

# Why am I not suitable for a biopsy?

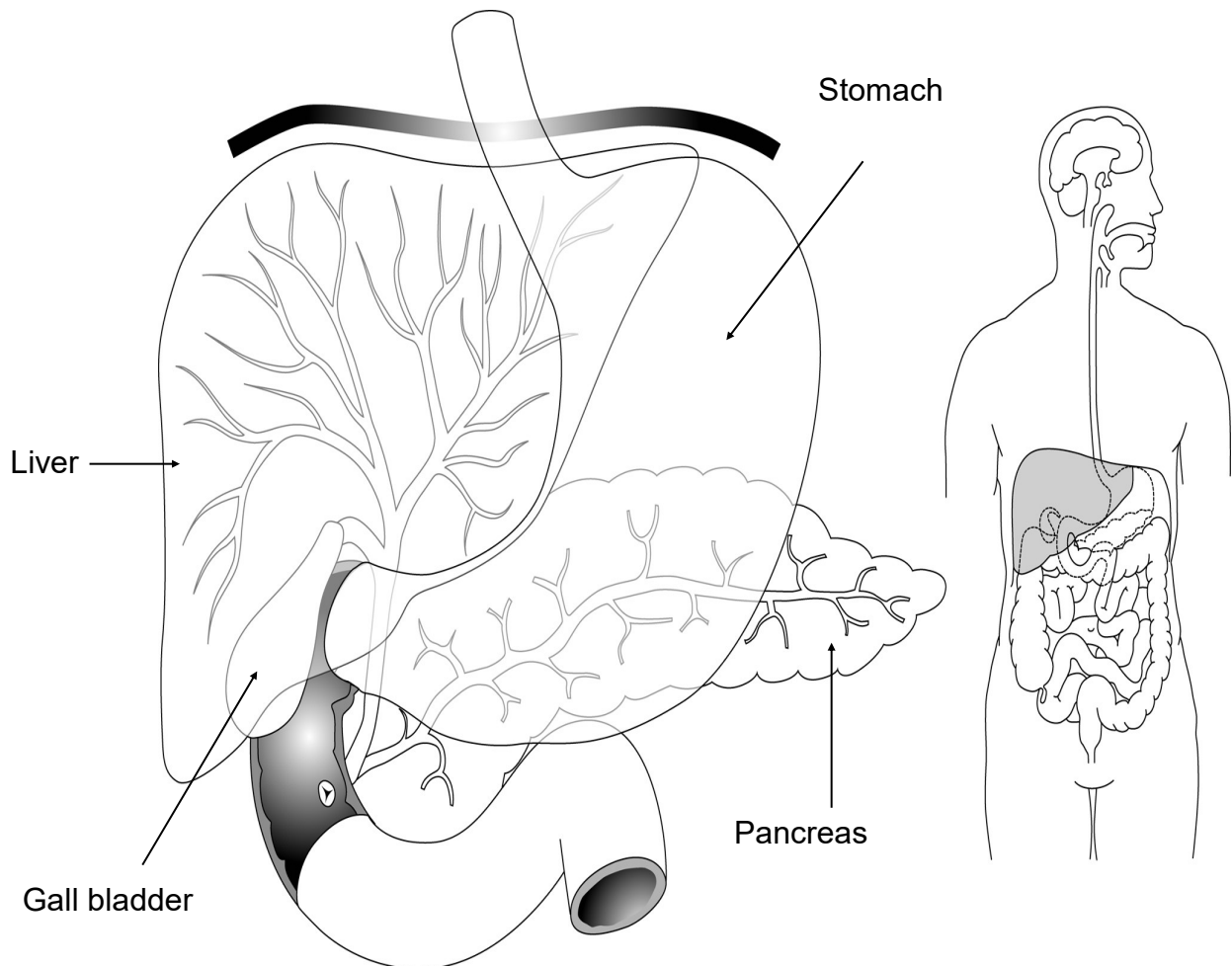
Information for Patients

Leaflet number: 578

Version: 6

Hepatobiliary & Pancreatic Services

Produced: Jan 2025 Review: Jan 2028



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## Important information

You have been told that you have cancer. This diagnosis has been made based on symptoms and scan information. You have not had a biopsy, which would have allowed us to look at a sample of tissue to give a 'tissue diagnosis'.

This booklet is aimed at helping you and your family to understand what will happen to you now. This can be a difficult time for you as you struggle to come to terms with what has been happening. While planning your care, your doctor will have discussed your case

## How was this diagnosis reached?

at a weekly multidisciplinary team (MDT) 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 radiologist (a specialized X-ray doctor)
- a pathologist (a doctor who studies body tissues)
- an oncologist (a specialist cancer doctor)
- doctors and nurse from the palliative care team (specialists in care given to control symptoms, such as sickness and pain)
- medical consultants
- clinical nurse specialists (key workers).

## Why haven't I had a biopsy?

In certain situations when the tumour is in an awkward position and obtaining the biopsy would be of high risk to you, it may not be possible to do the procedure. This situation is more common when the primary tumour is in the bile duct or the pancreas gland.

Sometimes your own general health may make the procedure more hazardous to you. Your medical team will inform you why you have not been able to have a biopsy.

## Will I have any chemotherapy treatment?

Probably not, as we usually need to have a tissue diagnosis before giving chemotherapy. However, there are some situations when chemotherapy is given without tissue diagnosis. Please discuss this with your doctor. If needed, an appointment can be made with the oncologist (cancer specialist) for you to discuss this further. However, it is important to remember that the chemotherapy would not cure the disease, only reduce the rate at which it grows.

## Are there any alternative treatments available?

We will continue to provide appropriate supportive care for you. This means that we will treat any problems or symptoms as they occur. If your needs become more complex, then we will refer you to the appropriate specialist, usually a palliative care consultant, who specialises in pain and symptom problems.

If you become jaundiced we may ask the surgeon or a radiologist to assess you with a view to inserting a stent (tiny tube) which will relieve the jaundice.

Local hospices, such as LOROS, offer medical and nursing advice, also complementary therapies. These facilities are all free.

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

If you have any concerns, do not hesitate to contact your nurse specialist (key worker) or your GP.

## Useful contact numbers

If you need to speak to a member of the Hepatobiliary and Pancreatic Nurse Specialist Service, contact them using the details on the card they will have given you.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
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