

Endoscopic Retrograde Cholangio Pancreatography (ERCP)

This booklet contains details about your appointment, information about the examination and preparation.

PLEASE READ THIS LEAFLET CAREFULLY, AS FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELLED ON THE DAY.

CHECKLIST (tick off as completed)

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- Note appointment date and time.
- Read all procedure information.
- Telephone the booking number straightaway:
- If you have not been advised about anticoagulation you will need to be advised by an Endoscopy health professional before your procedure.
- If you have a pacemaker.
- If tablet controlled diabetic.
- Contact your diabetic nurse if taking insulin.
- Arrange for someone to drive you home and stay with you for 24 hours if having conscious sedation.
- Bring this booklet and consent form with you to your appointment.

Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone 01722 345543

(8am – 5.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.
- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
- Your procedure may be **observed** by students. If you prefer not to have a student involved in your care please let us know.
- Salisbury NHS Foundation Trust is an endoscopy training centre. We regularly have trainee endoscopists working on the unit. Please discuss any concerns or issues you may have with the admitting nurse.
- On occasion company representatives may be present in the department for development purposes. If this is the case, you will be informed by the nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.

Introduction

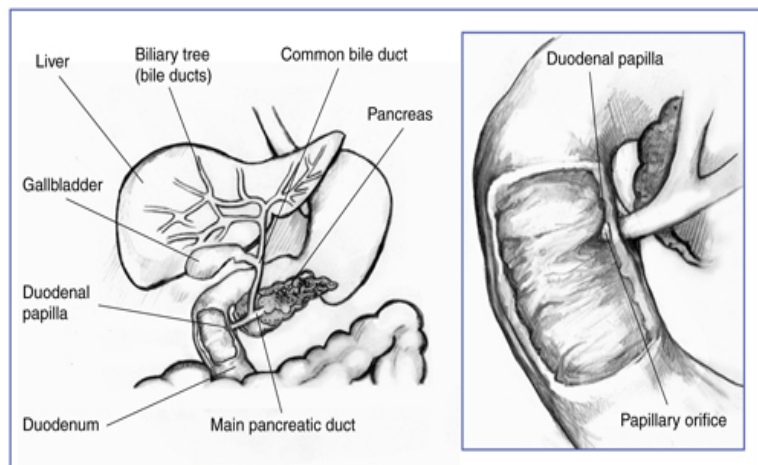
You have been advised to have an ERCP to help investigate the cause of your symptoms or for treatment. . **A formal written consent is required before we can carry out your procedure.** This booklet helps explain how the procedure is carried out and what the risks are. This will help you to make an informed decision when agreeing to the procedure and about having conscious sedation and throat spray. The consent form is included with this booklet.

If there is anything you do not understand or anything you wish to discuss further, please discuss this with the admitting nurse. Bring the consent form with you and you can sign it after you have spoken to the admitting nurse.

The consent form is a legal document- please read it carefully.

What is an ERCP?

The examination you will be having is called an Endoscopic Retrograde Cholangiopancreatography or ERCP for short. This is an examination of the bile duct, which drains bile from your gallbladder into your small bowel (duodenum). Sometimes the pancreatic duct, which drains digestive juices from the pancreas into the small bowel, is also examined. It is carried out by (or under the direct supervision of) a trained healthcare professional called an Endoscopist.



This is a very accurate way of looking at the ducts to establish whether there is any disease or abnormality present and perform treatment if required. The instrument used is called a duodenoscope (scope) and is a thin flexible tube. The scope has a light and small camera in the tip which sends live images to a screen where it is viewed by the endoscopist. A thin plastic tube can be passed up into the ducts, through the scope to enable treatment to be performed. A colourless liquid called contrast is injected into the ducts to enable them to be viewed on an x-ray monitor. During the examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept. Excess tissue may be used for teaching or research purposes aimed at improving diagnosis and treatment of digestive diseases. This may benefit other patients in the future. If you do not wish us to keep the excess tissue for this purpose or have any questions or concerns, please ask the endoscopist before signing the consent form. Images and xrays from the ERCP will be retained in your healthcare record.

What are the alternatives to ERCP?

An alternative examination is a scan called an MRCP a type of MRI scan, ultrasound or CT but the disadvantage of these is that we cannot collect tissue samples that may be important for a diagnosis or to perform treatment. This may mean that you will still need to have an ERCP at a later date. Or you may have already had a range of these investigations before being referred for an ERCP. If you would like to discuss other option please speak to the person that requested the examination. These alternatives will not be available on the day of your test.

What are the risks?

ERCP is a safe examination for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the examination. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- If a biopsy or sphincterotomy (cut) is performed it can lead to bleeding or a perforation (a tear) of the gut. It might be necessary to admit you to hospital for treatment. A tear happens in less than 1 in 3,000 cases and bleeding to less than 1 in 100, rarely blood transfusions and/or surgery needed. If surgery is needed it will be a major operation.
- Infection can occur after ERCP, especially if there is an obstruction within the ducts that could not be treated.
- Pancreatitis – this is inflammation of the pancreas. It occurs in 2 out of 100 patients.

- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk.
- Short term problems with breathing, heart rate and blood pressure (related to sedation or procedure). This happens to less than 1 in 200 people. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example people with serious breathing difficulties or heart conditions) may be at higher risk.
- Heart attack or stroke (related to sedation or procedure) – though this is rare.
- Damage to teeth or bridgework.
- The procedure may not be able to be completed and it may need to be repeated or other investigations arranged.

Options for undergoing the procedure?

We routinely carry out ERCP with conscious (awake) sedation and pain relief. These medications can help to keep you relaxed and more comfortable. If having conscious sedation this will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. **It will make you feel relaxed but will not put you to sleep.** You are likely to be aware of what is going on around you and will be able to follow simple instructions during the examination. Conscious sedation can affect your memory and could make you forget all or part of the procedure. We will be monitoring your breathing and heart rate throughout the examination.

In exceptional circumstances the endoscopist will advise you to have a general anaesthetic. This may be due to the type of treatment you will be having. The anaesthetist will see you before your procedure and discuss the risks of a general anaesthetic with you.

If you have conscious sedation or general anaesthetic you will not be allowed to drive home. You must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home.

You will need a responsible adult to stay with you for 24 hrs after your examination.

Some patients may be admitted in to the hospital prior to their examination or may be required to stay in hospital after. If this is the case you will be informed.

Preparation instructions

6 hours before the examination

- Do not eat any food after this time or have any milk
- You may have a light meal before this time. Do not eat a fatty or heavy meal.

2 hours before the examination

- You may have as much clear fluid (fluid you can see through) as you like up to 2 hours before your examination. Do not drink anything after this time.

It is important your stomach is empty to enable the endoscopist to see the lining of your digestive tract clearly. It also minimises the risk of aspiration (fluid or gastric contents entering the lungs).

Failure to follow these instructions could lead to your procedure being cancelled on the day.

What about my medicines?

You should continue to take all your routine medicines unless instructed otherwise by telephone or in a letter from the endoscopy unit.

Patients with Diabetes

If you use insulin please telephone your diabetic nurse for instructions about your medication.

If you use tablets only, please telephone the Endoscopy booking office.

Taking Warfarin, Clopidogrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thin the blood.

- You will require a blood test before your procedure to check your clotting.
- If you have not already been informed by telephone or letter please telephone the Endoscopy booking office at least 2 weeks before your appointment.

- You will be asked to stop these medications but this must first be checked with an Endoscopy health professional. After you have telephoned to us, a nurse from endoscopy will telephone you back to advise you.
- Please do not stop your Aspirin if you take it.

What to bring with you

Please bring an overnight bag in case you are admitted for overnight observation. Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive in the unit?

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Please book in for your ERCP at the radiology reception. **The time on your appointment letter is the time you will be admitted in to the unit. Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure.** Soon after you arrive you will be admitted by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the procedure. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked. **If there are concerns about your health when you are admitted, your procedure may need to be postponed to reduce any risks of complications during or after the procedure.**

You may be given a Diclofenac suppository and or antibiotics before or after the procedure to decrease the risk of post ERCP pancreatitis and infection dependent on the treatment planned or carried out.

The nurse or endoscopist will check you understand the procedure and will be able to answer any further questions or concerns you have. When you are comfortable, you will be asked to sign the consent form. By signing this form you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the examination stopped at any time.

You will be asked about your arrangements for getting home after your procedure. If you have conscious sedation or general anaesthetic, you must be accompanied home and have a responsible adult stay with you overnight (see page 4).

What happens during the procedure?

You will be escorted into the examination room. A safety checklist will be completed and you will have the opportunity to ask any final questions. The nursing staff and endoscopist will be wearing lead aprons to protect them from repeated xray exposure (the risk to you is minimal). If you are having conscious sedation or general anaesthetic, a cannula will be placed in a vein in your hand or arm. If having throat spray it will be administered before you lay down. You will be asked to lie on your left hand side and the sedative will be given. A mouth guard will be placed in your mouth to guide the scope.

The Endoscopist will move the scope through your mouth into your gullet, stomach and first part of the small bowel. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope. It is very important you take slow deep breaths throughout the procedure. If you would like the procedure to stop at any time please raise your right arm. The endoscopist will stop and explain how much longer the examination is likely to take. If you still would like the examination to stop raise your right arm again and the examination will be abandoned. This will mean that we will not be able to give you a full diagnosis or treatment and it is likely that you will need to have the examination repeated at a later date.

A thin plastic tube is passed down inside the scope and into the ducts. Contrast is injected into the ducts to enable them to be viewed by xray. If everything is normal the scope is removed and the examination is finished. If there is a blockage of the bile ducts or gallstones, the endoscopist may be able to treat it straight away. Possible treatments are as follows;

Sphincterotomy: The muscular valve (sphincter) at the bottom of the bile duct is cut using an electrically heated wire (diathermy) to enlarge the opening. This is painless.

Stone removal: Small stones can usually pass after sphincterotomy. The endoscopist may need to use a tiny balloon to help slide them out of the duct or if large a small device can be used to crush them. Once out of the duct they will pass through your digestive system naturally.

Stenting: A thin plastic or flexible metal stent can be passed into the bile duct to help drain bile past a blockage or gall stone. This can also be used to relieve jaundice and itching, if you have it.

An ERCP takes about 20-60 minutes.

How long will I be in the unit?

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You should expect to be in the unit for 2-6 hours. Some patients may be admitted overnight for observation.

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

After the examination

We will monitor you in the recovery area for 1-4 hours. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked. You may need to stay overnight for observation. Once you have recovered from the initial effects of conscious sedation or general anaesthetic and you are pain free you will be offered a drink. You may feel a little bloated or have some discomfort in your abdomen after the examination. This is normal and it should start to ease by the time you are discharged.

Before you leave the unit a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments.

If you have sedation or general anaesthetic you must be collected from the unit and accompanied home. You must arrange for a responsible adult to stay with you for 24 hours. A nurse will ring them to ask them to return when you are ready to go home.

For 24 hours after the sedation/general anaesthetic you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the unit.

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Date written: April 2021

Next review due: April 2024

Reviewed by: Leah Cordova (July 2024)

Next Review date: July 2026

Version: 4