PATIENT EDUCATION

Gallbladder and bile-duct cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Gallbladder and bile-duct (cholangiocarcinoma) cancers start in the biliary tree. They may cause jaundice, itching, or pain under the right ribs. Surgery is the main chance at removal when it is possible. Medicines and, for selected people, radiation to a margin, a node, or a painful or blocked area are added after a specialty review. This sheet is education, not a stage assignment.

What you may notice

- Yellow eyes or skin, dark urine, pale stools, or itching
- Pain under the right ribs or in the mid-back
- Weight loss or a mass found on a scan done for something else
- A stent already in the bile duct - tell us before we plan a field

Usual care — the big picture

A pancreas/biliary team reviews whether the tumor can be removed. Stents treat jaundice. Chemotherapy is common. Radiation is not automatic - it is used for a positive margin, an unresectable but localized tumor, a node, or a symptom.

Where CureRays may fit. CureRays offers image-guided radiation when a biliary conference agrees it will help a margin, a vessel edge, or a symptom (pain or bleeding). We will write the goal in one sentence. Confirm chemotherapy timing and any stent or drain.

What radiation treatment usually involves

- Review of surgery or why surgery is not possible
- Simulation with attention to liver, bowel, and stomach filling
- A course length matched to the goal
- Nausea, enzyme, and jaundice watch with your other team

Immobilization — why it matters

A vac-bag and a simple eat-or-fast rule keep nearby organs in a predictable place. Tell us about stents. Immobilization is for the beam, not a hospital stay.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Nausea, fatigue, and loose stool.**
- **Stomach or bowel irritation** if those organs are near the field.
- **Rare / serious.** Fever with a blocked stent, new jaundice, or vomiting blood.

What this means for you at CureRays

Ask whether radiation is meant to help a future surgery, to control a tumor that will stay, or to ease a symptom. Those three plans are not the same length or dose.

Questions to ask

- Can my tumor be removed, or is this a non-surgical plan?
- What is the one-sentence goal of radiation?
- Who manages the stent if I get fever or jaundice again?
- How do chemo and radiation sit on the calendar?

How to schedule or learn more

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