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Treatment for cancer of the gall bladder

Hepatobiliary and Pancreatic Services

Information for patients

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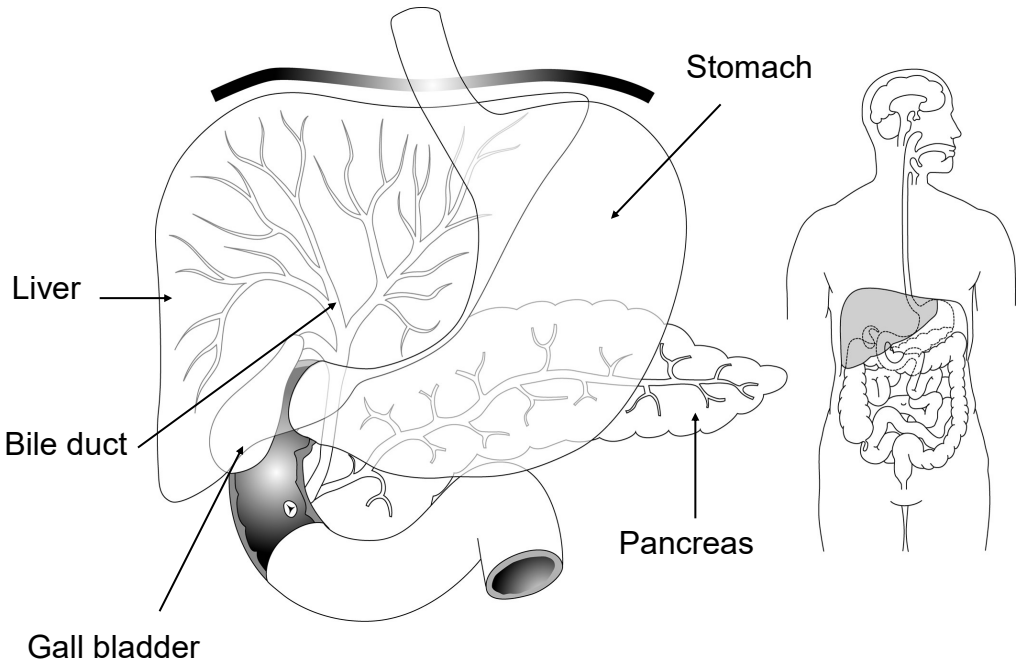
Introduction

The aim of this booklet is to help you understand more about gall bladder cancer and the treatments that are available to you.



Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Where is my gall bladder and what does it do?

The gall bladder sits just below the liver and is connected to the liver and the duodenum by the bile duct system. The gall bladder is a hollow pouch that is used by the body to store and concentrate bile. Bile is made in the liver daily to help with breaking down and digesting fats.

What is cancer?

The body normally works on the principle that as one cell dies, it is replaced. However, cancer cells are cells that grow and do not die. These cells then form new abnormal cells, which form a tumour. These cells can spread to nearby tissues and other organs.

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What is cancer of the gall bladder?

This form of cancer occurs in the lining of the gall bladder and tends to be of a type called adenocarcinoma.

No one really knows what causes this type of cancer. However, there are some risk factors associated with the disease:

What are the risk factors?

Risk factors include:

- gall bladder polyps (often start as benign tumours)
- gall stones and inflammation
- an abnormality of the bile duct (that you are born with)
- smoking
- ‘porcelain’ gall bladder (when calcium forms in the gall bladder)
- family history of gall bladder cancer
- obesity.

However, these risk factors only develop into gall bladder cancer for a small proportion of people.

What signs and symptoms may I have?

Often gall bladder cancer is picked up unexpectedly. This may happen:

- following gall bladder surgery for gall stones. This may mean that no further treatment is necessary as the gall bladder has been removed. However, further surgery may be recommended to make sure that there is no cancer left behind.
- due to jaundice (yellowing of skin) as the tumour presses on the bile duct.

These cancers are often picked up at an advanced stage and symptoms may include nausea, vomiting, weight loss, abdominal pain and high temperatures.

What is jaundice?

If the tumour causes a blockage in the bile ducts, resulting in a reduction in bile flow, then obstructive jaundice will occur. This causes dark urine, pale stools and yellowing of the eyes and skin. Itching may also occur.

How is cancer of the bile duct diagnosed?

When you see your consultant surgeon in clinic, we will organise blood tests and special scans to see if we can find out what is causing your symptoms. The blood tests may detect abnormal liver function and certain chemicals in the blood may be higher than usual. However, even if levels are normal, it does not always mean that a cancer is not present.

Your consultant will have organised scans of your abdomen, and these could be:

- an ultrasound scan
- Computed Tomography (CT) scan
- Magnetic Resonance Imaging (MRI) scan ,or
- Magnetic Resonance Cholangio-Pancreatogram (MRCP)

What is an ERCP?

If the cancer has caused obstructive jaundice, an Endoscopic Retrograde Cholangio-Pancreatogram (ERCP) may be carried out. This is done in the Endoscopy Unit at the Leicester General Hospital.

During an ERCP a special flexible telescope is passed down through the mouth to the stomach, until it lies opposite the opening of the pancreas. Pictures can then be taken and a small tube (stent), about the size of a biro refill, put in place, so that drainage can occur. This procedure is carried out under light sedation and you will need to stay within the department until it is considered safe for you to go home. An overnight stay in hospital is often recommended.

If we have not already obtained tissue diagnosis, then your surgeon may suggest that you undergo a **laparoscopy**. This will be done in the operating theatre under a general anaesthetic. The surgeon will make several small cuts into your abdomen to examine the abnormal area and take biopsies.

Separate leaflets about these tests are available - please ask a member of staff if you would like one.

The Multidisciplinary Team (MDT)

While planning your care, your doctor will discuss your medical problem at a weekly meeting with other specialists. This means that your planned treatment is a joint decision by your doctor and several other specialists. Members of the MDT include:

- other hepatobiliary surgeons (doctors who specialise in operations involving the liver, pancreas and biliary tree)
- a pathologist (a doctor who studies body tissues)
- an oncologist (a specialist cancer doctor)
- doctors and nurses from the palliative care team (specialists in care given to control symptoms, such as sickness and pain)
- medical consultants
- clinical nurse specialists (key workers)

What treatments are available?

This form of cancer is hard to treat. Treatments that are available are surgery and / or chemotherapy.

Surgery

The only treatment for potentially curing gall bladder cancer is to have surgery to completely remove the cancer, and this needs to be done at an early stage of the disease.

Where the cancer is situated in the gall bladder, and whether it has spread, will determine whether or not you will be able to have surgery.

If surgery is possible, your surgeon will offer to remove your gall bladder and part of your liver to ensure that the disease has not spread.

However, you also need to be aware that sometimes it is only during the operation that the spread of the disease can be seen. This may mean that the cancer has become fixed to important blood vessels or structures, or that the cancer has spread to other organs.

Further information on this operation will be given as appropriate to your treatment plan.

Chemotherapy

If your tumour cannot be removed by surgery, your doctors may recommend that you have a course of chemotherapy. This will not cure your cancer: the aim would be to slow down the growth of your tumour slowed down and for any symptoms that you might have to be controlled.

Your response to the chemotherapy treatment will be monitored by the oncology team looking after you, who will discuss your treatment plan with you.

Sometimes, your doctor will recommend you have chemotherapy treatment as well as having surgery. This will be discussed with you.

What happens if I decide not to have chemotherapy?

What happens if I decide not to have chemotherapy treatment?

If you decide that you would prefer not to have chemotherapy, we will continue to provide appropriate supportive care for you. This means that we will treat any problems or symptoms as they occur. For example, if you become jaundiced we may ask the surgeon or a radiologist to see you to insert a stent (tiny tube) which will relieve the jaundice.

With your permission, we will also refer you to a community palliative care nurse, who will be able to manage some of your symptoms when you are at home.

Contact numbers

If you need to speak to a member of the Hepatobiliary and Pancreatic Nurse Specialist Service, contact them using the details on the card they will have given you.

Where can I get more information?

Macmillan Information and Support Centre
Osborne Building, Leicester Royal Infirmary, Leicester LE1 5WW

Telephone: 0116 258 6189
Email: cancerinfo@uhl-tr.nhs.uk
Website: www.leicestershospitals.nhs.uk/cancerinfo

Macmillan Cancer Support
Freephone: 0808 808 00 00
Website: www.macmillan.org.uk

Cancer Research UK
Freephone: 0808 800 40 40
Website: www.cancerresearchuk.org

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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