

Patient agreement to investigation or treatment

Percutaneous Transhepatic Cholangiography (PTC)

Authors: Cambridge Surgical Hepatobiliary and Pancreas Service

Brief description:

- PTC is a procedure performed under X/Ray guidance in order to assess the biliary tract by injecting a contrast agent via a needle inserted through the liver.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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About Percutaneous Transhepatic Cholangiography (PTC)

PTC is a radiological procedure performed under X-Ray guidance. It is performed to assess the anatomy of the biliary tract (bile ducts) by injecting a contrast agent (X-Ray visible dye) into a bile duct via a needle inserted through the liver. It is commonly followed by insertion of a drain or a stent (a plastic or metal tube to prop open the site of blockage) to help drainage of the bile ducts.

Why do I need a PTC?

The bile ducts are passages that transport bile in the liver and the gall bladder. Bile begins its journey in small ducts inside the liver. These small ducts eventually merge to form a single large bile duct which drains into the small bowel. When one or more bile ducts becomes narrow or has a blockage, bile may accumulate and cause problems such as jaundice (yellowness of the skin) or cholangitis (infection or inflammation of bile ducts). X-ray examination of these ducts is sometimes done by PTC.

PTC is used to:

- Identify the site and the cause of the obstruction to bile flow (jaundice)
- Provide treatment (such as insertion of stents or draining infected bile).

Before your procedure

- You will be advised by your doctor to undergo this procedure usually as a further investigation of your jaundice. You will be admitted to the hospital prior to this procedure.
- On admission we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of local anaesthesia and/or sedation.
- You may be advised not to take any medicines that affect blood clotting such as **Aspirin Clopidogrel and Warfarin**. These should be stopped three to seven days before the procedure.

(If you are taking these tablets, you need to discuss with your doctor or the medical team who requested the procedure how long to stop these medications depending on your medical conditions.)

- You will be told not to eat or drink overnight. Having an empty stomach is a safety measure in case of complications, such as bleeding. You will be given an antibiotic prior to the procedure to reduce the risk of infection. You will also be given intravenous fluids to prevent dehydration.

Will I need to stay in hospital?

You will be admitted into the hospital for this procedure. You will need to stay in bed for at least six hours after the test, lying on the side of PTC to prevent bleeding. You may receive several more doses of antibiotics through your IV line to prevent infection. You may require more IV fluids to prevent dehydration. You will be monitored very closely.

During the procedure itself

- Before your procedure, you will be given the necessary local anaesthetic and/or sedation.
- PTC is performed by an interventional radiologist (specialist X-Ray doctor) in a specialised area (angiography suite) in the X-ray department. Before your procedure, a radiologist will see you and describe the PTC procedure to you. He or she will also discuss biliary drainage or stenting in case you need to have this procedure done during the PTC. You will be asked to sign a consent form that gives your permission to have the procedures. **If you have any allergies please inform the doctor.**
- A blood pressure cuff will be placed on your arm and a pulse oxymeter on your finger to monitor your heart rate, blood pressure and blood oxygen levels during the procedure.
- An intravenous (IV) line will be placed in a vein on your arm. You may be given medications (analgesic, sedative or both) through your line to help you relax. You will remain awake during the procedure and will be able to talk with those around you.
- An ultrasound scan is usually performed to visualise the liver and the bile ducts. The skin on the right side of your abdomen will be cleaned, and the area will be draped with sterile sheets. Your skin will then be numbed with a local anaesthetic.
- Once the area is numb, the radiologist will insert a thin needle through your skin and the liver into a bile duct. You may feel a bit of a twinge when the needle penetrates the liver followed by a pressure or fullness, or brief discomfort in the upper right side of the back. A small amount of dye will be injected and x-rays will be taken. The x-rays may be taken at different angles and you may be asked and helped to raise your arms to your head.
- If the PTC results show a problem, such as a blockage in the bile duct, the radiologist may choose to insert a drain, a stent, or both depending on the clinical

needs. A drain is almost always a temporary measure to drain the obstructed bile duct externally to a bag. A stent stays within the bile duct to drain the bile via the normal way. Sometimes the procedure may have to be done in stages so the radiologist may arrange for you to attend the angiography suite again.

- PTC usually takes at least an hour to perform but you will be in the angiography suite for approximately three hours.

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there may be some discomfort.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful but where your co-operation is needed.

You may remember a little about what happened but often you will remember nothing. This is known as 'conscious sedation', and may be used by other professionals as well as anaesthetists.

After the procedure (operation/treatment)

- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. If you have been given sedation during the procedure you may be feeling sleepy. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after the procedure and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- Once you are back on the ward, a nurse will frequently monitor your heart rate, blood pressure, temperature and breathing. If you have a drain with an external bag, the bile in the bag will also be checked for colour, amount, and presence of blood.

Please report to the nurse or doctor if you experience any of the following:

- excessive pain in the abdomen or shoulder
- fever, feeling hot,
- faint or dizziness
- nausea and vomiting
- sweating

- a change in stool colour to black or red
- itching, rash or any serious allergic reactions to contrast dye
- **Eating and drinking:** After the recovery, you may eat and drink as normal and gradually return to normal activities.
- **Getting around and about:** You will need to stay in bed for at least six hours after the test, lying on the side of PTC to prevent bleeding. Typically, you will be able to get up after six hours. If we think you will have problems getting about, we will arrange for extra assistance, such as nursing help.
- **When you can leave hospital:** The number of days you stay in the hospital will depend upon your recovery from the procedure, nature of biliary obstruction and any need for further tests.
- **Special measures you need to take after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure; such as looking after the drain. You will also be given information about things to watch out for that might be early signs of problems (for example, infection and blockage of the drain).
- **Check-ups and results:** Before you leave hospital, we will check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- Identify the site and the cause of the obstruction to bile flow (jaundice)
- Provide treatment (such as insertion of stents or draining infected bile).

What do abnormal results mean?

The results may show that the ducts are enlarged, which may indicate the ducts are blocked. The blockage may be caused by a range of conditions such as infection, scarring, or stones. It could also indicate cancer in the bile ducts, liver, pancreas, or gallbladder. All such findings shall be discussed with you by your surgeon or physician. Depending on the results of the PTC, further tests or procedure may be planned and this will also be discussed with you.

Who will perform my procedure?

- This procedure will be performed by an interventional radiologist (specialist X-Ray doctor).

Serious or frequently occurring risks

- There is a slight chance of excessive blood loss from this test. In some cases, blood leaks to the outside surface of the liver and causes a build-up of blood or clot.
- Septicaemia (infection in blood stream) and bile peritonitis (infection or inflammation of the membrane covering the walls of the abdomen) are serious complications of this procedure. You will be monitored closely to detect such complications at early stage.
- You are likely to have some pain at the skin surface where the needle went in. This should last for only a day or two.
- Some of the risks are linked to the dye that is used and there is a slight chance of an allergic reaction to this. The dye can also leak from the liver into the abdomen but this is almost always self resolving.

Alternative procedures that are available

- A PTC is performed when other procedures have been attempted but are unsuccessful; for example, ERCP. There is no alternative to this procedure.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for.
- If you need any further information or clarification, please contact-

1. Julie Barritt & Lena Loia (HPB Nurse Practitioners) : 01223 256147
or Addenbrookes switchboard 01223 245151 pager 154-225
2. HPB Secretaries : 01223 256040 / 01223 257074
3. Angiography Suite: 01223 216337



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Percutaneous Transhepatic Cholangiography

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
- Any serious or frequently occurring risks from the procedures including those specific to the patient
 Excessive blood loss; septicaemia; pain at the skin surface and allergic reaction
- Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Percutaneous Transhepatic Cholangiography..... Version/Date/Ref: 1/May 2009/ CF405

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):.....

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: