

ERCP

Endoscopic Retrograde Cholangio-Pancreatography
Endoscopy Unit

Contents

Introduction	3
What is a ERCP?	3
What are the risks and benefits of having an ERCP?	3
What if I do not have an ERCP?.....	4
Things you need to know before your test.....	4
How to prepare for your test.....	4
Medicine	5
Sedation.....	5
What should I expect during my visit?	5
Consent.....	6
In the procedure room.....	6
Sedation.....	6
The ERCP	6
After the ERCP.....	7
When will I receive the results?	7
Training.....	7
Clinical Photography	7
Example of Consent form	8
Additional information is available from	10
Other Sources of Information	10
NHS 111	10
Patient Advice and Liaison Service (PALS)	10
Disclaimer	10

For any queries, please contact the
Endoscopy Booking Office on 01743
261064

Opening times

8.00am to 5.00pm Monday to Friday and
8.00am to 12.00pm Saturday and Sunday

Introduction

Your doctor has advised that you should have a test called an ERCP.

This procedure will be undertaken at The Royal Shrewsbury Hospital.

This leaflet tells you why you need the investigation and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone the Endoscopy Booking Office.

What is a ERCP?

An ERCP (Endoscopic Retrograde Cholangio- Pancreatography) is performed to help treat the cause for your symptoms such as jaundice, weight loss, and individuals with evidence of blockage of the bile duct identified on ultrasound, CT scan or other tests. The blockage may be due to gallstones, possible tumour or any other abnormalities. It is an examination that allows the doctor to take detailed x-rays of your bile and pancreatic duct using a flexible telescope called a duodenoscope. A duodenoscope is a long flexible tube with a camera and bright light at the tip. Images are seen on a monitor.

The camera is passed into your mouth, through the stomach to the duodenum to find the small opening (called the Ampulla of Vater) where the bile and digestive juices drain into the intestine. By injecting a special dye down the camera and into the bile duct, x-ray pictures of the ducts can be taken which will detect any abnormalities or stones in the ducts and allow them to be treated.

If the x-ray shows a gallstone, the doctor may enlarge the opening of the bile duct (sphincterotomy) by making a small cut with an electrically heated wire (diathermy), which you will not feel. The gallstones will be removed using a balloon or tiny basket or left to pass into the intestine.

If a narrowing (stricture) of the bile duct is found, bile can be drained by leaving a short tube (stent) in the bile duct. You will not be aware of the presence of the tube, which can remain in place permanently. Occasionally, it may be necessary to replace the tube.

Sometimes it is necessary to place a small tube (stent) in your pancreas as a temporary safety measure. When this happens we arrange an outpatient x-ray two weeks after your procedure to check that the tube has fallen out on its own.

During the examination, tissue (biopsy) samples may be taken. This is a painless procedure and will not cause any discomfort.

What are the risks and benefits of having an ERCP?

This investigation is to treat the cause for your symptoms or condition. As with every medical procedure, there are some risks involved. Please be reassured that your doctor would only have recommended ERCP if the benefit to you from the procedure clearly outweighs these small risks. Any complications could mean you need to stay in hospital for treatment. We have enclosed an example of our consent form for you to read at the end of this leaflet.

ERCP procedures carry a very small risk of haemorrhage (bleeding) or perforation (tear). If a cut is made into the bile duct there is a risk of 1 in 50 of significant bleeding. This can be treated straight away through the duodenoscope and rarely is a major complication, however if it is severe sometimes a blood transfusion or surgery is needed.

Occasionally inflammation of the pancreas (pancreatitis) may develop (1 in 50 – 100), it can be painful and usually requires you to stay in hospital for a few days for intravenous fluids and painkillers. On very rare occasions, it may be more severe than this. The Endoscopist may advise the nursing staff to give you a suppository (into your bottom) immediately before the procedure to reduce your risk of pancreatitis.

Another rare complication is an adverse reaction to the sedative drugs; this can be resolved by the use of other drugs.

There may be a slight risk to crowned teeth or dental bridgework; you should tell the Endoscopist if you have any of these.

- **If a complication occurs it may be necessary to stay in hospital**

What if I do not have an ERCP?

There are no other tests that are as good as a ERCP to help treat symptoms in your biliary system.

Things you need to know before your test

If you need an interpreter, please contact the Endoscopy department before your appointment. They will make sure someone is there to interpret for you. Family members cannot do this.

If you are planning to fly or travel outside of the UK within two weeks after your test, please contact us.

You may need to attend the unit for a pre-assessment. If this is required, you will be contacted by a member of the team to arrange this.

How to prepare for your test

- **Do not eat or drink anything** in the 6 hours before your appointment.
- **You can drink small sips of water only up to 2 hours before the test.** This is to make sure your stomach is empty so we can have a clear view.
- Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises. Please remove all jewellery other than one wedding band.

Medicine

- If you are taking a **Direct Oral Anticoagulant (DOAC)** e.g. Rivaroxaban, Apixaban, Dabigatran and Edoxaban **please do not take the morning dose on the day of your test**. If you have been advised to stop this medicine for longer, then please follow the advice you have been given. **If you have not been given any advice, contact the Endoscopy Booking Office.**
- If you take **Aspirin**, this can be taken as normal before your test.
- If you are taking **Warfarin**, please make an appointment to get your INR checked at your GP surgery. This should be 2 to 3 days before the test. If your INR is too high, you may not be able to have the test. We decide on the day of your appointment. Please ensure you bring your current Warfarin record card.
- **If you are a diabetic on tablets or Insulin**, please contact the Endoscopy Booking Office as soon as possible to discuss your diabetic treatment before the test. We will ask you for the name of the medicine you are taking. Our pre-assessment team will contact you to give you advice. This will normally be a phone call.
- **Keep taking all other medicines as normal (including blood pressure medicines)**. If you have any concerns, please contact the Endoscopy department.

Sedation

As you will have sedation for your test you will need to make plans for an adult to take you home and stay with you afterwards for a minimum of 12 hours. Please bring the contact details of this person with you to the appointment.

You **must not** do any of the below for 24 hours following your test:

- Drive a vehicle
- Drink alcohol
- Operate machinery
- Sign any important or legal documents
- Attend work

What should I expect during my visit?

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area. If you feel unwell at any time, please inform the receptionist.

A nurse will invite you into an assessment room to ask you questions about your health, explain about the ERCP procedure and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have.

Please bear in mind that your appointment time is not your procedure time and there may be a delay before you are taken through for your procedure. You may be in the department for up to 6 hours. The Endoscopy Unit sometimes has to deal with emergency cases which may cause delays to your appointment time.

Consent

The nurse will explain the procedure to you and discuss any potential risks related to the procedure. You will have the opportunity to ask any further questions. You will be asked to sign the consent form confirming you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.

On admission you will be required to drink pre-procedure anti-foaming drinks that have been prepared by the nurse. The purpose of these drinks is to clear any bubbles and mucous away from your oesophagus, stomach and small bowel, giving the Endoscopist improved views of the lining. Studies conducted have provided evidence of the benefits of these drinks in detecting abnormalities. However, the two medications used are not licensed for this purpose and you do have the option of declining the drink.

In the procedure room

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing i.e. coats and jumpers will need to be taken off.

Sedation

The sedation is an injection into a vein in your hand or arm via cannula to make you feel drowsy and relaxed. Some people do not have any memory of the ERCP being done. After the ERCP you will be kept in the recovery area lying on a trolley until you are fully awake.

The ERCP

A nurse will stay with you throughout the ERCP. You will be made comfortable lying on the trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the camera. The nurse will hold this in place. You may be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the ERCP a monitor is placed on your finger to check your pulse and oxygen levels.

The Endoscopist will pass the camera over your tongue to the back of your throat and will ask you to swallow. The camera will then pass into your mouth, gullet and into your small bowel.

You may feel the camera move inside you and you may feel full of air and bloated. This is because gas is blown into your stomach to ensure good views are seen.

During the ERCP the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the ERCP.

As soon as the camera is removed, the mouth guard is taken out of your mouth and the procedure is finished.

After the ERCP

As you have had sedation, you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between 4 and 5 hours. You will have some written instructions to take home and you will need to have an adult to accompany you.

When will I receive the results?

The nursing staff looking after you will speak to you prior to discharge. A report of the test will be given to yourself and a copy sent to your GP. Biopsy results will take a number of weeks to be available.

An aftercare sheet will be given to you which will contain all the relevant information. The sedation can make you forgetful, so it is important to have someone with you at this discussion.

Training

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centre's for Endoscopy Training. Your examination may be performed by a trainee endoscopist. They are experienced healthcare professionals.

All trainees are under the direct supervision of an expert trainer until they are fully competent; the trainer is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by healthcare professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as x-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching Doctors, Nurses and other medical professionals, as well as research, audit and quality assurance purposes.

Example of Consent form

Please note this is a copy only and will be signed on the day of your procedure

Patient Agreement to Investigation or Treatment

Please insert patient label

- **Name of proposed procedure or course of treatment**
Endoscopic Retrograde Cholangiopancreatography (ERCP)
- **Statement of health professional** - I have explained the procedure to the patient
- **Reason for Procedure**
 - Bile duct stones
 - Biliary obstruction
 - Bile leak
 - Stent change or removal
- **The intended benefits:-**
 - To remove stones
 - Drain bile
 - Obtain tissue samples
- **Serious or frequently occurring risks:-**
 - Frequently occurring risks
 - Sore throat
 - Risk to teeth or dental work
 - Abdominal discomfort due to bloating
 - Serious risks
 - Bleeding
 - Pancreatitis
 - Cholangitis
 - Perforation
 - Risk of prolonged admission and dying (1 in 1000) with above complications
- **Any extra procedures which may become necessary during the procedure:-**
 - Sphincterotomy
 - Stone extraction
 - Balloon sphincteroplasty
 - Biopsies
 - Brushings
 - Stent placement or removal
- **I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.**
- **The following leaflet has been provided :-** ERCP
- **This procedure will involve:-** Intravenous sedation/Fentanyl General anaesthetic Local anaesthetic

Patient Agreement to Investigation or Treatment: - Endoscopic Retrograde Cholangiopancreatography (ERCP)

Please read this form carefully. If this treatment has been planned in advance, you should already have your own copy of page 1 which describes the risk and benefits of the proposed investigation. If not you will be offered a copy now.

Name (PRINT) confirm as follows:

- I understand that I am able to decide not to have this investigation.
- I have been provided with a patient information leaflet. I have read this and I was able to understand it. I have had an opportunity to ask questions about the leaflet.
- I understand that there are risks associated with this investigation. These have been discussed with me, I have had an opportunity to ask questions about them, and I have taken this information into account in deciding to proceed.
- I understand that there are alternative options, including doing nothing, but taking into account the risks and benefits I wish to proceed with the investigation listed on this consent form.
- I understand that the procedure will be undertaken by a suitably qualified doctor or trainee under supervision but that no guarantee can otherwise be given as to the specific identity of that person.
- I do not need any additional time to consider matters before signing this form.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health

Additional information is available from

If you are worried or have any questions, please do not hesitate to contact the Endoscopy Booking Office.

- For further information, please refer to the link below:

<https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

- Telephone: 111 (free from a landline or mobile)
- Website: www.nhs.uk

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS is a confidential service.

Royal Shrewsbury Hospital
Princess Royal Hospital

Tel: 01743 261000 Ext 1691
Tel: 01952 641222 Ext 4382

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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