

Patient information

Endoscopic Retrograde Cholangio-Pancreatography (ERCP) - inpatients

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

This booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the investigation. **Please read the booklets and consent form carefully.**

Before your procedure

- If you are taking **Warfarin, Clopidogrel (Plavix) or any blood thinning medication** remind the medical and nursing staff looking after you, as you will need a blood test (INR) the **day before** your procedure. It is very important to have the result before your procedure time, if the result is not available, then this could lead to a delay or cancellation of your ERCP.
- If you have any queries about the procedure please do not hesitate to ask the medical or nursing staff looking after you.

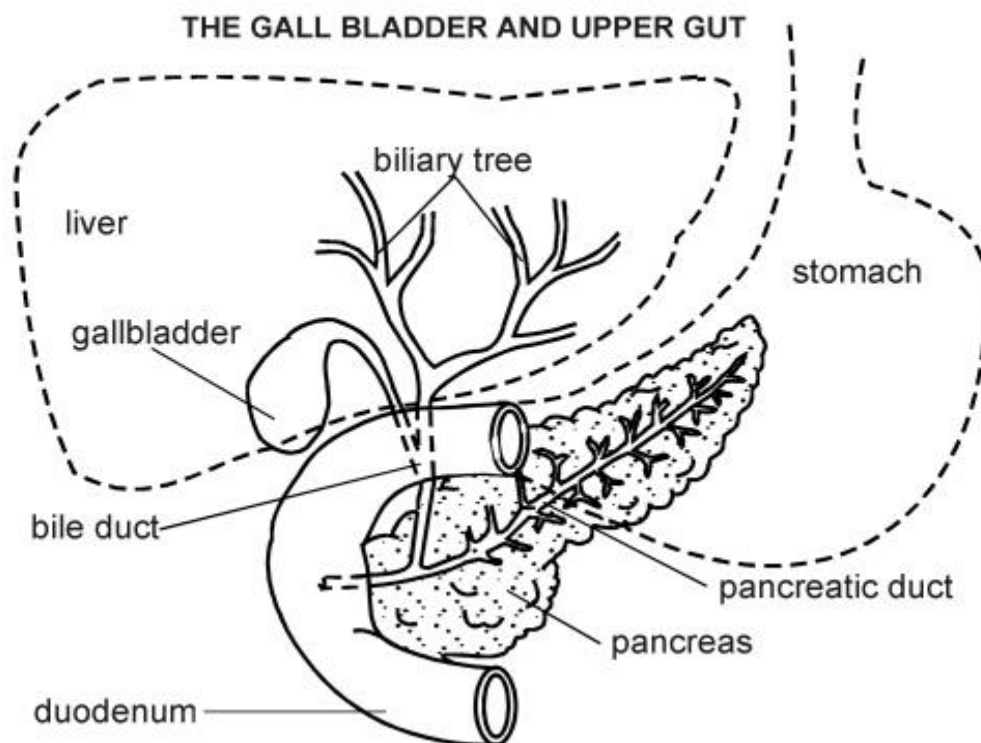
On the day

- The nurse will complete a checklist before you leave your ward
- A cannula (needle) will be placed in either your hand or your arm
- You **may** be given an antibiotic

- We recommend that you wear a hospital gown for the procedure; there is no need to remove your pants
- Have nothing to eat or drink for 6 hours before your procedure time
- You will be taken to the X-ray department on the ground floor, in your bed
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you

What is an ERCP?

ERCP stands for 'Endoscopic Retrograde Cholangio-Pancreatography. ERCP is a procedure, which allows the doctor to take detailed X-rays of the **bile duct** and or **pancreas**.



During the ERCP, if the X-rays show a gallstone, the doctor will make a small cut at the bottom of the bile duct, which you will not feel; this is known as a **sphincterotomy**. The stones are then removed from the bile duct and pass down the intestine.

If a narrowing is found, a short plastic or metal tube (**stent**) may be placed in the bile duct so that the bile can drain away and will relieve jaundice and itching caused by the build up of bile.

You will not be aware of the presence of the tube, which will remain in place permanently. It may be necessary to replace the tube some months later if it becomes blocked.

Why do I need an ERCP?

Your doctor is concerned that your symptoms or test results may be due to a problem in the biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts). An ERCP is a good way of finding out whether there is or not. It can also be used to treat problems such as gallstones or blockages as explained above.

An ERCP is used to investigate a variety of symptoms, for example:

- ❑ Abdominal pain
- ❑ Abnormal liver blood test
- ❑ Possible or complicated gallstones
- ❑ Jaundice
- ❑ Pancreatic disorders

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. These include scans such as MRCP or CT scans. These are done in x-ray and will be explained by your doctor as required. Such scans cannot treat problems when found. ERCP also allows biopsies of any abnormal areas to be taken for testing. For these reasons, ERCP is often thought to be a more appropriate test.

The options and reasons for an ERCP will be explained to you by your doctor.

What is a biopsy?

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

How comfortable is the test?

Many patients are concerned at the thought of swallowing the endoscope, but we would like to reassure you that whilst the test is not painful you might experience some discomfort.

It is the practice of this unit to use throat spray and moderate sedation for an ERCP. Sedation is given through a cannula injection in your vein. It may make you sleepy and relaxed and it will take away most of the awareness of the procedure.

So what does an ERCP involve?

- You will be introduced to the nurses and endoscopist who will be with you throughout your ERCP.
- The endoscopist will then check that you have a full understanding of your procedure and all that it means, and that you are willing to go ahead.
- In order to monitor your heart rate blood pressure and breathing, the nurse looking after you will place a probe onto one of your fingers, a cuff on your left arm and place some oxygen under your nose.
- A nurse will be with you at all times, giving guidance and support, you will be asked to remove any dentures and glasses and then to lie on your stomach. A mouth guard will be placed in your mouth to protect your teeth and gums.
- Once you are sedated, the flexible tube will then be inserted gently into your mouth and pass over your tongue to the back of your throat.
- We would like to reassure you that although the procedure can sometimes be a little uncomfortable, it is not painful and you can breathe normally.
- ERCPs vary in length from 20 minutes to over one hour. You will be sedated throughout this time. During the procedure, x-rays are taken to record the findings, you may be asked to stay still from time to time in order to allow this.

Are there any 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 from a biopsy site or from where the bile duct was widened (**sphincterotomy**). This may require a blood transfusion (less than one in a hundred procedures) and occasionally a further procedure or operation will be needed.
- ❑ 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 (less than one in a hundred procedures) although mild discomfort is more common. Every precaution is taken to avoid this problem.
- ❑ Small tear or damage to the lining (less than one person in every 1,000 tests carried out). This risk is slightly higher if a sphincterotomy is performed. You may need an operation to repair any damage.
- ❑ Disturbance of your heart rate and breathing.
- ❑ A sore throat or abdominal tenderness. As the flexible tube is passed, it brushes against the lining and may cause a small amount of bruising.

ERCP is a technically demanding test. Some procedures are incomplete and can require repeating either for additional work, e.g. to remove more gallstones or to ensure that all gallstones have been removed. This is known as a follow-up or check ERCP.

After the procedure

- ❑ After the procedure you will return to your own ward, where the nurse will need to record your observations regularly, and will advise you when you can eat and drink (approx 4 hours following the procedure).
- ❑ The doctors or nurse specialist looking after you will tell you the result. A report will be filed in your hospital notes so that the information will be readily available for the medical team looking after you.

Side effects

Serious side effects from this procedure are rare but for the next few days you may have a sore throat, and you may also feel a little bloated.

If you experience any of the following problems please tell the ward nurses immediately:

- ❑ Severe abdominal pain (not cramp caused by wind)
- ❑ A firm and swollen abdomen
- ❑ High temperature or feeling feverish
- ❑ Nausea and vomiting

Summary of important information

An ERCP is a safe procedure and a very good way to investigate your symptoms.

Risks and complications are infrequent and the benefits outweigh the risks. 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.

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.

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.

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>



© West Suffolk NHS Foundation Trust