Information About Your Child’s Procedure

Biliary Dilatation

Read this form so you understand the procedure and its risks. Please ask questions about anything you do not understand.

What is biliary dilatation?
Biliary dilatation (also called dilation) is a procedure to stretch bile ducts that are too narrow. Bile, a substance that helps in the digestion of fats, is made in the liver and stored in the gallbladder. After meals it is excreted into the intestines via the bile ducts (also called biliary ducts). Sometimes the ducts become blocked or narrowed due to traumatic injury or surgery. If left untreated, this can lead to cholangitis (bile duct inflammation), liver abscess or secondary cirrhosis.

How is biliary dilatation performed?
Using ultrasound and live X-ray (fluoroscopy) for guidance, an interventional radiologist inserts a hollow needle through the skin, into the liver and into one of the bile ducts. A guide wire is threaded through the needle, into the duct, and the needle is removed. A tiny, deflated balloon is threaded along the wire, into the duct, and inflated to open up the narrow portion of the duct. Then a drainage catheter is placed into the duct to help the bile continue to drain; this catheter may stay in place for up to three months. The catheter will be connected to a drainage bag. During that time, your child will come to Interventional Radiology for X-rays to make sure the area is draining appropriately.
Will my child be awake for the procedure?
No. We will use either IV sedation or general anesthesia so that your child isn’t awake.

What risks are associated with the procedure?
The procedure is considered low-risk. However, potential complications include:
• bleeding
• infection
• injury to the gallbladder
• bile leak (biloma)
• bile duct perforation leading to biliary peritonitis (inflammation of the lining of the abdominal cavity)
• puncture of the lung (very rare)
• allergic reaction to X-ray dye (contrast reaction)

Will my child be in any pain after the procedure?
Some children feel pain or discomfort at the needle-insertion site, usually in the first day or two after the procedure. You may give over-the-counter pain medication.

When can I remove the bandage?
We will place a clear bandage and gauze over the catheter drain. The bandage must remain in place at all times. A nurse will instruct you on how to change it.

In addition, the catheter will be secured with a locking device (StatLock®) which must not be removed

How will my child bathe?
You may sponge-bathe your child, but must keep the bandage dry at all times.
Are there any activity restrictions?
Your child will need to avoid activities that may result in a pull or other damage to the catheter.

CONTACT US IMMEDIATELY IF YOUR CHILD EXPERIENCES ANY OF THE FOLLOWING:
• bleeding at the bandage
• fever higher than 101° Fahrenheit
• yellowing of the skin or eyes (jaundice)
• severe abdominal pain
• a pull or damage to the catheter drain
• blood in the drainage bag

Call Interventional Radiology between 8 a.m. and 4:30 p.m., Monday through Friday, at 215-590-7000. At the first prompt push 1, and at the second prompt push 2.
At all other times, call 215-590-1000 and ask to speak to the interventional radiologist on call.

The Interventional Radiology team is here to help you and your child. Please ask us if you have any questions or if anything is not clear.

Thank you!

Bile, a substance that helps in the digestion of fats, is made in the liver and stored in the gallbladder.
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