

## POST PROCEDURE ADVICE

**If you have had biopsies**

Results can take up to 21 days. The results will go to the endoscopist who performed the test. Please do not contact the endoscopy unit they will not have your results. The endoscopist will write a letter to you and your G.P with the results once they are available. You may have an outpatient appointment to discuss any results. Alternatively if you have not heard about the biopsy result by 28 days, please contact the secretary to the endoscopist (named on the report).

Time of sedation:

**If you have sedation**

- Rest for the remainder of the day
- You must have a responsible adult with you for 24 hours
- Return to your normal diet unless instructed otherwise

You can resume clear fluids from (time):

You can resume your normal diet (time):

**Things you MUST NOT do for 24 hours**

- Drive ANY motorised vehicle (**This is a legal requirement**)
- Operate machinery
- Drink alcohol (**can react with sedative medication**)
- Sign ANY legal documents or make important decisions
- Take sleeping tablets (**can react with sedative medication**)
- Go to work
- Look after young children

**We also advise you to rest quietly for the remainder of the day.**

**We recommend you to stay within 60 mins distance from the hospital for 96 hours**

**After effects**

Most examinations are carried out without any problems. You may have a slight feeling of bloating and a sore throat/mild abdominal pain. On rare occasions the ERCP may cause damage to the lining of the gut. This may cause bleeding and rarely perforation (tear in the gut wall).

- If you are taking warfarin or other blood thinning medication and you were asked to stop for your procedure, please follow the instructions given by the endoscopy staff when you were discharged.
- You must not fly for 14 days after your therapeutic gastroscopy.

1 in 20 people develop inflammation of the pancreas gland (pancreatitis) post ERCP. This causes pain in the central upper abdomen and sometimes vomiting.

This is usually self-limiting, but can be severe.

Certain procedures may require the placement of a stent in the biliary or pancreatic duct. This will be recorded in the report provided.

Pancreatic stents are often placed for a short period of time to reduce the risk of pancreatitis. It is expected that they will fall out spontaneously.

You may therefore notice the passage of a small green plastic tube in your stool several days after your procedure. If this does not occur, you may need a check abdominal X-ray to confirm the stent remains in situ (around 3 weeks post-procedure). If it has not passed spontaneously, you may need a routine upper GI endoscopy (OGD) to remove the stent for you (around 4 weeks post-procedure). If you have questions about any follow-up, please do not hesitate to contact your consultant's secretary or GP.

Biliary stents can block / migrate, which often causes a repeat of your original symptoms. Early blockages may resolve spontaneously, but persistent symptoms require further medical review.

**If you experience any of the following after your ERCP, consult a doctor immediately.**

- Severe pain in your neck, chest or abdomen, particularly if it becomes gradually worse or different and more intense to any 'usual' pains you have.
- Fever
- Trouble breathing
- Trouble swallowing
- Vomiting blood
- Black tarry stools

If you require any further information or advice about your recent procedure or symptoms related to your recent procedure, please contact the endoscopy unit during working hours.

If it is urgent during out of hours contact the critical care outreach team (see below). Show a copy of the report to a health professional if they ask to see you.

If you may require urgent attention, advice can also be obtained from 111, local and emergency department or GP.

For any medical emergencies, please do not hesitate to call 111 or 999.

#### Contact numbers:

**Endoscopy unit:** 8am to 6pm Mon – Fri 01722 336262 Ext 2161/2804

**Out of hours:** Please call 01722 336262 and ask for bleep1374. This is for the out of hours critical care outreach team. They also deal with life threatening emergencies within the hospital and may not be able to answer your call straight away. They will call you back as soon as they are able.

#### Follow up care

The following arrangements have been made for you:

- You are being discharged back to your GP. Please make an appointment with your GP directly if your symptoms persist.
- You need to be seen in outpatients. This appointment will be sent to you in the post.
- You need another endoscopy in ..... You will be contacted nearer the time to arrange this.
- Further procedure (Surveillance). You have been advised to have regular endoscopy in the future. As surveillance guidelines change from time to time an endoscopist will review the timing of your procedures at least 2 months before your appointment is due. This review may result in your procedure being re-scheduled or even cancelled. If this is the case we will contact you to inform you of the changes.

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Please note that a copy of your endoscopy report and any specimens taken will be sent to your own GP.

Advice and information on a wide range of gastrointestinal conditions is available at <https://www.nhs.uk/conditions/>

If you would like to comment on the care or service you have received the Patient Advice and Liaison Service (PALS) can be contacted on ext 4044 or email: [sft.pals@nhs.net](mailto:sft.pals@nhs.net)

Patient feedback from our annual patient survey is used to continually improve our service. This is distributed randomly to capture patients undergoing different procedures. If you have been asked to take part, please return your questionnaire promptly.

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