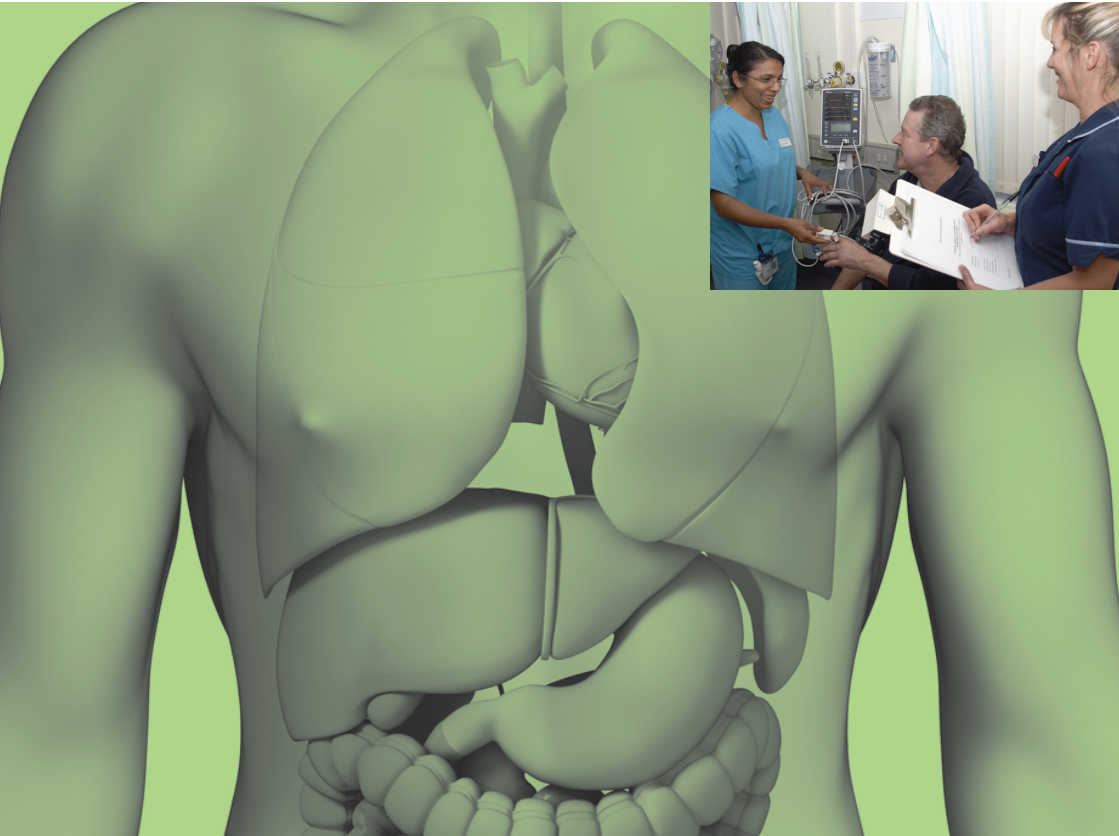


Endoscopic Retrograde Cholangio- Pancreatography (ERCP)

Endoscopy Unit patient information booklet

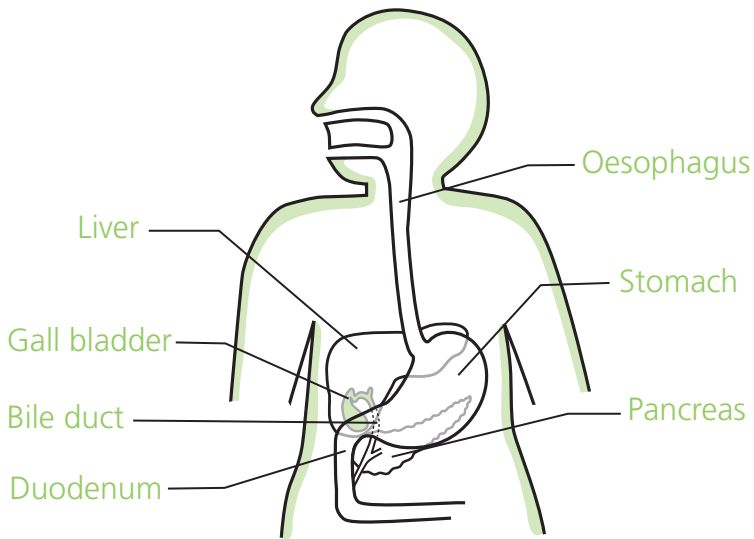


What is ERCP?

ERCP (Endoscopic Retrograde CholangioPancreatography) is a procedure, which allows us to take detailed x-rays of the bile duct and / or the pancreatic duct. The procedure helps us diagnose abnormalities within the bile duct, pancreas or liver. It also allows us to treat certain conditions such as gallstones in the bile duct or a narrowing of the bile duct.

The doctor will pass a long, thin flexible tube, with a bright light and a tiny camera at the end (an endoscope) through the mouth, down the oesophagus (gullet) and into the stomach and round into the beginning of the duodenum (small bowel). A dye is then injected gently into the opening of the bile ducts and x-rays are taken.

If the x-ray shows a gallstone, the doctor will enlarge the opening of the bile duct. This is called a sphincterotomy and is done with an electrically heated wire (diathermy), which you will not feel. Any stones will be collected into a tiny basket or passed into the bowel using a small balloon and allowed to pass through your digestive system in the normal way. If all of the stones cannot be removed a stent (plastic tube) will be placed in the bile duct temporarily. If the x-ray shows a narrowing of the bile duct, a stent (metal or plastic tube) can be placed to relieve the obstruction and a tissue sample taken to determine the cause of the narrowing. Similarly, the procedure can be performed to place stents in the pancreatic duct, if required.



What are the benefits of having an ERCP?

Having an ERCP will help us to diagnose and treat your symptoms. Blockages in the bile duct are often caused by gallstones and these may cause jaundice, pain or infection. These stones can often be removed during ERCP relieving your symptoms. Alternatively stents (plastic or metal tubes) may be placed across blockages to allow the bile to flow and jaundice to resolve.

Who will perform the ERCP?

A doctor (endoscopist) with special training will carry out the procedure and a nurse will stay with you throughout. Other health professionals ie doctors, nurses or medical students wishing to learn more about ERCP and digestive diseases may be present or assisting in the procedure room. Please tell a staff member if you object, this will not affect your treatment in any way.

Will I be awake during the ERCP?

ERCP is usually performed under conscious sedation. You will have a small tube (cannula) placed into a vein - usually in the back of your hand. Any medicines you need will be given through this, so avoiding you having more injections than necessary. At the start of the procedure, you will be given medication through the cannula which will make you feel relaxed and some people feel a bit drowsy during the procedure, but you will not be fully asleep. You will also be given a painkiller to minimise any discomfort during the test.

One of the side effects of sedation is that you may not remember having the procedure done. You may also forget things that are said to you for a few hours afterwards. This is normal and nothing to worry about.

Having had sedation, your judgement and/or coordination may be impaired for the next 24 hours so there will be restrictions on driving and other activities, and you will need supervision for the next 24 hours. For more information on the restrictions after sedation, please see the "Going Home" section.

It is important that you make arrangements for someone to collect you and stay with you overnight following the procedure. If you cannot make these arrangements please contact Appointment enquiries on 01274 273073 as soon as possible.

Is ERCP painful?

Some discomfort during the procedure is quite common but is rarely severe. Following the procedure you may feel some soreness at the back of your throat and a bloated or windy feeling in your abdomen, this should soon pass. If you do have pain tell the nurse or doctor and you will be given more painkillers.

Pre-assessment Clinic

If you are coming into hospital specifically for the ERCP you will be asked to attend the Pre-Assessment Clinic one to two weeks before. At this appointment you will see a nurse who will explain the procedure, ask you some questions about your medical history and any medicine you are taking. They will also take a blood test.

Important please tell the nurse or doctor at the pre-assessment clinic if you:-

- Have had any allergies or bad reactions to drugs or other procedures.
- Have any medical conditions such as chest or heart conditions, epilepsy, diabetes etc.
- Are suffering from an acute illness eg cough, cold, sore throat
- Are fitted with a pacemaker.
- Are taking warfarin, clopidogrel or any other blood thinning medication.

If you have diabetes, have a pacemaker, or are taking warfarin, clopidogrel or other blood thinning medications you will be given specific instructions at your pre-assessment clinic. However, if you did not receive specific instructions or have any questions please telephone the Endoscopy Unit on 01274 276393 prior to your appointment for further advice (you may continue to take aspirin prior to the procedure).

How do I prepare for an ERCP?

To help us get good views and to avoid the risk of vomiting during the procedure, it is important that your stomach is completely empty. If you have a morning appointment **you should therefore have nothing to eat or drink from midnight. However, you can take your usual medication before 7.00am with a sip of water.**

Do I need to bring anything with me?

- A list of the medication you are currently taking
- Any medication you may need whilst you are with us eg inhalers.
- If you have a dressing gown and slippers please bring them with you.
- You may also want to bring something to read whilst you wait.
- Please do not bring any valuables into hospital with you.

What happens when I arrive on the unit?

When you arrive on the unit, you will be met at reception and then a nurse will ask you some questions that will help us to plan your care.

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

A doctor or specialist nurse will discuss the benefits and possible risks of the procedure with you and will then ask you to sign a consent form. Signing the consent form means that you are satisfied with the information you have been given, you understand what the procedure involves, the benefits, risks and alternatives and that you agree to the procedure. If you have any worries or queries at this stage, please ask: we want you to be as relaxed as possible for the procedure and will be happy to answer any questions.

You will be asked to change into a hospital gown and remove any jewellery. You are welcome to wear your own dressing gown and slippers at this time.

A small needle (cannula) will be placed into a vein usually in the back of your right hand so that your medication (a sedative and painkiller) can be given through this. This will avoid you having any more injections than necessary. In some instances you will be given a dose of antibiotics through the cannula. These are given to reduce the risk of developing any infection during the procedure but are not needed in all cases.

You should expect to be on the ward most of the day as you will need to be seen by the medical and nursing staff prior to your procedure and monitored afterwards, usually for 6 hours.

What happens during the ERCP?

You will be transferred to the procedure room. The procedure is carried out with you resting comfortably on a trolley mainly on your front in a position similar to the recovery position, with your left arm behind you.

The procedure usually lasts approximately 30 to 40 minutes. At the start of the procedure you may be given a suppository. This contains an anti-inflammatory medication that reduces the chance of pancreatitis (one of the potential complications of an ERCP-see below) and is given to many but not all patients. It does not cause you to open your bowels.

You will be asked to remove any dentures. You will be given medication (a painkiller and sedative) into the cannula to help you to relax during the procedure. A mouth guard will be placed between your teeth to protect them and the endoscope.

The endoscope will be slipped to the back of your throat and you will be asked to take a swallow. The doctor will then guide the endoscope down through your oesophagus and stomach, into your duodenum. At this stage, you will be turned to lie flat on your stomach. Air will be blown through the endoscope in order to give a clear view of your duodenum.

The doctor will then inject dye through the endoscope and into the bile ducts and, when necessary, into the pancreatic ducts. x-rays will be taken and any treatment that is required will be given at the same time. Tiny samples may be taken for analysis from the lining of the bile duct. This is painless.

Photographs or videos may be taken through the endoscope for the purpose of diagnosis and treatment. These images may be used for teaching purposes, but if so your personal details will be removed.

Is there any risk of complications?

Complications are uncommon less than 1 in 20 cases; however, they can occur and are more common when ERCP includes therapy such as removing stones from the bile duct. In these situations the risks of not doing the therapy are much greater than the risks of ERCP. Possible complications may include:

- Pancreatitis- this occurs in 1 in 20 patients, but is usually mild.
- Bile duct infection.
- Bleeding – more common following sphincterotomy and may require a blood transfusion, repeat endoscopic procedure or very occasionally surgery to control the bleeding.
- Perforation or tear through the wall of the gut which may require surgery.
- Allergic reactions to medication or dye.
- Heart and breathing difficulties such as a chest infection or a heart attack.
- Damage to loose teeth, crowned teeth or dental bridge work - although your mouth will be protected with a mouth guard.
- In approximately 1 in 20 cases the procedure is unsuccessful and the planned therapy cannot be completed. If this is the case the endoscopist will discuss with you repeating the ERCP on another occasion or an alternative procedure.
- Very rarely, despite our best care, a complication such as pancreatitis, perforation, bleeding, heart attack or allergic reaction, can be so serious that it is life threatening. However, death due to an ERCP is very rare and occurs in less than 1 in 250 cases.

- As with any procedure, there is always a risk of hospital acquired infections including COVID 19; however, please be reassured that we have a high number of safety measures in place to help reduce any such risks. This includes increased use of personal protective equipment for our staff, effective handwashing and robust infection control procedures.

Are there any alternatives to ERCP?

Alternatives to ERCP include a surgical operation or a radiological procedure (called a PTC-Percutaneous Transhepatic Cholangiogram) where the bile ducts are accessed through the liver. These both have greater risks than ERCP and are therefore only used in particular circumstances. An alternative may be to do nothing, although this may result in your symptoms becoming worse and their cause remaining unknown.

What happens after the procedure?

After the procedure, you will be taken back to the ward or recovery area. The nurse will check your pulse, blood pressure and temperature regularly to detect any early complications. You will need to rest in bed until the effects of the sedative injection have worn off. Generally, you will be able to drink 2 hours following the procedure and eat 4 hours later, although this will depend on the exact procedure carried out during the ERCP. Usually you stay in hospital all day and are allowed home in the late afternoon / early evening.

When do I get the results?

The medical team will discuss the results of the procedure with you and any further follow up required before you are discharged home. A full report of the procedure will be sent to the doctor who ordered the procedure. Laboratory results from biopsies will not be available on the day but will be sent to your GP or Specialist. This will take 2 to 3 weeks.

Going Home

If your procedure is in the morning you may be discharged that evening providing you have no problems. Having had sedation, your judgement and / or coordination may be impaired for the next 24 hours. There are a few simple precautions that you should follow for 24 hours after your ERCP:

- Do not drive or operate machinery.
- Avoid alcohol and non-prescribed drugs.
- Avoid signing legal or important documents.
- You need a responsible person to take you home and stay overnight.
- Do not lock the toilet door, or make yourself inaccessible to the person looking after you.
- Do not undertake activities involving heights.
- Do not undertake sporting activities

It is very important that you do not drive yourself home after the procedure but must arrange for someone to collect you at the time specified by the ward. A friend or relative must accompany you even if you are travelling home by taxi. You must also ensure that you have somebody to stay in your home with you overnight, following this procedure.

When to seek medical advice

If you develop any of the following symptoms following discharge, you should seek urgent medical advice from the Endoscopy Unit, NHS 111, your GP or Emergency Department:

- Fever / high temperature (38°C or more).
- Severe chest, neck or abdominal pain.
- Persistent vomiting.
- If bowel motions turn black.

Useful telephone numbers

If you have any problems within 48 hours of discharge please ring the ward / department that you attended. If the ward/department is closed please contact Ward 5 at Bradford Royal Infirmary (BRI).

- Endoscopy Unit, BRI
01274 276393 (Mon to Fri 8.30am to 5.30pm)
- Ward 5 BRI
01274 364413 (24 hours)
- Appointment enquiries – **01274 273073** (Mon to Fri 8am to 4.00pm)

By Textphone

You can contact us using the Relay UK app. To contact us ring **18001 01274 273073** (Appointment enquiries).

Interpreters

If you require an interpreter please arrange for someone to contact **Appointment enquiries on 01274 273073**. We use professional interpreters rather than family and friends

Inpatient

If you are presently an inpatient on one of the wards at Bradford Royal Infirmary or St Luke's Hospital and you have further questions about the proposed procedure please ask the ward staff to ring the Endoscopy Unit and they will make arrangements.

Frequently Asked Questions?

1. Will it hurt?

See page 3 titled, Is It Painful

2. Why can't I be put to sleep?

To put you to sleep for a procedure involves giving a general anaesthetic. This is not available routinely and it increases the risk associated with the procedure. It is not required for the vast majority of patients because the procedure is usually well tolerated.

3. How long will it take?

See page 7 titled, *What Happens During ERCP*, however you will stay in the hospital most of the day for checks afterwards.

4. When do I get my results?

See page 10 titled, When do I get my results.

5. Do I need somebody with me afterwards?

Yes, see page 10 titled, Going Home.

Any Other Questions?

If you have any questions, write your questions down and ask them when you come for your procedure.

If you require a version of this booklet in large print please ring Appointment enquiries on 01274 273073 and arrangements will be made to send you one.

If you need this information in another format or language, please ask a member of staff to arrange this for you.



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Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Authors: Updated Sept 2023 by Dr Jowett, Consultant Gastroenterologist and Endoscopy Lead, with patient involvement, based on the 2018 version.

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This leaflet was designed and printed by Medical Illustration for further copies please ring 01274 365160 and quote MID ref: 23080905 When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.