

# ENDOSCOPY DEPARTMENT

## Patient Information



The Information Standard

Certified Member

# Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)

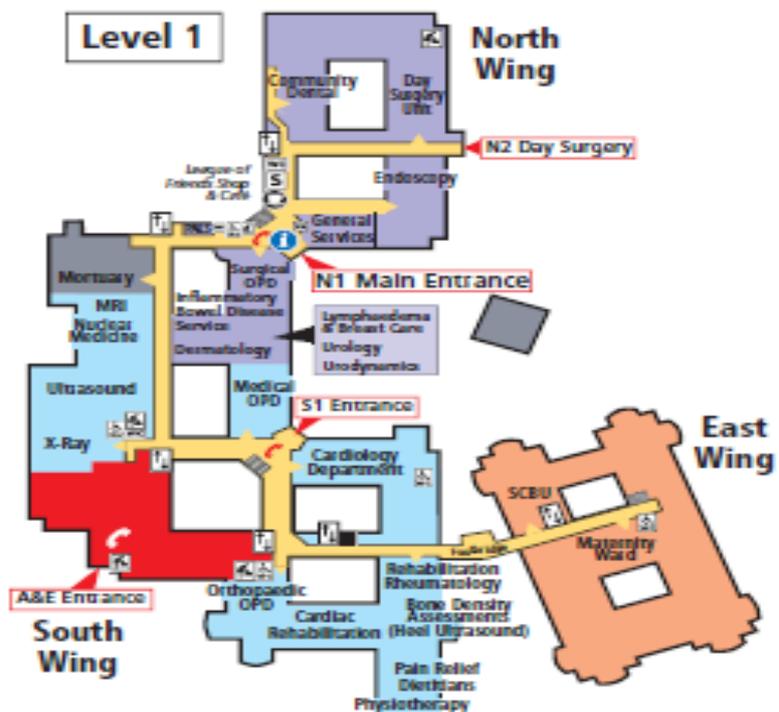
If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail [patient.info@dchft.nhs.uk](mailto:patient.info@dchft.nhs.uk)

Author: Dr J Jupp  
Role: Gastroenterologist  
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## ERCP

### CONSENT TO EXAMINATION AND TREATMENT

Endoscopy Unit  
North Wing Entrance 1  
Dorset County Hospital  
Williams Avenue  
Dorchester DT1 2JY



The car parking is pay & display. You will need to pay for the first 2 hours. When you enter the hospital grounds, follow the signs for North Wing Entrance 1. The Endoscopy Unit will be signposted as you enter the main entrance.

## GENERAL INFORMATION

### TELEPHONE NUMBERS FOR ENDOSCOPY DEPARTMENT

**RECEPTION (general enquiries only) 01305 255225**

**APPOINTMENTS (appointment enquiries only) 01305 255701**

**CLINICAL ADVICE (any medical enquiries) 01305 253152**

If you call the Clinical Advice line and your call goes to answer phone please leave the following details.

Please leave a message with your:

Name and telephone number

The procedure you are having

Date and time of appointment

Your reference number (hospital number) or our reference number (NHS number).

Your query

Someone will return your call as soon as possible to discuss your telephone message with you.

**If you are using hospital transport and your appointment is after 2pm please contact the appointments line to rearrange an earlier appointment.**

## ERCP - PLANNING YOUR CARE

If you are taking any of the following medications or have the medical conditions listed here, please contact the Clinical Advice line above to help us plan appropriate care and management of your condition during your visit with us:

DO YOU HAVE:	YES
If you have a long term condition such as Epilepsy, Parkinson's, Chronic pain and Steroid Deficiency eg Addisons (Adrenal deficiency).	Call clinical advice line
Diabetes?	Call appointments to ensure early appointment, see diabetic leaflet
Recent Heart Attack Cardiac Pacemaker or ICD Fitted?	Call clinical advice line
Blood thinners such as Clopidogrel, Prasugrel, Ticagrelor, Dabigatran, Warfarin, Rivaroxaban, Apixaban, Edoxaban (except Aspirin & Dyrpidamole)	Call clinical advice line
Aspirin <i>and</i> Dipyridamole	Call clinical advice line
Or if you have ever had an allergic reaction to 'contrast' used in an X-ray examination	Call clinical advice line

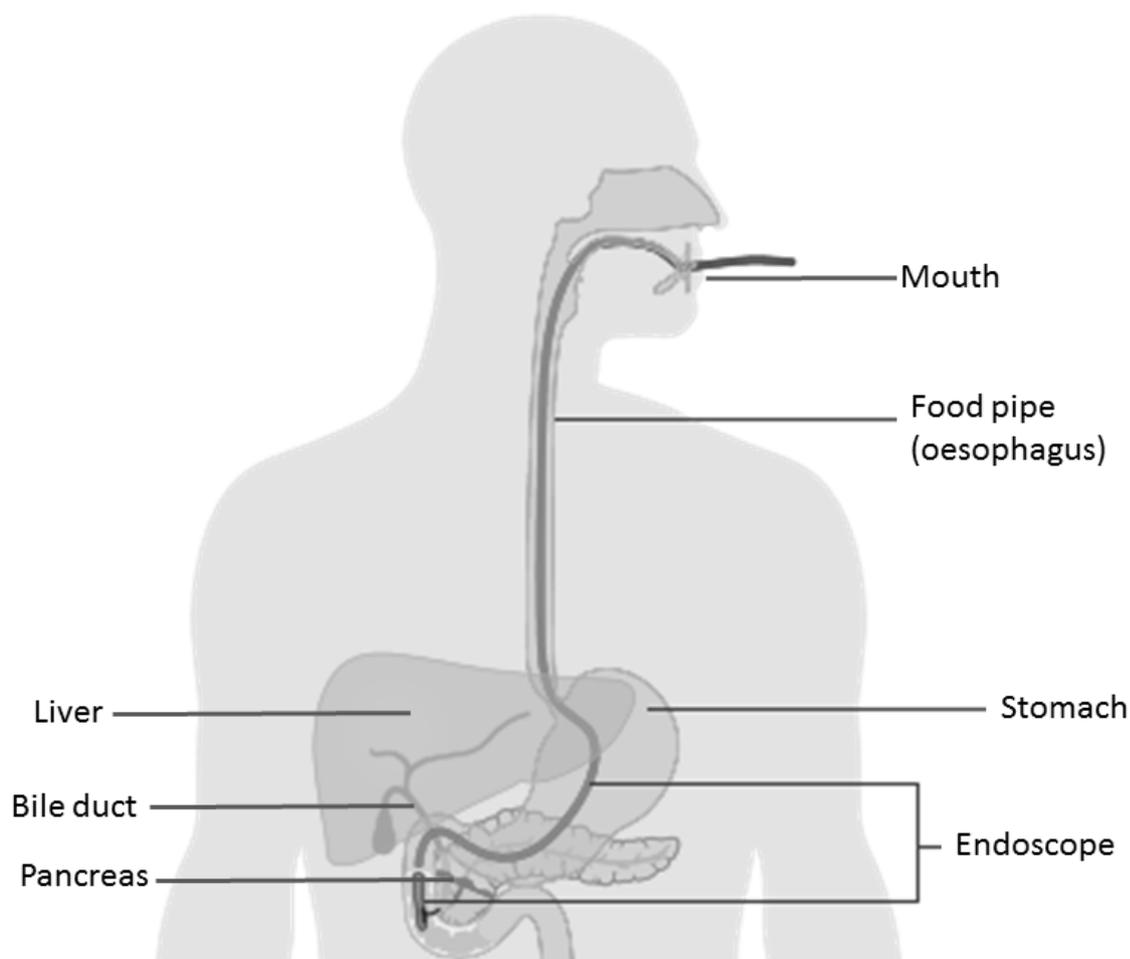
## **How do I prepare for Endoscopic Retrograde Cholangio-Pancreatography (ERCP)?**

- Do not have anything to eat for at least six hours before the procedure.
- You may drink water up to two hours before the procedure.
- Take all of your usual medication on the morning of the procedure. If you have Diabetes, or take any of the medications listed on page 2, then please call the Endoscopy Unit to receive instruction on which medications need to be stopped.
- Bring ALL of your medications with you.
- Arrange for someone to collect and accompany you for at least 24 hours after the procedure (you will not be able to drive or work for 24 hours afterwards).
- Pack and bring an overnight bag in case you are required to stay in hospital after the procedure. Please also bring a dressing gown and slippers for your comfort and dignity.
- Please read the entire booklet and bring the consent form with you on day of procedure. You will have an opportunity to ask any further questions and to sign the form with a health professional on the day.

## Having an ERCP - Your Guide to the Test

### What is an ERCP?

ERCP (Endoscopic Retrograde Cholangio-Pancreatography) is a procedure used to investigate and treat conditions that affect the bile ducts and/or pancreas gland. It is performed using an instrument called an endoscope, which is a flexible tube with a bright light and a miniature camera at the tip that transmits pictures back to a video screen. Dye is passed into the bile and pancreatic ducts, and x-rays are taken to get detailed pictures of any problems. It is performed by a doctor and usually takes 30 to 45 minutes.



## Why have an ERCP?

ERCP is usually carried out for investigation and treatment of bile duct stones, blockage of the bile duct causing jaundice or pancreatitis (see diagram above).

## What are the benefits of having an ERCP?

During the procedure clear pictures can be obtained of the bile and/or pancreatic ducts allowing an accurate diagnosis of your problem. If there are gallstones 'stuck' in the bile duct these can be removed after performing a small internal cut called a sphincterotomy. If there is a blockage/stricture causing jaundice this can be bypassed by inserting a tube called a stent which will help to clear the jaundice. Some stents need to be removed whilst others can be left in permanently.

## What are the risks of having an ERCP?

The majority of people who have an ERCP have no serious complications and 90% or more of procedures are successful. As with all medical procedures, there are some side-effects and risks. It is not uncommon to have a sore throat after the procedure. Some people experience some abdominal discomfort afterwards, because of the gas that has been put into the stomach. This usually settles by itself within a few hours. There are some risks, which we need to make you aware of:

- **Sedation / Anaesthesia:** There is a slight risk of developing a chest infection following an ERCP. As a consequence of sedation / anaesthetic there is a small chance of heart and lung problems during or after the procedure. The risk of complications is higher if you already have heart or lung problems or are in poor general health. Your doctors will have carefully weighed up the benefit of this procedure against the small risk of complications.
- **Pancreatitis:** Inflammation of the pancreas sometimes occurs after an ERCP. The risk of pancreatitis from having an ERCP

varies from person to person and typically occurs in 4 in 100 cases. If you develop pancreatitis you will experience abdominal pain and will need to stay in hospital until it settles which is usually 2 – 3 days. It will be treated with an intravenous drip and pain killers. Rarely it is more serious and can require a longer stay in hospital or an operation. To reduce the risk of pancreatitis we give an anti-inflammatory suppository (a medicine inserted into your back passage). This is administered whilst you are still under sedation.

- **Bleeding:** If a cut is made into the opening of the bile duct (sphincterotomy) there is a risk of bleeding in 1 in 100 cases. This usually settles by itself. Rarely, a blood transfusion or an operation may be required.
- **Perforation:** Rarely, a small tear (perforation) may be made in the gut lining. The risk of perforation during ERCP is 1 in 200 cases. It can be treated by resting the gut and giving intravenous fluids. Surgery may be required.
- **Infection:** Infection of the bile duct (cholangitis) may occur after an ERCP in 2 in 100 cases. This requires treatment with antibiotics if it occurs.
- **Incomplete procedure:** There is about a 1 in 10 chance that the procedure may only be partially successful. If this is the case, your doctors will discuss any further treatment or options with you. It may be necessary to repeat the procedure.

If you experience any complications after your procedure please seek urgent advice. Contact details will be given at discharge.

### **Is there an alternative to ERCP?**

Yes, but this has been recommended for you because it is an effective way of investigating your and judged to be safer than the alternatives, such as open surgery. This is a voluntary investigation

and if you are unsure, please seek more information from your referring doctor or from the Endoscopy Department.

## **On the day of the Procedure**

**Patients will need to make arrangements to be taken home after the procedure and under no circumstances should undertake this journey alone.**

## **What happens when I get to the Endoscopy Department?**

When you come to the Endoscopy Unit please give your name to the receptionist. A nurse will come to meet you and take you through to a private office. You will be asked some questions about the arrangements you have made to get home and about your health. Please tell the nurse if you are allergic to any medicines. You can ask any questions that you have or tell the nurse of any worries.

The nurse will take your pulse and blood pressure and ask you to get changed into a hospital gown ready for the test.

**Please note that x-rays will be taken during the test and if you could be pregnant please inform the staff.**

## **Signing the Consent Form**

The Endoscopist will come and meet you to discuss the procedure. It is important before signing that you understand what is likely to happen and that you have asked any questions that you feel necessary to make up your mind. Please read the advice on consent that is in this booklet.

## **Who will be in the procedure room with me?**

You will be accompanied into the procedure room by a nurse or doctor. Also present will be more nurses, an anaesthetic doctor and

their assistants. Nursing students and medical staff in training may be present in the room to observe the procedure. The ERCP procedure will be performed by a consultant gastroenterologist.

## **The ERCP examination**

There are many people involved in providing safe ERCP. After you enter the room the nurses will go through a final checklist with you. You will be asked to lie on your back on a trolley so that a small needle can be placed in your hand or arm to allow us to give you medication for the procedure. You will be asked to remove any false teeth, spectacles or contact lenses. Your pulse, blood pressure, breathing rate, oxygen levels and heart rhythm will be monitored throughout the procedure. To do this we will place a soft clip on your finger, a cuff around your upper arm, and stickers on your back. We will also give you oxygen via a mask.

You will then be asked to turn over onto your front. A mouth guard will be placed between your teeth and gums to protect them and to prevent damage to the endoscope. Most ERCP procedures are conducted using heavy sedation given by an anaesthetist. Alternatively, you may be given a combination of a sedative to make you sleepy, a painkiller to keep you comfortable, and a muscle relaxant to help control the movement of the gut. These do not make you unconscious, although many patients are very sleepy within a few minutes. You may have some awareness during the procedure however most people do not remember anything and are comfortable throughout.

The doctor will pass the endoscope through your mouth, down into your stomach and then into your small bowel (duodenum). A fine tube is then passed down the endoscope and inserted into your bile duct. Dye is injected through this tube and x-rays are taken. The dye passes out of your body harmlessly.

If the x-ray shows a gallstone stuck in the bile duct the doctor will enlarge the opening of the bile duct (sphincterotomy) using a heated wire (diathermy), which you will not feel. The stones can then be removed using specially design instruments and then allowed to pass naturally in your bowel motions.

Occasionally, it may not be possible to remove the stone/s from the duct and you may have to come back in about 2 or 3 months for a further attempt. If this is the case, a small plastic tube called a stent will be placed so that it bypasses the stone/s and allows bile to flow freely from the liver into the duodenum.

If a narrowing or blockage is found, the doctor can insert a plastic or wire mesh stent inside to open it wider and allow the bile to flow. You will not be able to feel the stent inside you. Occasionally it may be necessary to change the stent some months later if it becomes blocked.

Occasionally, small samples may be taken from the bile duct or near the opening of it. Photographs of your small intestine may also be taken and stored as part of your medical records.

## **After the Procedure**

You will be transferred to the Recovery Area where you will be monitored closely until you are fully awake. You will be kept nil by mouth until you have fully recovered from the sedation. If all is well, you will normally be allowed to drink clear fluids after 2 hours and start eating a light diet after a further 2 hours if no problems arise. The endoscopist may alter these directions depending on the outcome of your ERCP.

## **Going Home**

Depending on the results of the procedure and how well you recover you are likely to be allowed home the same day.

Please arrange to have a relative or friend available to collect you from inside the unit, drive you home and look after you for 24 hours. Please bring these contact details with you and give them to the nursing team.

A member of staff will discuss the results of the ERCP with you and provide you and your escort with discharge information.

For 24 hours after the procedure you should not:

- Have an alcoholic drink
- Drive a car
- Operate machinery
- Sign legally binding documents
- Be responsible for young children

If the Endoscopist decides you need to stay in hospital overnight for observation, a bed will be available on one of our wards. All being well you will be allowed home the following day after seeing the doctors. They will explain any further investigations or follow up that you may need.

If you experience any problems related to your visit to Endoscopy, including the need to see your GP or attend hospital, please let the department know. A brief written summary would be helpful. We welcome all feedback to enable us to further improve the service offered.

### **If you feel unwell after discharge**

If any of the following occur within 48 hours after having the ERCP, you must contact a doctor or attend the Emergency Department immediately:

- Severe pain in your abdomen (tummy)
- Fever (raised temperature)
- Difficulty breathing
- Vomiting blood or passing black motions

Taking a copy of your discharge advice can help to ensure that you receive prompt investigation and treatment.

### **Patients' Property**

You are advised not to bring expensive items of jewellery or clothing with you when you visit the Endoscopy Unit.

You will be given a patient property bag to place your clothes in if changing for your procedure.

You will be asked to keep your property with you at all times.

The Endoscopy Unit and Dorset County Hospital NHS Foundation Trust cannot accept responsibility for the safeguarding your property.

## ERCP – Feedback

We wish to seek your views on how helpful you found the information provided in this booklet. Please would you kindly take a few minutes to complete the following form, and write any comments you wish to make below. Thank you – your time is much appreciated.

Did you find this booklet helpful?	Yes	No
Did it contain the type of Information you wanted?	Yes	No
Would you have liked more information?	Yes	No

If yes, please tell us.....  
.....

Is there anything else you Would like to know?	Yes	No
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If yes, please tell us.....  
.....

Did you experience any unexpected discomfort following this procedure that required you to visit your GP?.....  
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Your Comments.....  
.....  
.....

Please cut along the dotted line and return this sheet to:  
Endoscopy Unit  
Dorset County Hospital Williams Avenue  
Dorchester  
Dorset, DT1 2JY