

Having a Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Endoscopy unit: **01922 656217**

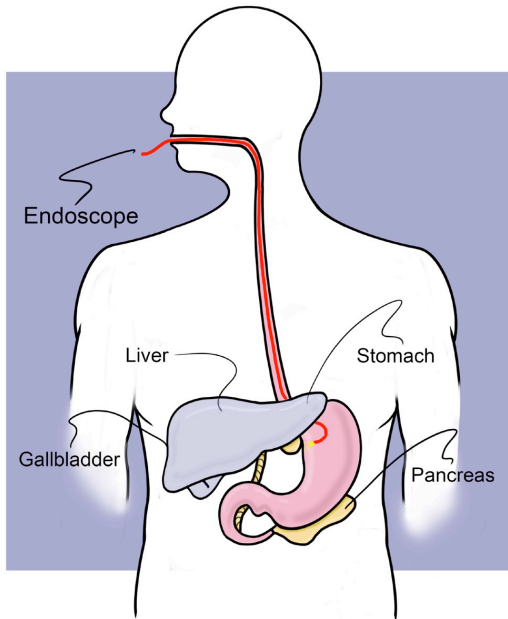
Your Doctor has advised that you should have an ERCP (Endoscopic Retrograde Cholangio-Pancreatography). This leaflet explains why you need the investigation, how to prepare for it and what to expect immediately afterwards. If you have any remaining concerns or queries after you have read the leaflet, please contact us on the number shown above.

What is an ERCP?

An ERCP is a procedure which is used to diagnose and treat diseases of the Bile Duct (the tube that drains bile from the Liver to the Bowel), Gall Bladder and Pancreas. An ERCP combines the use of a special telescope (Endoscope) and X-rays to take pictures of the Bile Duct and/or Pancreatic Duct.

Are there any alternatives to an ERCP?

An ERCP is usually performed after other tests have demonstrated an abnormality with the biliary or pancreatic system. Other tests e.g. Ultrasound, MRI or CT may show what the problem is, but only an ERCP will allow us to treat the problem at the same time.



In approximately 10% of ERCPs it may be technically difficult to complete the procedure and alternative procedures may be considered. Alternative treatments include Percutaneous Transhepatic Cholangiography (PTC) in which a needle is placed into the Liver through the skin of the Abdominal Wall under local anaesthetic.

What if I do not have an ERCP?

An ERCP has been recommended because previous investigations have indicated a blockage within your Bile Duct, Liver or Pancreas. An ERCP allows us to treat these conditions. If you do not have an ERCP you will risk infection or worsening jaundice. In addition, serious disease, that could require further treatment, could go undiagnosed.

Other procedures, including surgery, can be performed, but these are not suitable for all conditions and are associated with their own risks.

Preparation for the ERCP

It is vital that your stomach is empty for the ERCP to be carried out.

To ensure your Stomach is empty it is necessary for you to not have anything to eat for 6 hours before your appointment and not to drink anything 4 hours before your appointment.

Medication

If you take Warfarin, Clopidogrel, Rivaroxaban, Dabigatran or other blood thinning drugs (excluding Aspirin) or if you are a Diabetic, please contact us and ask to speak to a Nurse. We may need to alter your medication before

you have your ERCP. You may take all other medications as normal.

Consent

You have been sent a yellow consent form; this document explains the risks associated with this procedure. We would like you to read through this thoroughly and sign it before the procedure if you are happy to have the procedure done.

If you have any questions related to the form you can discuss them with the Endoscopist or Nurse before your procedure.

If you are unable to complete the form do not worry your consent will be confirmed before you have your test.

Please bring the consent form with you to your appointment.

On the day of the test

When you arrive at the Endoscopy Unit please report to reception desk, your details will be confirmed and you will then be asked to take a seat in the waiting area.

In readiness for your procedure a Nurse will invite you into a separate room to ask you questions about your health, explain about the procedure and confirm your arrangements for going home.

You will then have the chance to ask any questions that you may have.

You will be asked to change into a hospital gown ready for the procedure. There may be a slight delay before you are taken through for your procedure; however a relative or friend is more than welcome to wait with you.

Pain relief and sedation

Local anaesthetic spray and intravenous sedation will be given to you. The local anaesthetic spray is used to numb your throat. The intravenous sedation involves an injection into your arm which will make you very drowsy. A pain relieving injection is also given. Some people do not have any memory of the ERCP having been done.

During the Procedure

A Nurse will stay with you throughout your procedure. You will be made comfortable lying on your left side on a trolley with your knees bent.

You will be given oxygen through a small plastic tube in your nostrils and injections of pain relief and sedation will be given.

Throughout the ERCP a monitor is placed on your finger to check your pulse and oxygen levels.

Once you are sleepy, the Endoscope is easily passed down the back of the throat, through the Stomach and into the Small Bowel where the opening of the Bile Duct and Pancreatic Duct is. A thin plastic tube is passed through the Endoscope into the Bile Duct or Pancreas. Dye is then injected which shows any abnormality on X-ray screening. If the X-rays show a gallstone in the Bile Duct, the exit of the duct can be made bigger using an electric current (diathermy). Depending on the size of the stone it can usually be removed at that time.

If the problem in the Bile Duct is due to a blockage, then a plastic tube can be placed through the blockage to allow the bile to drain freely, and relieve the problem. Small samples of tissue or

cells, from the lining of the duct, may be taken to examine under a microscope to help the diagnosis.

Additionally, for gallstones that are very large and are difficult to remove entirely, a small tube (similar to the one described previously) may be inserted into the Bile Duct through the Endoscope and the gallstone may be broken into pieces and removed using special equipment.

During the ERCP, the nurse, using equipment similar to that of a dentist, will remove any saliva collecting in your mouth.

In the examination room you may be given a suppository (a medication into your back passage) to reduce the risk of inflammation of the pancreas after the procedure.

After the ERCP

After the procedure 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 will take from 1 hour to 3 hours as every patient reacts differently to sedation.

Due to the sedation, it is vital that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, drive any vehicle, operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

These arrangements will be confirmed before your test and **your test will be cancelled if you do not arrange someone to be with you.**

When will I receive the results?

The Doctor or Nurse will give you preliminary results together with a copy of your report before you go home. A copy will also be sent to your GP.

What are the risks of having an ERCP?

The majority of ERCPs are straightforward. However, as with any procedure there is a small chance of complications which have the potential to be life threatening.

- **Pancreatitis:** Inflammation of the Pancreas: occurs in approximately 1 in 20 cases. The Pancreas is a sensitive organ and can easily become inflamed due to the test. Usually the inflammation is mild and settles in a day or two, but very occasionally it can be severe, resulting in a prolonged stay in hospital and even surgery.
- **Bleeding.** If a cut has to be made into the lower end of the Bile Duct during the procedure then there is a risk of bleeding. The bleeding is often treated straight away through the Endoscope and is rarely a major

complication. If severe, however, it can sometimes require blood transfusion or surgery.

- **Infection:** There is a small risk of introducing infection to the bile. Antibiotics are given where appropriate to try and prevent this.
- **Perforation:** During the procedure there is a small risk of a tear in the wall of the Bowel or Bile Duct. This can be dangerous and may require an urgent operation to close the tear.

If you have stones or a blocked Bile Duct the risk of serious complication from the ERCP is less than if nothing is done at all.

Training

Walsall Healthcare NHS Trust Endoscopy Unit has Doctors and Nurses who are trainee Endoscopists. You may be asked if you would be willing to be examined by a Trainee Doctor / Trainee Nurse Endoscopist.

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

The Patient Relations Team is here if you need them:

Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS

Tel: 01922 656463

Email: patientrelations@walsallhealthcare.nhs.uk