

Patient Information Leaflet

Jaundice Clinic Pathway

University Hospitals Plymouth
Derriford Road
Plymouth
PL6 8DH
Tel: 01752 202082
www.plymouthhospitals.nhs.uk



You have been referred to the Jaundice clinic urgently because your GP is concerned that you are becoming jaundice. Jaundice is a medical condition with yellowing of the skin or whites of the eyes, arising from excess of the pigment bilirubin and typically caused by obstruction of the bile duct and/ or by liver disease. This could be as a result of a benign or malignant (cancerous) process; therefore we need to investigate quickly.

This booklet is a guide to inform you about what may happen at this appointment, and what tests or investigations may be arranged for you already and in the future.

You will be given more detailed information about each test as it is arranged.

Rapid Access Jaundice Clinic

Your referral letter has been received for the Jaundice clinic. You will be contacted by the Hepatology Pathway Navigator with the details of an appointment within 48 hours of it being received. In most circumstances, you will be invited to the jaundice clinic the following day. We will try to co-ordinate tests where possible to ensure that we come to a diagnosis and have all the information necessary as quickly as possible. In some cases this may involve having tests on the day of your clinic appointment which may mean being in hospital for several hours.

What will happen at this appointment?

You will be seen by a member of the hepatology team and one of the Liver and Pancreas Cancer Nurse Specialists. They will listen to your story, examine you and explain the tests (USS and bloods) that you have already had and the further tests required to help investigate the cause of the jaundice. Please can you bring a list of medications to the appointment.

What initial tests might be arranged for you?

Blood tests

We will ask you to have more in depth blood tests that can diagnose the nature and extent of your jaundice and to check the function of your liver, kidneys and red and white blood cells. This is to check how the jaundice is affecting your body and plan the timeliness of treatment to resolve the jaundice.

Ultrasound Scan (USS)

This is a simple, painless and relatively quick investigation used to obtain pictures of the inside of the abdomen using sound waves. These provide useful but basic information about the pancreas, liver, bile ducts and gallbladder. You will be given instructions on how to prepare for this scan.

Computerised Tomography (CT scan)

You may need this test depending on the results of the USS. This is a type of X-ray, which builds up a three-dimensional picture of the pancreas and liver. It is painless and can take up to 30 minutes. Special liquids are often used to allow particular areas of the body to be seen more clearly on the scan. The liquids may be given as a drink, as an injection, or both. If you are allergic to

iodine or have asthma, it is important to tell your doctor and the person doing this test before having the injection or drink.

What further tests may you require?

MRI scan (Magnetic Resonance Imaging)

An MRI scan is similar to a CT scan but uses a magnetic field instead of X-rays to build up an image of the pancreas and liver. Some people are given an injection of dye into a vein in the arm to improve the image.

During the test you are asked to lie very still on a couch inside a long chamber for up to an hour. This can be unpleasant if you don't like enclosed spaces; if so, it may help to mention this to the radiographer. The MRI scanning process is also very noisy, but you will be given earplugs or headphones to wear.

Endoscopic retrograde cholangiopancreatography (ERCP)

This is a special investigation for taking pictures of the bile ducts and the pancreatic duct. You will be asked not to eat or drink anything for about 6 hours before the test so that your stomach and small bowel are empty. You may be given an antibiotic to prevent infection. You will also be given sedation to help you relax.

The doctor inserts a special flexible telescope into the mouth, down the gullet and into the stomach, then into the duodenum opposite the opening of the bile duct and pancreatic duct. A small tube (cannula) is pushed into the opening and a contrast (dye) injected into the ducts. A small tube (stent) may be left in the bile duct to relieve the blockage causing the jaundice.

An additional leaflet is available explaining an ERCP if needed.

Endoscopic ultrasound (EUS)

This is an endoscopic procedure rather like an ERCP. Instead of X-ray pictures of the pancreas and bile ducts, EUS takes pictures by ultrasound. This test will be done under sedation.

Positron Emission Tomography (PET) Scan

This is an imaging technique that uses small quantities of a radioactive tracer, similar to sugar to produce images that show up areas of your body where cells are more active than normal. More information will be given as you will be required to be nil by mouth prior to this scan. The scan will take about 2-3 hours and you must not come into contact with pregnant women or children for 6 hours.

What will happen next?

Once the results of your tests and investigations are available we will contact you via telephone and post for a clinic appointment.

If the reason for your jaundice is due to a benign condition then you will receive a clinic appointment with the hepatology department. They will then explain the diagnosis and treatment that may be required.

If the reason for your jaundice is concerning for a malignant process (cancerous) your hospital doctor may need to take the results of your tests and scans to a specialist meeting which happens once a week (Friday morning). This is called a multidisciplinary team meeting or MDT.

The MDT is made up of a group of specialists including your hospital doctor (hepatologist), liver and pancreas surgeons, pathologists (doctors who examine specimens), radiologists (X-ray doctors) and specialist cancer doctors and nurses.

At the MDT your symptoms, tests and investigations are reviewed and treatment options discussed. Any recommendation will then be discussed with you at your next clinic appointment. This will be arranged quickly. You will be given time to consider these choices before a final treatment/ management plan is decided. This ensures treatment and care is tailored to your specific and individual needs.

We understand that this is a worrying time for you and your family. You are welcome to bring a family member with you to your appointments if you would like to, it is sometimes useful to have more than one person listening to any explanations given. If a cancer diagnosis is suspected then you will be given lots of support and assigned a Cancer Nurse Specialist to assist you and your family.

Please feel free to ask any questions about any of the arrangements made for you, it is important that you understand what is happening and why. If you have any further questions please use the contact numbers provided for you at the end of this booklet.

Useful telephone numbers

Liver/ Pancreas Cancer Nurse Specialists-
01752 431527

Hepatology Navigator-
01752 439002

plh-tr.swluhcc@nhs.net



**This leaflet is available in large print
and other formats and languages.**

Contact: Administrator

Tel: 01752 432283

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