



Cholangiogram (Percutaneous) &/or Biliary Drain/ Stent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

A cholangiogram is an x-ray procedure that looks at your gall bladder and bile ducts. It is done by placing a needle into your bile duct, injecting Iodinated 'Contrast' (once called x-ray dye) and taking x-ray pictures.

Depending on your condition you may also require a biliary stent or drain to be inserted.

A biliary stent is used instead of surgery to deal with a narrowed or blocked bile duct. A biliary stent is an internal drainage tube placed in your bile duct to stop or to temporarily relieve an obstruction causing the blockage.

A biliary drain is a small flexible tube (catheter) that is inserted through your skin and into the bile ducts to drain away your bile.

The insertion of a biliary drain and/or a stent is done as an extra step to the cholangiogram procedure.

This procedure will require an injection of local anaesthetic and sedation or a general anaesthetic.

C. Risks of the procedure

In recommending a Cholangiogram &/or Biliary Drain / Stent, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).

- The catheter may become kinked or blocked. Sometimes it needs to be moved or replaced.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.
- The stent/drain may move or become blocked. It may need to be replaced or removed.
- Pain, this may require medication.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Excessive bleeding. This may require other procedures and/or corrective surgery.
- An allergy to injected drugs, requiring further treatment.
- Bile leak, this may require further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Skin burns or damage from exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is to be given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.



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D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Cholangiogram (Percutaneous) &/or Biliary Drain/ Stent

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature: Date

F. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature: Date

DO NOT WRITE IN THIS BINDING MARGIN

1. What is a Cholangiogram &/or Biliary Drain / Stent Insertion?

A cholangiogram is an x-ray procedure that looks at your gall bladder and bile ducts. It is done by placing a needle into your bile duct, injecting Iodinated 'Contrast' (once called x-ray dye) and taking x-ray pictures.

Depending on your condition you may also require a biliary stent or drain to be inserted.

A biliary drain is a small flexible catheter (tube) that is inserted through your skin and into the bile ducts to drain away your bile. The doctor will discuss how long you will need the drain.

A biliary stent is used instead of surgery to deal with a narrowed or blocked bile duct. It is an internal drainage tube placed in your bile duct to stop or to temporarily relieve an obstruction causing the blockage. This stent stays in for life.

The insertion of a biliary drain and/or a stent is done as an extra step to the cholangiogram procedure.

This procedure is performed in medical imaging with guidance from imaging machines such as ultrasound and x-ray.

2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require an injection of local anaesthetic and the use of a sedation or general anaesthetic. If you are booked for a general anaesthetic please read the **About your Anaesthetic** patient information sheet (*If you do not have this information sheet please ask for one*).

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.*
- *List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.*
- *Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.*

5. During the procedure

A fine needle (IV cannula) will be inserted into a vein in your arm.

The Radiologist (x-ray doctor) will inject local anaesthetic into your skin.

A small cut will be made into the skin.

Using ultrasound as a guide the Radiologist will insert a needle through your skin and into your bile duct.

You must remain as still as possible. At times, you may be asked to hold your breath.

The cholangiogram will be performed by injecting Iodinated 'Contrast' into your bile ducts and taking x-ray pictures.

If required a biliary stent may be inserted. This is done through the same cut in the skin and by sliding the stent over a wire that has passed through the narrowing in the bile duct.

A biliary drain may be inserted into the bile duct. It will be connected to a drainage bag to collect the bile. The biliary drain may be sutured to help keep it in place and a dressing applied.

6. After the procedure

The recovery time varies depending on the procedure you have had and the anaesthetic given. It varies between 2 hours to 6 hours.

The IV cannula will be removed after you have recovered.

