surgery at an early stage is the best option.

Where the cancer is situated in the bile ducts, and whether it has spread, will determine whether or not you will be able to have surgery. If surgery is possible, the position of the cancer will determine whether your surgeon offers you a liver resection or a Whipples operation (pancreatoduodenectomy).

However you need to be aware that sometimes it is only during the operation that the spread of the disease is fully apparent. This may mean that the cancer has become fixed to important blood vessels or structures, or that the cancer has spread to other organs. If this is the case, your surgeon may decide to perform a biliary and / or gastric bypass operation to prevent further blockages, instead of removing the cancer.

Further information on these operations will be given as appropriate to your treatment plan.

Chemotherapy

If your tumour cannot be removed by surgery, your doctors may recommend that you have a course of chemotherapy. This will not cure your cancer and the aim would be to slow down the growth of your tumour, and for any symptoms that you might have to be controlled.

Your response to the chemotherapy treatment would be monitored by the oncology team looking after you, who will discuss your treatment plan with you.

Sometimes, your doctor will recommend you have chemotherapy treatment as well as having surgery. This will be discussed with you.

What happens if I decide not to have chemotherapy?

If you decide that you would prefer not to have chemotherapy, we will continue to provide appropriate supportive care for you. This means that we will treat any problems or symptoms as they occur. For example, if you become jaundiced we may ask the surgeon or a radiologist to see you to insert a stent (tiny tube) which will relieve the jaundice.

With your permission, we will also refer you to a community palliative care nurse, who will be able to help you to manage some of your symptoms while you are at home.

Contact numbers (24 hours per day, seven days per week)

Nurse in charge

Ward 35 Glenfield General Hospital

0116 258 4646

Nurse in charge

Ward 36 Glenfield General Hospital

0116 258 4165

Where can I get more information?

Macmillan Information and Support Centre (Leicester Royal Infirmary)

Telephone: 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

Macmillan Cancer Support

Freephone: 0808 808 00 00

Website: www.macmillan.org.uk

Cancer Research UK

Freephone: 0808 800 40 40

Website: www.cancerresearchuk.org

British Liver Trust

Website: www.britishlivertrust.org.uk

Guts UK

Website: www.gutscharity.org.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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