ERCP (Endoscopic Retrograde Cholangio Pancreatography)

Information for patients from the Trust's Endoscopy Units

This information is for patients who are having an ERCP (Endoscopic Retrograde Cholangio Pancreatography). It explains what is involved and any significant risks that there may be.

If you do not attend your appointment without telling the endoscopy unit in advance you may be removed from the waiting list.

Students and trainees (supervised by qualified staff) may be involved in your care. If you do not want students and trainees to be present, please tell the endoscopist or nurse in charge.

The time stated is your booking-in time, please tell those accompanying you that this is not your procedure time. The test itself takes on average 30 minutes, and may take longer if we need to carry out any treatment during the ERCP. Occasionally, if there are emergency cases or very complex cases the start of your procedure may be delayed.
**What is an ERCP?**
An ERCP is a test that allows your doctor to diagnose and treat problems with the tubes (ducts) draining your gallbladder, pancreas, and liver into the first part of the small intestine (duodenum) - see diagram.

To do this test an endoscope (a thin flexible tube approximately the size of a woman’s index finger) is passed through your mouth, through your gullet and stomach, and into the duodenum (first part of your small intestine). Once in the duodenum a catheter (a thin plastic tube) is passed through the endoscope and into the opening of the pancreatic duct and bile ducts. X-ray dye is gently injected and x-ray pictures are taken to check for problems (abnormalities).

**How do I prepare for my examination?**
- Before your ERCP you will need to have a blood test and medical assessment. The type of blood tests you have may vary, depending on what your consultant needs.
- You will be asked not to eat or drink for several hours before your procedure. The endoscopy unit will advise you when to begin this period of nil by mouth.
- If you are a diabetic or haemophiliac, please phone the endoscopy unit for specific advice.
- If you might be pregnant please tell us as soon as possible.
- If you are taking blood thinning medications like Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, or any other blood thinning medications please tell us as soon as possible.
- If you have a pacemaker or ICD, please tell us at least one week before your test.
- Continue to take your medications with a sip of water. Please bring a list of them with you to the unit. If you have any queries about your medication please ring endoscopy. **It is especially important to remember to bring any asthma inhalers or angina sprays with you.**
- Please remove your nail polish and all types of false nails before attending for your procedure.
- Please bring with you your dressing gown, slippers, and something to do during your stay.
- **Do not bring any valuables to the unit.**
What will happen when I arrive at the hospital?

• Please report to the reception of the endoscopy unit.

• A nurse will check your details, blood pressure, and pulse. If you are taking any medication or are allergic to anything (medications, plasters, latex) please tell the nurse.

• You will be asked to remove any jewellery, spectacles, contact lenses, tongue studs, and false teeth before your examination.

• Please tell the nurse if you have a pacemaker, replacement joints, pins, or plates.

• You will usually receive antibiotics before your procedure to help prevent infection. You may also be given a painkiller suppository before your procedure.

• The endoscopist performing your test will explain the procedure and discuss the risks and benefits of the procedure before asking you to sign a consent form. This confirms that you understand the examination and agree to go ahead with it. Please do not hesitate to ask any questions you may have.

• You will need to change into a hospital gown.

• A nurse will stay with you throughout your examination.

What does the examination involve?

• Your throat may be sprayed with a local anaesthetic that has a numbing effect; this has a slightly bitter taste.

• A small needle will be inserted into a vein and a sedative and painkiller given before your examination; this will help you feel more relaxed and sleepy. (This needle will be left lightly strapped to your hand/arm until you are recovered from the procedure for any other drugs that may be needed).

• You will be asked to lie on your left side with your left arm behind your back as you may be turned onto your stomach during the test. Then while you are lying on your left side, a small mouth-guard will be placed in your mouth in order to protect your teeth.

• A small device for recording your pulse and breathing will be attached to your finger and you will be given oxygen.

• A cuff will be placed on your arm to monitor your blood pressure.

• Three small dots will be placed on your back to monitor your heart during the procedure.

• Once you are sleepy the endoscopist will begin the test.

• Your stomach and duodenum will be gently inflated with air to expand it, so the lining can be seen more clearly. The air is sucked out at the end of the test.

• A muscle relaxant may also be given to you to help with the procedure.

• The nurse may need to clear excess saliva from your mouth using a small suction tube.
• If a narrowing is found in your bile duct, a small plastic tube (stent) may be inserted to allow the bile to drain. This may stay in place permanently or be removed at a later date.

• If the endoscopist finds a gallstone(s) in your bile duct during the ERCP, the opening of your bile duct may be enlarged with a cut using an electrical current (diathermy), which will allow the stones to be removed. If the stone is very large, or if there are a lot of stones, it may not be possible to remove the stone(s) in one go. In this case a stent is left in your bile duct and a further appointment will be arranged.

• A biopsy (a small sample of the lining of your bowel) may be taken during your examination to be sent to the laboratory for more tests. You cannot feel this. (A video recording and/or photographs may be taken for your records).

• Afterwards the endoscope is removed easily.

• In about one in 20 cases it will not be possible to treat your problem at ERCP. For example, the opening of your bile duct may be too narrow to allow the catheter to be inserted. If this happens, then further treatment options will be discussed with you after your procedure.

**What happens after my examination?**

• You will return to the recovery area to rest.

• You may still have a little wind but this will pass naturally.

• Normally patients need to **stay in hospital for at least a day after their procedure**, but occasionally you may be allowed home the same day. The decision to keep the patient for an overnight stay will be made after the procedure.

• You may also be kept **nil by mouth for a period of up to 24 hours**. However, if the procedure is straightforward you can usually eat and drink once you are fully awake.

• You will be told of the result of your examination. If biopsies have been taken, the results take about a week to come back.

• A letter will be sent to your GP.

**What happens when I go home?**

The decision to allow you to go home will be made after your procedure.

• **You must have a friend or relative with transport to collect you from the unit and stay with you at home for 24 hours until you are fully recovered.**

• **You must not drive**, drink alcohol, operate machinery (including an electric kettle), or sign important documents for 24 hours following the sedative.

• You may have a mild sore throat, but this will pass after a few days.

• You may feel a little bloated from some air left in your stomach, again this will pass.

• You can eat and drink as normal: this is usually at least an hour after the procedure when you have fully recovered from the sedation and the local anaesthetic spray has worn off.
Are there any significant risks?
ERCP is generally a well-tolerated procedure but there is a small risk of the following.

• **Damage** to crowned teeth or dental bridgework.

• **Inflammation of the pancreas** called pancreatitis. It can be painful, causing abdominal pain and sickness, and usually needs some days in hospital for intravenous fluids and painkillers. On very rare occasions it may be very severe. The risk of pancreatitis occurring is 1 to 2% (one or two patients out of every 100 patients).

• **A reaction to the sedative**. The sedative can affect your breathing making it more slow and shallow.

• **Bleeding**: if a cut is made into your bile duct to remove a gallstone, there is a risk of bleeding. This risk is approximately 1% (one in a 100 patients). Bleeding can often be treated immediately through the endoscope and is rarely a major complication. If severe it may need a blood transfusion or surgery.

• **Perforation** is a small tear in the wall of your bowel. This is rare. This would require a short stay in hospital and treatment with antibiotics, or very occasionally may need surgical repair.

• You may have a **sore throat** after your procedure, but this normally clears up in a few days.

Please talk to your endoscopist before your examination if you have any worries about these risks.
Further information
Please phone the endoscopy unit. The units are open Monday to Sunday 8am to 6pm:

- William Harvey Hospital, Ashford  Telephone: 01233 616274
- Kent and Canterbury Hospital, Canterbury  Telephone: 01227 783058
- Queen Elizabeth the Queen Mother Hospital, Margate  Telephone: 01843 234370

If you have any questions between 6pm and 8am Monday to Sunday then contact accident and emergency (A&E) on:

- A&E, William Harvey Hospital, Ashford  Telephone: 01233 616728
- A&E, Queen Elizabeth the Queen Mother Hospital, Margate  Telephone: 01843 235030

A short film outlining what patients can expect when coming to hospital for an endoscopy is available on the EKHUFT web site www.ekhuft.nhs.uk/endoscopy/

If you develop any severe pain in the neck, chest, or abdomen within the first 24 hours of your procedure please phone accident and emergency (see telephone numbers above).

Our units are regularly inspected and audited; please ask if you want any information about our performance standards. You can also visit www.patientopinion.co.uk

This leaflet has been produced with and for patients

If you would like this information in another language, audio, Braille, Easy Read, or large print please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 or 01227 864314, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation