

Endoscopic Retrograde Cholangio- Pancreatography (ERCP)

An information guide



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What is an ERCP?

An ERCP allows us to examine the pancreas and the bile ducts. If a gallstone or blockage is found, then we would be able to treat this during the examination possibly avoiding the need for an operation.

Once you are sedated (drowsy), a thin flexible tube (endoscope) will be passed through your mouth down into your stomach and the upper part of your gut. The duodenoscope does not interfere with your breathing.

We will then insert a special dye down the duodenoscope so that the pancreas and bile ducts can be seen on an x-ray. If everything is normal, the duodenoscope is removed and the test is over.

If a gallstone is found in the bile duct during the test, it may be possible to remove this by widening the opening of the bile duct (sphincterotomy). This is done with an electrically heated wire (diathermy).

If it is not possible to remove the gallstone due to its size or because the bile duct is narrowed, then a small plastic tube (stent) may be left in the bile duct to allow it to drain.

Possible risks and complications

Complications can develop during or after the procedure. Every effort is made to prevent, recognise and treat these.

- ERCP is generally very safe and is seen as a less invasive procedure compared with an operation.
- Problems do sometimes occur which may lead to a longer stay in hospital and very rarely, an operation is necessary to treat a complication.
- For this simple diagnostic procedure, the main risk is inflammation of the pancreas gland, which usually settles within a few days.
- If gallstones or blockages are found and a widening of the lower bile duct is attempted, this will increase the risks with the procedure (rare for something to go wrong). The main complications of a sphincterotomy are bleeding or a perforation (hole in the bowel).
- If complications occur, you may need a blood transfusion, being kept off food for some days attached to an IV line (drip) and antibiotics, or very occasionally an operation to repair the damage.

Complications

- Sedation related (being very drowsy or suppressed breathing)
- Infection
- Acute Pancreatitis (The risk of inflammation of the pancreas is between 1 - 5%. Most cases are mild but could result in 1% of cases requiring HDU/ITU admission)
- Bleeding (1 in 10 cases if a cut is made, but this almost always stops by itself)
- Perforation (This occurs in 1 in 400)
- On rare occasions the procedure leads to major complications and unfortunately there is a risk of death from ERCP.

If you would like to discuss any of these issues with the consultant before the ERCP, please don't be afraid to ask.

Benefits

The test gives a direct view and provides x-ray pictures of the bile duct and pancreas. At the same time therapeutic intervention (e.g. extracting a stone or inserting a stent) can be done. During the test we may need to take a sample which will allow us to confirm the diagnosis

Alternatives

A special scan can be performed to view the bile duct and pancreatic duct, this could result in you having an ERCP. Open surgery is a potential alternative but this may not be possible if you have multiple medical problems due to the high list of complications.

Medication

If you take blood thinning tablets (anticoagulants eg Aspirin or Warfarin) please consult your Consultant or the doctor who deals with your anticoagulant medication. Please make sure that the doctor requesting the procedure and the one performing the procedure are both aware that you have been on anticoagulants and what measures have been taken. If you are diabetic on medication or insulin please contact your Diabetic Nurse for specific instructions.

If you take Clopidogrel, please consult your Consultant or contact the Endoscopy Unit for specific instructions.

If you have a latex allergy then please contact the Booking & Scheduling Team as your admission date/time might be affected.

You must keep taking any essential prescribed tablets.

How will I prepare?

Most patients undergoing an ERCP are admitted to a ward prior to the procedure where blood tests are undertaken. You may be required to stay in hospital overnight following the investigation so please bring your nightclothes, slippers, toiletries and a towel with you.

Please follow the advice below carefully in preparation for your procedure:-

Morning appointment – Do not eat from 12 midnight the previous evening. You may drink small quantities of water up to four hours before the ERCP.

Afternoon appointment – Take a light breakfast at home, eg. tea and toast **before 8:00am. Do not eat after this time.** You may drink small quantities of water up to 10:00am on the morning of the ERCP.

- **Please do not drink alcohol for 24 hours before the investigation**
- Regular medication should be taken as usual with sips of water
- Please bring medication and inhalers with you
- Please make sure that the doctor requesting the procedure and the one performing the procedure are both aware that you have been on anticoagulants and what measures have been taken
- Please wear loose comfortable clothing.

Sedation

You will be given sedation to have an ERCP. This is not a general anaesthetic, but for your own safety please comply with the following:

- You **should not** drive, drink alcohol or sign any legal documents for at least 24 hours after the procedure
- You will need to be accompanied home by a friend or relative in their car or a taxi. A friend or relative will need to stay with you for up to 24 hours after the procedure.

What will the ERCP involve?

- Your ERCP will be done in the x-ray department under x-ray conditions
- If you agree to have the examination you will be asked to sign a consent form, if you have not already done so on the ward
- If you wear glasses or dentures these will have to be removed
- A doctor/nurse may spray the back of your throat with a local anaesthetic to make it numb. The doctors and nurses will support you throughout the procedure. You will then be asked to lie on the x-ray couch, on your left hand side
- You will have a fine plastic tube (cannula) placed in your hand/arm on the ward or endoscopy department. If this has not been done, then it will be inserted in the x-ray department. This is done so that it is possible for a sedative and, if necessary, a painkilling and antispasmodic drug to be given directly into your blood stream. This will make you feel relaxed and sleepy. You **will not be asleep** completely. It is a sedative injection and **not** a general anaesthetic. You will then be asked to have a mouthguard placed in your mouth and asked to lie on your tummy. Once the sedative has had time to take effect, a thin

flexible tube (endoscope) will be passed through your mouth and you will be asked to make a swallowing movement

- Throughout the ERCP, experienced nursing staff will support and reassure you at all times
- Following your ERCP you will be taken to the recovery area from where you will be transported back safely to the ward, should you require to stay in hospital.

How soon will I recover?

After the procedure, you will be taken to the endoscopy recovery area ward where you will be allowed time to recover as you will feel a little drowsy and sleepy for a while. As soon as you are fully awake, you will be offered some light refreshment, although some patients are required to wait a little longer before eating and drinking.

The back of your throat may feel sore for a short while, your abdomen may feel a little bloated and you may feel a little discomfort in your stomach. This is quite normal and usually settles down quickly. The fine tube (cannula) will be removed from your hand and a dressing will be applied.

Following the procedure, the doctor will make a decision about the time of your discharge. You may be required to stay in hospital overnight. Before you are discharged home, your nurse will discuss your aftercare with you. If there were complications of ERCP then you will need to stay in the hospital longer and may require an operation.

When will I be told the results?

You should be informed of the result of the examination before you go home. If biopsies have been taken, then the results take several days. These will be sent to either your consultant or GP. You could even be sent an appointment to attend the outpatient department to see your consultant.

You will be given a copy of the report that goes to your GP before you leave the hospital.

Will I need any medicines on discharge?

A letter will be sent to your GP giving information on the results of the ERCP and any medication that you may require. If you require a course of tablets, you should visit your own GP to arrange a supply.

Going Home

As you will have had sedation, it is essential that someone comes to the hospital to escort you home.

You should not do any of the following:

- Be left on your own for 24 hours
- Drive a car • ride a bike
- Operate machinery
- Sign any legally binding documents
- Drink any alcohol for 24 hours after the ERCP

After 24 hours most patients are able to resume to normal activities.

Please discuss any concerns you may have with the doctor. If you are unsure about returning to work, ask for advice before you go home. If we can be of any more assistance to you, then please contact the endoscopy unit via hospital switchboard.

Contact details

For more information on medication or cancellations, please ring either:

Booking & Scheduling Team (for Cancellations)

Telephone: 01706 906 788

The Royal Oldham Hospital Endoscopy Unit

Telephone: 0161 720 2835

North Manchester General Hospital Endoscopy Unit

Telephone: 0161 627 8513/8217

Reference section

For further information on references please go to www.pat.nhs.uk

Notes

Notes

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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