

Patient information

Endoscopic Retrograde Cholangiopancreatography (ERCP) - Outpatients

You have been referred by your doctor to have an ERCP. This information booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the procedure. If you are unable to attend your appointment, please inform us as soon as possible.

Please ensure you read this booklet and the enclosed consent form thoroughly. Please also complete the enclosed health questionnaire.

You may be contacted by an endoscopy trained nurse before your procedure to go through the admission process and answer any queries you may have. If you are not contacted please come to your appointment at the time stated in your letter.

Please note your appointment time is your arrival time on the unit and not the time of your procedure.

If you have any mobility issues or if there is a possibility you could be pregnant, please contact the appointment staff on 01284 713551

Please remember there will be other patients in the unit who may arrive after you but are taken in for their procedure before you. This is for medical reasons or they are seeing a different doctor.

Due to limited space and to maintain other patients' privacy and dignity, we only allow patients (and carers) through to the ward area. Relatives/ escorts will be contacted once you are ready for collection.

The Endoscopy Unit endeavours to offer single sex facilities, and we aim to make you stay as comfortable and stress free as possible.

Medication

If you are taking **WARFARIN, CLOPIDOGREL, RIVAROXABAN or any other anticoagulant (blood thinning medication)**, please contact the appointment staff on 01284 713551, your GP or anticoagulation nurse, as special arrangements may be necessary.

Diabetic patients should contact their diabetic nurse or GP, please inform them that you are required to be nil by mouth **6 hours** prior to your procedure (see section – How do I prepare for my ERCP).

Please ensure you bring your current medications with you when you attend for your procedure.

If you are in any doubt whether you should stop or continue your medication, please ring 01284 712653.

How do I prepare for the procedure?

Before you have the ERCP, blood tests will be taken to check the clotting of your blood and your blood count. In order for the doctor to be able to have a clear view with the camera, it is important that you do not eat or drink anything for **6 hours** before the test.

What happens when I arrive?

On arrival to the Endoscopy Unit please report to reception where the receptionist will check your personal details. You will be asked to take a seat in the waiting area until you are collected by a nurse, and taken through to one of our admission rooms. Due to limited space we are unable to allow anyone to accompany you unless they are a carer. We will contact your relative/escort once you are ready to be collected.

You will be taken into the admission room where a nurse will explain the procedure and they will ask you about your health, medications and allergies. They will take your pulse and blood pressure. If you are diabetic your blood glucose level will be checked.

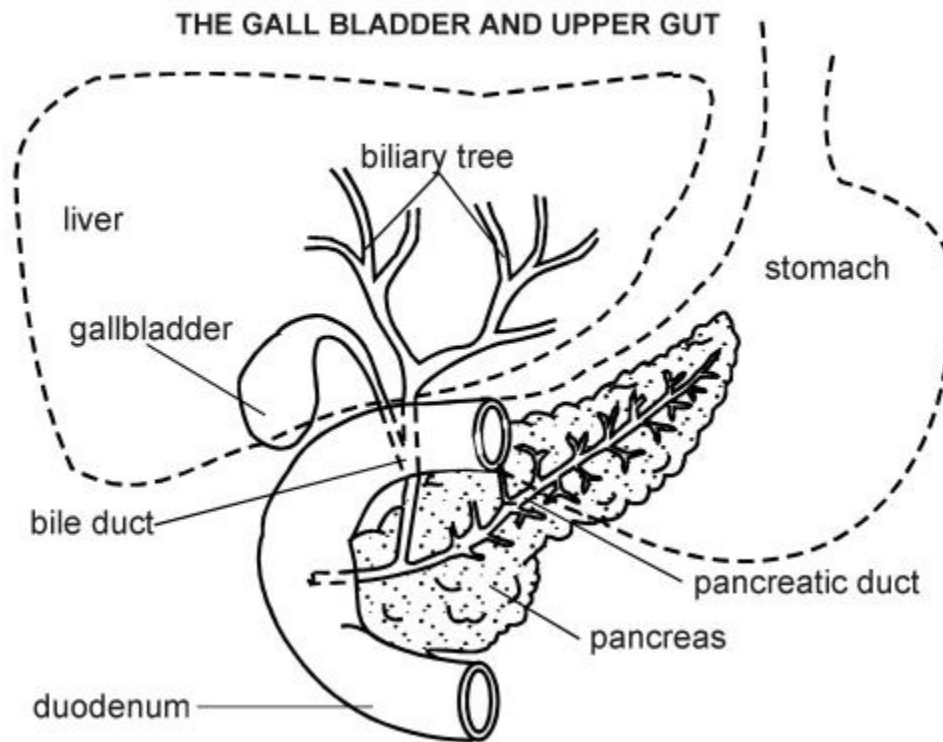
The nurse will discuss the consent form with you and answer any questions that you may have. We want to make sure you understand the procedure and its implications.

You will be asked to undress and put on a hospital gown. Please bring your own dressing gown and slippers if you have them. You will be asked to remove all jewellery (except your wedding ring). You may wish to leave any valuables at home, as we cannot be responsible for any valuables lost whilst you are in the unit.

You can expect to be on the unit for **6-7 hours**.

What is an ERCP?

An ERCP is a type of X-ray and camera examination that enables your doctor to examine and/or treat conditions of the biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts).



Why is an ERCP performed?

The most common reasons for an ERCP procedure are jaundice (yellowing of the skin or eyes) or abnormal liver blood tests, especially if you have pain in the abdomen, or if a scan (ultrasound or CT scan) shows a blockage of the bile or pancreatic ducts. Blockages can be caused by stones, narrowing of the bile ducts (strictures), and growths or cancers of the pancreas and bile ducts.

During an ERCP, stents (small plastic or metal tubes) can be inserted into the bile ducts, to allow drainage of bile into the intestine. Stents can also be inserted into the

duodenum for patients who have a blockage to the flow of food out of the stomach. An ERCP can give more information about the pancreas and bile ducts, and brushings and biopsies (specimens of cells for analysis) can be taken from the bile ducts or the pancreas.

Are there any alternatives to an ERCP?

An ERCP is one way of looking at your biliary tract and pancreas. However there are alternative tests, which you may have already had, or which have been discussed with you. Most of these are scans such as ultrasound, CT (computed tomography) or MRI (magnetic resonance imaging) they can provide pictures of internal organs, unfortunately no treatment can be given during these scans. ERCP also allows biopsies of any abnormal areas to be taken for analysis. For these reasons, ERCP is often thought to be a more appropriate test.

If you wish to discuss this further, please contact you GP or doctor.

What does an ERCP involve?

You will be escorted from the Endoscopy Unit to the X-ray department where the procedure will be carried out. You will be introduced to the nursing staff and the Endoscopist who will be with you throughout your procedure.

The Endoscopist will check that you have a full understanding of your procedure and all that it means, and that you are willing to go ahead. They will then ask you to sign a form consenting to the procedure. This form confirms that you agree to the procedure and understand what it involves.

In order to monitor your vital signs (heart rhythm and blood pressure, pulse and oxygen levels, a nurse will place monitors onto one of your fingers and an arm).

A nurse will be with you at all times, giving you guidance and support, you will be asked to remove any dentures and glasses. You may be given a local anaesthetic spray to help numb your throat. You will be asked to lie on your stomach and a mouth guard will be placed into your mouth to protect your teeth and gums, and allow the endoscope to pass through your mouth easily.

Intravenous sedation and a painkiller will be given through the cannula at this point. These medications (known as conscious sedation) will help you to relax and may make you drowsy but they will not necessarily put you to sleep.

A flexible tube about the width of an index finger, with a tiny camera on the end of it (duodenoscope) will be passed through your mouth, down your gullet, into the stomach, and then into the top part of the small intestine (duodenum). During the procedure, the doctor will insert a fine wire into the bile ducts and inject dye, which shows up on X-ray. X-rays of various parts of your biliary or pancreatic system will be taken.

If the procedure is being performed to remove stones from the bile or pancreatic duct, a small cut (sphincterotomy) may be made in the lower end of the bile duct to allow a fine tube to pass through. This also allows a small basket or balloon to be inserted to grasp a stone, and for any stones that may get into the bile duct in future to easily pass into the intestine.

Specimens may be taken from the bile ducts using a small brush or forceps, and a plastic or metal tube (stent) may be inserted to help with the drainage of bile

The test may vary in length from 20 minutes to one and a half hours.

What is a biopsy?

A biopsy is a small piece of tissue, which is removed through using tiny forceps. This procedure is painless and you will probably not be aware of it being done.

Are there any risks or complications?

As with every medical procedure the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the test will have considered this very carefully. ERCP is what is known as an invasive procedure and therefore, carries risks/complications

The major risks/complications include:

Bleeding

Bleeding from a biopsy site or from where the bile duct was widened (**sphincterotomy**). This may require a blood transfusion (<1:100 procedures) and occasionally a further procedure or operation will be needed.

Acute pancreatitis

The pancreas gland can become inflamed after the test (**pancreatitis**). This can cause pain. It causes serious discomfort so that a longer admission to hospital is needed (< 1:100 procedures) although mild discomfort is more common. Every precaution is taken to avoid this problem.

Perforation

Small tear or damage to the lining (<1:1000 tests carried out). This risk is slightly higher if a sphincterotomy is performed. You may need an operation to repair any damage.

Other risks

- Disturbance of your heart rate and breathing.
- An adverse reaction to the medication used.
- A sore throat or abdominal tenderness.

After the procedure

Nursing staff will monitor your vital signs regularly and observe for any complications. Most complications become apparent within 6 hours of the procedure so patients remain under observation for that time.

We will tell you as much as possible about what was found after the procedure. However biopsy results will take a few weeks to arrive.

You will be offered a drink and something to eat while you wait for your escort home.

This person must come to the unit to collect you. You must have supervision by a responsible adult at home for at least 24 hours following sedation.

Before you are discharged, the nurse will tell you what was seen during your procedure, and what to do next, you will be given a printed sheet with this information on for you to take home.

The sedation lasts longer than you might imagine, so it is very important that after your procedure you do not do any of the following for at least 24 hours:

- Drive a car
- Operate machinery

- Drink alcohol or smoke
- Sign any legal documents

After you have been discharged

Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat. You may also feel a little bloated if some air we use in the test has been left behind. Both of these things will pass and need no medication.

If you experience any of the following problems please contact your GP/A&E department immediately, informing them you have had an ERCP:

- Severe Abdominal pain (not caused by wind)
- A fever- raised temperature
- Severe vomiting
- Black faeces (melaena)
- Jaundice

If you are unable to contact or speak to your GP, please ring the Endoscopy Unit during office hours: 8.00am - 9.30pm, Monday to Thursday and 8.00am – 6.00pm on Friday. Telephone number: **01284 713952**.

Out of hours, you can contact West Suffolk Hospital – 01284 713000 and ask to be put through to the **on-call Endoscopy Nurse for advice**.

Please be advised that patients are unable to donate blood for 4 months following an examination with a flexible endoscope as directed by the NHS Blood and Transplant service.

Summary of important information

As with every medical procedure the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the procedure will have considered this very carefully.

However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.

It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.

Due to the limited space available and to maintain other patient's privacy and dignity, we only allow patients (and carers) through into the ward area. Relatives/escorts will be contacted once you are ready for collection.

Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your procedure/treatment may provide an important opportunity for such training under the careful supervision of an experienced Endoscopist. You can however, decline to be involved in the formal training of medical and other students; this will not affect your care and treatment.

Checklist

Things to remember before your procedure:

- Read the booklets carefully.
- Fill in the health questionnaire.
- Do not have anything to eat or drink for at least 6 hours before your procedure.
- Check for specific medication instructions.
- Transport arrangements made if you are having sedation.

Bring this booklet, health questionnaire and consent form with you to the appointment. Do not sign the consent form, but please bring it with you on the day of your appointment.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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