

# Cancer of the pancreas, bile ducts (cholangiocarcinoma) and liver

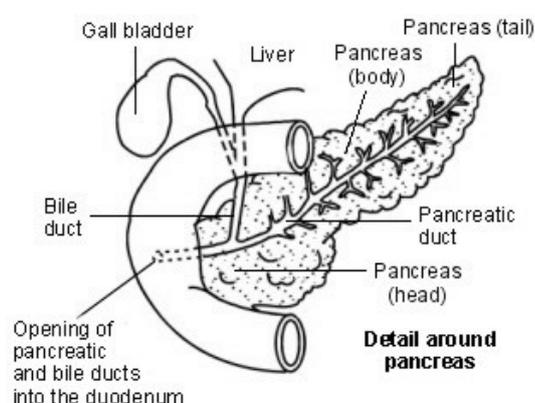
**This leaflet will explain what is likely to happen if you have been diagnosed with a cancer of the pancreas, bile ducts and/or liver.**

For anyone, receiving news of the diagnosis of cancer comes as a shock. This leaflet is written for you to explain the clinical problem of pancreas, gall bladder and bile duct cancer to you and how you may be investigated and treated. If anything in this leaflet is not clear, do not be afraid to ask any of the Upper Gastrointestinal (UGI) Specialist team caring for you.

## What is cancer?

A cancer arises when the cells multiply beyond the normal control mechanisms of the body. In the pancreas or gall bladder this process may lead to a number of different symptoms. It may cause a blockage of the exit of the bile from the liver into the bowel causing jaundice. There may be a loss of appetite and weight, or symptoms of indigestion. You may also experience some back pain.

There are several treatments available for these cancers including surgery, chemotherapy and radiotherapy.



## What investigations (tests) will I need?

You may have already had some of these tests but others may be ordered.

- **Ultrasound scan:** This test is completely painless. A listening probe and gel is applied to your abdomen (tummy) so the liver and pancreas can be seen clearly. Pregnant women have a similar test (scan) to look at the unborn baby. The reason for this test is to show the disease (cancer) and if it has spread to the liver, or if the bile ducts are blocked. The scan takes about 20 minutes.
- **CT scan:** This is a series of special x-rays which view the body in thin slices. It involves you lying on a table, which slowly passes through a circular machine (like going through the hole of a mint!). The test takes a few minutes to set up and then the scan lasts about 2-5 minutes.
- **Endoscopy:** In this investigation under sedation or local anaesthetic (throat spray), the doctor will look down your oesophagus, into your stomach and small intestine and perhaps take a small piece (biopsy) to send to the laboratory.
- **Endoscopic ultrasound:** This test is carried out in a similar way to the endoscopy. A scope with an ultrasound probe on the end is used to estimate the depth of your tumour through the intestine wall using sound waves. It is also used to assess the spread of tumour into local lymph nodes and nearby structures. You may find you have a sore throat after the procedure. It takes about half an hour.

- **ERCP (Endoscopic Retrograde Cholangiopancreatography):** This test uses an endoscope which is passed through your mouth, oesophagus (gullet) out through the stomach into the small intestine – the same route the food you eat takes. When in the first part of the small intestine, dye can be injected up into the pancreas and bile ducts to show any narrowing. At this time x-rays can be taken and treatment to relieve jaundice performed. It takes about an hour.

## What treatment will I need?

### Surgery

If the cancer is found at an early stage (it has not grown to involve any local blood vessels and cannot be seen in any major organs on the CT scan) then surgery may be undertaken.

An operation to remove part of the pancreas is considered to be major surgery. This kind of surgery is not performed at the Royal Berkshire Hospital so patients who are going to have this kind of treatment are transferred to Oxford.

If you are going to have surgery more details will be given to you about what to expect when you meet the Oxford Surgical Team.

### Stent insertion

If the tumour causes the duct (tube) from the pancreas or gall bladder to become narrow, this reduces or stops the flow of bile into the small intestine. The body then has to find another way of getting rid of the bile, which it does by sending it to the skin, causing jaundice, and to the urine, making this very dark in colour. Some patients find their skin becomes itchy due to this. In order to relieve the problem of a narrow duct it is sometimes possible to place a stent (small plastic or metal tube) into the duct to keep it open and allow the bile to drain in the normal way into the small intestine. This procedure is carried out when an ERCP is performed.

Sometimes, because of a technical problem it can be very difficult to place a stent using ERCP. If this is the case, then a PTC (percutaneous transhepatic cholangiography) will be performed. Under local anaesthetic a needle is placed through the skin and liver to the bile duct. If a narrowed duct is seen, then a catheter (fine tube) can be put in place in order to drain the bile in to a small bag outside your body or a stent placed directly into the bile duct.

### Chemotherapy and radiotherapy

Chemotherapy is a treatment that uses strong drugs to kill the cancer cells or to stop them from growing and multiplying. It is given by injection in to the bloodstream and therefore works all over the body to kill any stray cancer cells as well as the tumour itself.

Radiotherapy is a treatment using high energy x-rays which are focused on the area containing the cancer. This kills the cancer cells or stops them from growing and multiplying. Radiotherapy works only on the area where it is aimed not throughout the body.

Both treatments can help to slow the growth of a tumour but are not able to cure the cancer. When you have an appointment with the oncology doctor (cancer specialist) you will be given more information about your treatment.

If anything is not clear or you still have questions, it may help to write them down and discuss them with the nurses or ourselves at clinic or when you next visit the hospital.

Please use this space to write down any questions that you want to ask.

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If English is not the best language for you, may we suggest you talk to Macmillan Cancer Support on 0808 808 00 00 for information in other languages or visit <https://www.macmillan.org.uk/cancer-information-and-support/get-help/in-your-language> Interpreters are also available on request.

### **Your Key Worker/Clinical Nurse Specialist is:**

Ruth Moxon, Emma Hogbin and Hilary Fagan

They can be contacted on Tel: **0118 322 7748** or Pager: **07659 129407**

### **Support groups**

Macmillan Cancer Support, Freephone 0808 808 00 00 [www.macmillan.org.uk](http://www.macmillan.org.uk)

Provides information, emotional support and practical advice by telephone or letter. Also provides information in other languages

British Association for Counselling

BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB

Tel: 01455 883300 [www.bacp.co.uk](http://www.bacp.co.uk)

Can provide a list of local counsellors for cancer patients and their families.

Cancer Research UK

Cancer Research UK Angel Building, 407 St John Street, London, EC1V 4AD

Tel: 0300 123 1022 [www.cancerresearch.org.uk/](http://www.cancerresearch.org.uk/)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Oncology, September 2022

Next review due: September 2024