

# Stents to treat jaundice caused by a blocked bile duct

This fact sheet is for people with pancreatic cancer who are having a stent put in to treat jaundice caused by a blocked bile duct. Families may also find it helpful. It explains what stents are, when they are used, how they are put in and possible problems. There is also information about the support available for you.

Every hospital will do things slightly differently so use this fact sheet as a general guide. Ask your doctor or nurse for more information about your treatment.

You can also speak to our specialist nurses on our confidential Support Line. Call free on **0808 801 0707** or email [nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)

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# Key facts

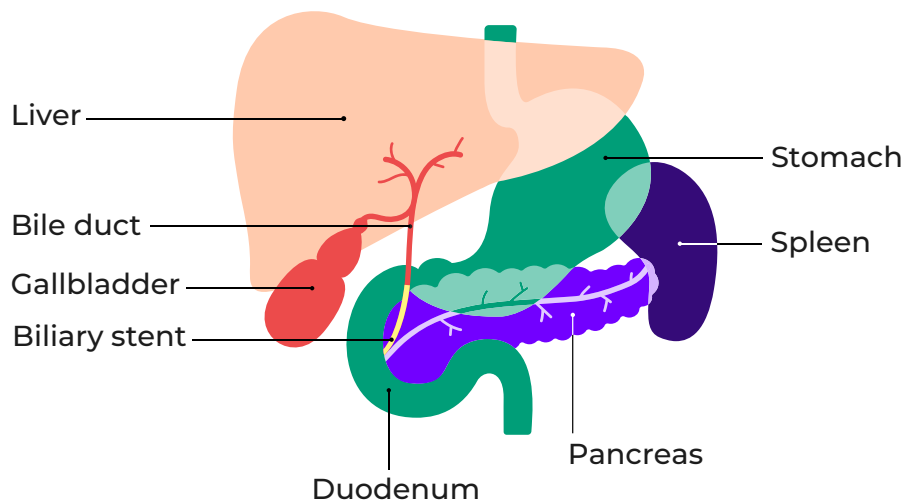
- Jaundice turns your skin or eyes yellow. Yellow skin may be less obvious if you have brown or black skin, but you may notice the white part of your eyes looks yellow. Jaundice also makes you feel itchy and causes pale poo and dark pee.
- Jaundice is caused by the cancer blocking the bile duct. Bile is a fluid which helps with digestion. The bile duct is a tube that takes bile from the liver to the small intestine.
- If the cancer has blocked the bile duct, a tube called a stent can be put into the bile duct. This stent is called a biliary stent.
- The stent will open the blockage and treat the jaundice.
- It may take several days for the jaundice to improve and for you to start to feel better.
- Sometimes there can be problems with stents. They can get blocked or move out of place. You could also get an infection or inflammation of the pancreas (pancreatitis). There are ways to manage these problems.
- Talk to your medical team about any questions you have. You can also speak to our specialist nurses on our free Support Line.

Read more about jaundice on our website at:  
[pancreaticcancer.org.uk/jaundice](https://pancreaticcancer.org.uk/jaundice)

# What are stents and when are they used?

Stents are small tubes. A stent for the bile duct is called a **biliary stent**.

**This diagram shows a biliary stent**



## When are stents used?

- You may have a stent put in to treat jaundice if your cancer can't be removed by surgery.
- If your cancer can be removed by surgery but you aren't yet well enough to have the operation, you may have a stent put in to relieve the jaundice before the surgery.
- If your cancer can be removed by surgery and you are well enough to have the operation straight away, the surgery will treat the jaundice.
- You may have a stent put in to treat jaundice if you are going to have chemotherapy before surgery.

Read more about surgery to remove pancreatic cancer in our fact sheet: [Surgery to remove pancreatic cancer](#)

Or on our website at: [pancreaticcancer.org.uk/surgery](https://pancreaticcancer.org.uk/surgery)

## Advantages and disadvantages of stents

### Advantages

- The stent should open up the blocked bile duct and relieve the jaundice.
- You should start feeling better quickly, normally within a couple of days of having the stent put in.
- Treating the jaundice may mean you can start or continue treatment for the cancer.

### Disadvantages

- The stent may get blocked and the symptoms you had before may come back (see page 7).
- There is a chance of getting an infection after having a stent put in. Infections can be treated with antibiotics (see page 7).
- There is a small chance of your stent moving after it has been put in. If this happens it may need to be replaced (see page 7).
- The procedure to put the stent in can cause pancreatitis, which is inflammation of the pancreas (see page 7).

## How is the stent put in?

You may be given antibiotics before and after having a stent put in. This is to prevent an infection of the bile duct (cholangitis) – see page 7.

### Having a stent put in with an ERCP (endoscopic retrograde cholangio-pancreatography)

A stent for a blocked bile duct is usually put in using a procedure called an ERCP (endoscopic retrograde cholangio-pancreatography). An ERCP uses a flexible tube with a camera on the end (an endoscope).

Before the ERCP, tell your medical team about any medicines that you are taking. Make sure you tell them if you take medicine to thin your blood, or for diabetes. Your medical team will tell you how to take these medicines before the ERCP.

You will be asked not to eat or drink for at least six hours before the ERCP, although you may be able to have small sips of water up to two hours before. This is to make sure that your stomach and duodenum are empty.

You will either have a sedative or a general anaesthetic before the stent is put in. A sedative will make you sleepy and relaxed but won't send you to sleep. You will go to sleep if you have a general anaesthetic.

The endoscope is put into your mouth, passed down your throat and through the stomach to the small intestine. The camera shows the inside of your body on a screen. The stent is put inside the bile duct using a small wire. When the stent is in the right place the wire is removed.

The ERCP usually takes 30-40 minutes, but it can take longer.

## What happens afterwards

You may have a blood test to check that the ERCP has not caused any problems such as inflammation of the pancreas (see page 7). You will be told when you can drink and eat again. This is normally after four to six hours.

You may be able to go home on the same day or the next day. If you are going home on the same day, you will need someone to collect you from the hospital and stay with you overnight. This is because you can't drive for 24 hours after having a sedative or a general anaesthetic.

You will be told who to contact if you have any problems after the ERCP.

## Having a stent put in through the skin: percutaneous transhepatic biliary drainage (PTBD)

Some people may not be able to have a stent put in by ERCP. Instead, the stent is passed through the tummy wall and liver and into the bile duct, using a thin needle. This is called percutaneous transhepatic biliary drainage (PTBD). Before the procedure you will have a sedative to make you sleepy. You will also have injections of local anaesthetic into your tummy area or lower chest. This will make it numb, so that you can't feel anything. Some hospitals might use a general anaesthetic, which means you will be asleep.

A thin needle is guided into the bile duct using X-ray pictures on a computer screen. Dye is injected through the needle so that the blockage shows up on the screen. You might hear this part of the procedure called a **percutaneous transhepatic cholangiogram (PTC)**. A wire is put into the needle and used to guide the stent into position. An X-ray will then be taken of your bile duct to make sure that the stent is in the right place.

## Having a drain before the stent is put in

Sometimes it's not possible to put a stent in straight away. A drain may be used to help remove the build-up of bile before the stent is put in. The drain is a thin tube that is put into the bile duct through the skin. The bile drains through the tube into a bag outside your body.

It's likely you will have another PTC within a couple of weeks of the drain being put in. This is to check how well the bile is draining. If it's possible to put a stent in at this stage, the drain will be removed.

For a few people, the drain needs to be left in for the long term. This may be because it's not possible to open the bile duct with the stent. Your medical team will talk to you about this if it affects you.

## What happens afterwards

You may go home on the same day if you have had a stent put in with PTBD, but this will vary between hospitals. If an external drain has been left in, you may need to stay in hospital overnight. Speak to your medical team about what happens in your hospital.

## Having a stent put in using endoscopic ultrasound guided biliary drainage (EUS-BD)

Some hospitals may put a stent in using an endoscopic ultrasound (EUS). This uses an endoscope with a small ultrasound probe, which shows detailed pictures of the bile duct. The endoscope is put into your mouth and down your throat. The stent is put in the right position using the pictures from the ultrasound.

Putting the stent in using an EUS may reduce the risk of pancreatitis (inflammation of the pancreas), compared to an ERCP. Read about pancreatitis on page 7. Using an EUS is a new way of draining the bile duct and is only used at a few hospitals.

## Will I feel better?

Any symptoms of jaundice usually improve in the first few days after the stent is put in. It may take around two to three weeks for your jaundice to go completely, and you may still feel tired and not have much appetite.

## How will I know if my stent is working?

Bilirubin is a substance found in bile, and jaundice develops when there's a build-up of bilirubin in the blood. The level of bilirubin in your blood will affect how soon you may be able to start treatment such as

chemotherapy or radiotherapy. Blood tests called liver function tests check levels of bilirubin. After your stent is put in, the hospital may give you blood test forms or a letter to take to your GP for liver function tests.

# Are there any problems with stents?

## If the stent gets blocked

The main problem with biliary stents is that they can get blocked. This is usually caused by the cancer growing through the stent, or a build-up of bile in the stent. If your stent gets blocked, the jaundice may come back, and you may get symptoms again.

If this happens another stent may be put in to treat the blockage.

## Infection

There is a risk of infection. This is usually caused by the stent getting blocked. Signs of infection include tummy pain, the jaundice coming back, high temperature, aching muscles or shivering. If you have signs of an infection, contact your medical team, or go to A&E.

Antibiotics can treat the infection and the stent may be replaced.

## Stent moving out of place

Sometimes stents can move out of place. You may hear this called stent migration. If this happens the stent is usually removed and a new one put in.

Tummy pain or jaundice coming back can be signs that the stent has moved. Speak to your doctor or nurse if you get either of these symptoms. They can decide if the stent needs to be replaced.

## Inflamed pancreas (pancreatitis)

If an ERCP is used to put in the stent, this can sometimes cause pancreatitis. This is an inflammation of the pancreas. Symptoms include severe tummy and back pain, being sick, or a high temperature.

Your doctors will look out for this but if it happens after you have gone home, contact your medical team. If you can't reach them, go to A&E.

## Discomfort

Occasionally stents cause discomfort in the upper tummy when they are first put in. This is not common and normally gets better over a few days.

## Other possible problems

There are some other possible problems from having a stent put in. For example, sometimes the procedure can cause bleeding or a hole in the intestine. But these problems are very rare.

If you are concerned about any symptoms after you have left hospital, contact your medical team or if you can't reach them, go to A&E.

If you have any questions or worries about having a stent put in, speak to your medical team.

You can also speak to our specialist nurses on our free Support Line with questions about having a stent put in or any problems afterwards.



### Questions to ask your doctor or nurse

Will a stent help me feel better?

How quickly will I feel better after the stent is put in?

Are there any problems with stents?

Will I need any blood tests after having the stent put in?

Will a stent affect future treatment such as chemotherapy?



# More information and support

## Pancreatic Cancer UK support

We are here for everyone affected by pancreatic cancer.

### Our specialist nurses are here to talk now

If your world has been turned upside down by a pancreatic cancer diagnosis, we are here to talk now. We can answer your questions, recommend practical steps and provide the emotional support you and those close to you need, when you need it most.

Call free on **0808 801 0707** or email **[nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)**

### Expert information

Our free information covers everything about pancreatic cancer to help you understand your diagnosis, ask questions, make decisions and live as well as you can.

Go to: **[pancreaticcancer.org.uk/information](https://pancreaticcancer.org.uk/information)**

Download or order our free publications at **[pancreaticcancer.org.uk/publications](https://pancreaticcancer.org.uk/publications)** or call **0808 801 0707**

### Our online forum

The forum is a supportive online space where everyone affected by pancreatic cancer can be there for each other at any time.

Go to: **[forum.pancreaticcancer.org.uk](https://forum.pancreaticcancer.org.uk)**

### Real life stories

Read other people's experiences of pancreatic cancer to find out how they coped with their diagnosis and treatment and their tips on looking after themselves.

Go to: **[pancreaticcancer.org.uk/stories](https://pancreaticcancer.org.uk/stories)**

## Useful organisations

### Cancer Research UK

**[cancerresearchuk.org](http://cancerresearchuk.org)**

**Helpline: 0808 800 4040** (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

### Healthtalk.org

Personal experiences presented in written, audio and video formats, including people talking about pancreatic cancer.

### Macmillan Cancer Support

**[macmillan.org.uk](http://macmillan.org.uk)**

**Support Line: 0808 808 0000** (Every day, 8am-8pm)

Provides practical, medical, emotional and financial support for anyone affected by cancer.

### Maggie's

**[maggies.org](http://maggies.org)**

**Tel: 0300 123 1801**

Centres around the UK and online offer free practical, emotional and social support for anyone affected by cancer.

### National Institute for Health and Care Excellence (NICE)

**[nice.org.uk](http://nice.org.uk)**

NICE provide guidance, advice and information for health professionals. They have produced guidelines for the diagnosis and care of people with pancreatic cancer: **[nice.org.uk/guidance/ng85](http://nice.org.uk/guidance/ng85)**

## **This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK.**

We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this will add to the medical advice you have had, and help you make decisions about your treatment and care. This information should not replace advice from the medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

Email us at [publications@pancreaticcancer.org.uk](mailto:publications@pancreaticcancer.org.uk) for references to the sources of information used to write this fact sheet.

## **We would like to thank the following people who reviewed this information.**

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- Pancreatic Cancer UK Lay Information Reviewers
- Pancreatic Cancer UK Specialist Nurses

## **Give us your feedback**

We hope you have found this information helpful. We are always keen to improve our information, so let us know if you have any comments or suggestions. Email us at [publications@pancreaticcancer.org.uk](mailto:publications@pancreaticcancer.org.uk) or write to our Information Manager at the address on the back cover.

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