

Information for patients and carers

Investigations for Pancreatic, Biliary Tract and Dudodenal Cancers

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

The following investigations will help your cancer specialist team decide on your treatment, as cancer of the pancreas, biliary tract and duodenum can be treated in different ways. Your consultant will decide on which of the following investigations are necessary, these may take several weeks and will depend on the site of your tumour.

CT Scan of chest and abdomen

CT stands for computerised tomography. It is a combination of x-ray and computer technology. The scan is a type of x-ray examination but different from ordinary x-rays because it shows the body in slices and builds up a 3-D picture. The scan is performed to detect possible spread from the tumour.

You should be in the x-ray department for 1 to 2 hours. You will drink fluid that shows up the bowel and have a cannula (small plastic tube) inserted into your arm, this is to inject the dye that goes into the blood. The dye shows up the organs more clearly on the scan. Once the procedure is completed the cannula will be removed from your arm.

EUS (Endoscopic Ultrasound)

This involves the same procedure as the gastroscopy, but a tiny ultrasound probe is attached to the end of the gastroscope (like an internal scan). It allows the doctor to get a more detailed view of the pancreas and surrounding structures. This may give a clearer idea of the depth of the tumour and to see if lymph glands nearby are enlarged

ERCP (Endoscopic Retrograde Cholangio - Pancreatography)

You will be given a separate leaflet on ERCP if you are to have this procedure.

This is an endoscope (telescope) which is passed through your mouth into your stomach and into your duodenum where the bile duct enters. A stent (small tube) is inserted into the bile duct through the endoscope to keep the bile duct open. This allows the bile to drain into the bowel normally. A tissue sample may be taken to aid diagnosis. This procedure is performed in either the endoscopy unit or X-ray department and you will be given sedation through a cannula (small plastic tube) into the back of your hand or arm to relax you whilst the procedure is carried out.

Spyglass

During an ERCP when the scope has been inserted into the bile duct a much smaller scope called a spyglass or cholangioscope can be passed through the bigger scope. The spyglass endoscope has a fibre optic probe attached to a camera which allows the practitioner to see any obstruction within the bile duct. With a spyglass, we can determine if there is a tumour inside the bile duct or if it is just inflamed. If there is a suspicion of a tumour it can be biopsied. If there are stones seen in the bile duct these can be removed where possible.

Laparoscopy

This may be carried out if the CT scan has not detected any significant spread from the tumour. The procedure will be carried out under a general anaesthetic. A laparoscope (telescope) is introduced through the umbilicus (belly button) and gas is then pumped through a small incision (cut) to expand the space inside the abdomen, which allows the surgeon a clear view of the internal organs. At the same time a biopsy (sample of fluid or tissue) may be taken for analysis. The whole procedure will take about 30 minutes.

The incision the surgeon made will have a couple of stitches; if they are not dissolvable they will need removing by the district nurse or practice nurse in 7- 10 days.

You will be in hospital overnight as you may experience some discomfort due to the procedure and the staff will be able to give you painkillers and monitor the effect.

PET / CT scan (Positron Emission Tomography/ Computed Tomography)

This is a specialised type of scan which produces pictures showing the density of different organs in the body which may be needed for pancreatic, biliary and duodenal cancers. This may take 2 to 3 hours. If appropriate, more information may be given at a later stage

Pulmonary Function Test

Lung function tests (also called pulmonary function tests, or PFTs) check how well your lungs work. The tests determine how much air your lungs can hold, how quickly you can move air in and out of your lungs, and how well your lungs put oxygen into and remove carbon dioxide from your blood. The tests can diagnose lung diseases; measure the severity of lung problems and check to see how well treatment for a lung disease is working.

ECG (electrocardiogram)

Is a test which checks the electrical activity of your heart.

ECHO (echocardiogram)

An ultrasound scan of your heart to assess its function.

What happens next?

When relevant investigations are completed, your consultant and the multi-disciplinary team will decide on your treatment plan. This will be discussed in depth with you and your family/carer.

Questions about cancer?

We're here to help, the Macmillan Cancer Information & Support Service at Lancashire Teaching Hospitals is open to anyone affected by cancer and is situated at both Chorley Hospital & Royal Preston Hospital.

Contact us on 01772 523709 or cancerinfocentre@lthtr.nhs.uk

Contact details

Should you require further advice or information please contact the Upper GI team on 01772 524788.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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