



Patients planned for repeat investigations for Complex Hepatobiliary and Pancreatic problems

Why am I planned for repeat investigations without making a diagnosis?

In about 80-90% of the patients with liver, pancreas and bile duct problems, it is possible to make a diagnosis of a benign or cancer related condition with the help of a scan (CT scan, MRI or Endoscopic Ultrasound), with or without input from a Pathologist. In the remaining 10 to 20% of the patients it is often difficult to make a conclusive diagnosis of cancer based on the initial investigations alone. As the treatment options vary significantly for a cancerous or benign condition, it is sometimes necessary for further tests or investigations to be carried out to help confirm the diagnosis.

Are there any specific groups of patients who present this diagnostic dilemma?

Thickening of bile ducts high up in the liver (suspected bile duct cancer) and jaundiced patients with a background of pancreatitis (suspected pancreatic cancer) are the two groups in which it is often difficult to prove or disprove the diagnosis of cancer.

What is done in such situations?

The Liver Unit at Queen Elizabeth Hospital Birmingham (QEHB) runs a large Multidisciplinary Team (MDT) meeting every week where the Liver surgeons, Radiologists, Oncologists and Clinical Nurse Specialists (CNS) review the scans along with the available clinical information. Based on the degree of suspicion, a further management plan is made that may involve repeat investigations, or new investigations or biopsies in order to help make the diagnosis with reasonable confidence.

Why can't you go ahead and remove the area of suspicion and obtain a diagnosis?

For lesions that are relatively easily accessible (if the lesion is near the surface of the liver or in the tail of the pancreas), surgical resection – to remove the affected area with an operation - is considered, provided you are fit enough to go through such an intervention. The area that is removed can then be analysed to give a diagnosis.

When the lesion is situated in the central part of the liver or in the head of the pancreas the operative risk is often high, with up to 40% risk of post-operative complications and up to 10% risk of mortality. When the lesion involves surrounding blood vessels the operative risks are even higher. In these circumstances risk of surgery without diagnosis outweighs the benefit.

Does a repeat investigation mean losing time?

These investigations are often technically challenging, and need to be undertaken by a limited group of specialist radiologists and interventionists. If biopsies are performed an input from a Pathologist is also required to analyse the biopsy tissue or cells; this often takes about four weeks. The Liver team keeps track of investigation / test dates and will either arrange for the results to be discussed at the MDT, organise further investigations or organise for you to be seen in the outpatient clinic without any unnecessary delay.

Do I need to be admitted to the hospital during this period?

Most patients get their repeat investigations either at the hospital nearer to their home or as an outpatient at QEHB. Procedures involving biopsy or drainage of jaundice need hospital admission.

My family and I would like to discuss the need for further investigations and a further management plan

It is very important that you and your family members are well informed and understand the need for all these investigations. Please discuss all your questions with the Liver Surgical Consultant during the consultation in the outpatient department, or whilst an inpatient. If you have further questions, you can contact the Clinical Nurse Specialist team (phone number below) who will try to address your concerns.

What if I feel unwell while waiting to get these investigations?

It is very important that you contact your GP or your local hospital team who is currently involved in your care. Following the immediate medical management, they will get in touch with the on-call Liver Surgical Team at QEHB.

In an emergency please visit your local Emergency Department (A&E) via 999 if necessary. If you have concerns out of the hours, please call 111 (NHS direct) or visit your local walk-in centre. If you were originally investigated at QEHB, please contact the Liver Surgical Secretaries or HPB CNS team on the numbers below who will liaise with the on-call registrar or Consultant.

Contact Details

If you have any questions or concerns please do not hesitate to call:

HPB CNS Nurse Team – 0121 371 4652

HPB and Liver Transplantation Unit

Queen Elizabeth Hospital Birmingham

Mindelsohn Way, Edgbaston Birmingham B15 2GW

Telephone: 0121 627 2000

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.