ONE-PAGE CHEAT SHEET

Obstructive jaundice

Painless jaundice is cancer until proven otherwise

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KEY FACTS

- Visible jaundice when bilirubin is above about 40–50 µmol/L
- Obstruction: **pale stools, dark urine, itching** (conjugated bilirubin reaches the urine, none reaches the gut)
- Pre-hepatic (haemolysis) and hepatic causes have different patterns: use the LFTs

SURGICAL CAUSES

- CBD stones (often painful, fluctuating)
- Pancreatic head, distal bile duct and ampullary cancer (painless, progressive, weight loss)
- Hilar cholangiocarcinoma, metastatic nodes at the porta
- Benign stricture (after surgery), chronic pancreatitis, PSC, Mirizzi syndrome

INVESTIGATIONS

- LFTs: ALP and GGT rise more than ALT; R-factor 2 or less = cholestatic
- **INR**: often prolonged (no vitamin K absorption): give IV vitamin K
- Ultrasound: dilated ducts? stones?
- Suspected cancer: **pancreas-protocol CT before any stent**
- MRCP for stones and strictures; EUS ± biopsy; ERCP to treat

BEFORE ANY PROCEDURE

- Correct the INR (vitamin K; FFP or PCC if bleeding)
- Keep well hydrated and watch urine output: risk of **acute kidney injury**
- Antibiotics for ERCP or surgery when there is cholangitis
- Relieve itching (colestyramine), nutrition support

TREAT THE CAUSE

- Stones: ERCP clearance, then cholecystectomy
- Resectable pancreatic head cancer: Whipple's, usually without a stent first unless there is cholangitis or a delay
- Unresectable: metal stent by ERCP, palliative care

DON'T MISS

- Cholangitis: fever with jaundice needs urgent drainage
- Courvoisier's law: palpable non-tender gallbladder suggests malignancy
- Troisier's sign (Virchow's node) and Sister Mary Joseph nodule: spread

EXAM PEARLS

- CBD normally up to about 6 mm, wider with age and after cholecystectomy
- Pruritus comes from bile salts, not bilirubin
- Ask about stools, urine, weight loss, itching, alcohol, travel and drugs

Full page: **palsurgery.com/jaundice/** · Test yourself: **palsurgery.com/mcq/hepatobiliary/**

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