

Patient Information

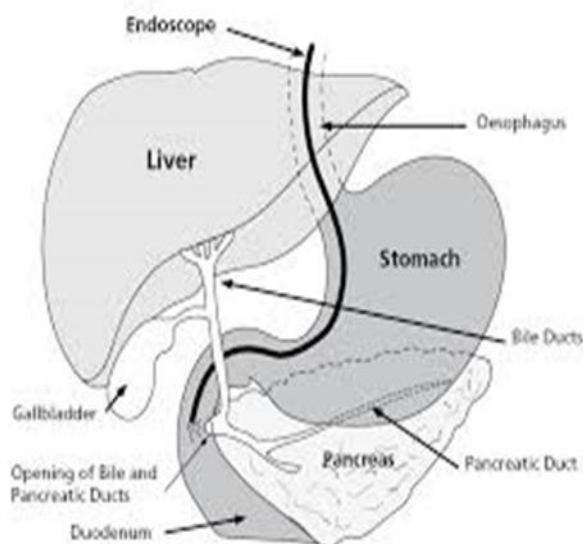
Having a Endoscopic Retrograde Cholangio Pancreatography (ERCP)

You have been advised by your Doctor to have an Endoscopic Retrograde Cholangio Pancreatography (ERCP). This is a procedure to examine the bile ducts and /or pancreas. This leaflet is to provide you with information prior to the procedure. Please read it carefully as it will help you understand what is to happen, the risks, benefits and alternatives prior to consenting to the ERCP.

The most common reason to perform an ERCP is for stones in the common bile duct or an abnormality in the bile duct, pancreas or ampulla which can cause an obstruction and as a result jaundice. An ERCP is less invasive than surgery and allows an assessment of the bile ducts and treatment as required.

What is an ERCP?

A (ERCP) is an procedure which enables the doctor to examine the tubes that drain bile from the liver into the bowel (bile duct) and pancreatic duct. During this procedure some therapeutic treatments may be administered . Sometimes ERCP may not show the nature of the obstruction. Biopsies and brushings from the bile duct may be taken.



What treatments may be therapeutic?

During a therapeutic ERCP the Doctor can carry out minor procedures such as

- Sphincterotomy - a small cut at the lower end of the bile duct
- Stent insertion - insertion of a small tube into the bile duct and/or pancreatic duct.
- Stone removal - removal of stones from bile duct

How is the ERCP performed?

The procedure is usually performed under sedation. It is done using a special flexible tube called an Endoscope (a camera), which is passed through your mouth, down your oesophagus (gullet) into your stomach, then into the duodenum. Through this



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endoscope a small tube will be passed to allow the injection of dye into the bile and/or pancreatic ducts to show the outline of bile and/or pancreatic ducts. Other equipment can be passed via the endoscope to make cuts or remove stones as required to perform the following:-

- **Sphincterotomy** - a small wire is passed through the endoscope through which an electric current is passed and this cuts the sphincter (valve) at the lower end of the bile duct. This allows a stent to be inserted or stones to be removed
- **Stent insertion** - insertion of a small tube via the endoscope into the bile or pancreatic ducts to allow bile or pancreatic juices to pass through any obstruction
- **Stone removal** – If stones are present in the bile duct, these can be crushed with a wire basket (known as a lithotripter). Sometimes the stones can be grasped and removed with a balloon; this is usually done after a sphincterotomy.

If the procedure fails it is usually because the fine tube cannot be passed into the bile duct or pancreatic ducts. The success rate is 80-85%. A repeat procedure would be arranged in the following month depending on the degree of urgency.

What are the benefits – why should I have an ERCP?

An ERCP is most commonly performed to treat conditions of the bile ducts or pancreas. It is recommended based on symptoms suggesting disease in these organs by abnormal blood test results and X- ray tests such as ultrasound/ CT scan/MRI scan.

What are the risks and complications?

You may experience mild abdominal pain and/or a sore throat for a few days. This can be relieved by taking painkillers such as paracetamol.

- **Pancreatitis** this is inflammation of the pancreas and can cause abdominal pain which can extend into the back. It can be mild but in approximately 1 in 20 people this can be more severe and result in an extended stay in hospital until this resolves. If this happens, the pain can be controlled with painkillers and you may be given an intravenous (into a vein) infusion of fluids in hospital to keep you hydrated until the pain subsides. If it is severe (acute) then you will need to have intravenous antibiotics and closer monitoring of your condition and possible admission to the Intensive Care Unit. Although it is very rare, acute pancreatitis can be fatal (less than 1 in 500 cases).
- **Bleeding** If a Sphincterotomy has been performed, in about 1 in 100 cases there is a risk of bleeding which usually stops quickly by itself. If it does not stop by itself we may inject the area with adrenalin through the endoscope. However, in severe cases, blood transfusion, a special X-ray procedure or an operation may be required to control the bleeding. If you require the special X-ray procedure you would need to be transferred to another hospital to have this done.



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- **Cholangitis** – after ERCP an infection of the bile ducts may occur, this can happen in less than 1 in 100 patients. Cholangitis requires treatment with antibiotics and a stay in hospital. It is more common if we cannot drain the area.
- **Perforation** - A hole may be made in the wall of the oesophagus or duodenum (perforation), either as a result of the Sphincterotomy or due to a tear made by the endoscope. This happens in less than 1 in 750 cases. It might require surgery to put right and may occasionally be fatal.
- **Other complications**
 - Very frail and/or elderly patients can get pneumonia from stomach contents getting into the lung (approximately 1 in 500 cases).
 - Irritation to the vein in which medications were given is uncommon, but may cause a tender lump lasting for a couple of days.
 - A very rare complication is a reaction to one of the sedative drugs used.
 - Loose teeth, crowns and bridgework can be dislodged, but this is rare.

What are the Alternatives?

You can choose not to have an ERCP, however this is likely to result in worsening of your clinical condition and further discussions with your Doctor will need to take place.

To have surgery – this is more invasive and carries more risks

Although having an ERCP carries risks, it is only carried out when the doctors have carefully balanced the risks of doing this procedure compared with doing any other test or operations, and the risks of doing nothing. Your doctor will be willing to discuss this with you.

What will happen to me?

- **Before the ERCP**

One of the nursing staff or the doctors will talk to you to check on your background and medical history and also to explain the procedure and ask you to sign a consent form. You will also have some blood tests done. This may happen several days ahead of the procedure.

If you have diabetes or are on any anti-coagulation or any blood thinning drugs (**for example. Aspirin, Warfarin or Clopidogrel or Ticagrelor**) please inform the Endoscopy team at your first appointment as these may need to be stopped prior to the procedure or telephone us on 01793 604141 open 0900hrs until 1700hrs.

Please ensure that you take your blood pressure medication on the day of the procedure

If there is any chance you could be pregnant please ring the above telephone number prior to your first appointment.



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Due to emergency admissions it is sometimes necessary to cancel less urgent patients at short notice.

- **On the day of the ERCP**

If you have been admitted to hospital for the ERCP you will have been sent the relevant fasting times with your paperwork, please follow these instructions carefully.

You will be seen by a Doctor or one of the specialist nurses

- You can take your usual **medication** unless told otherwise.
- If you are **diabetic** you will be given separate advice.

At the appropriate time you will either walk or be brought down on a chair, a trolley or a bed to the X-ray department.

The nursing staff will talk to you and confirm that you are happy to continue with the procedure. A safety checklist will be completed. If you wear dentures you will be asked to remove these.

You will have your throat sprayed with a banana tasting spray to numb the back of your throat. You will then be asked to lie on the X-ray table either on your stomach or on your side.

A small mouth piece will be placed between your teeth in order to protect your teeth or gums during the procedure and a tube with a sponge end will be placed in your nose to administer oxygen during the procedure.

Sedation and pain killers

The doctor will give you an injection that makes you feel relaxed; you will not be completely asleep during the procedure. This is not a general anaesthetic. We cannot offer you a general anaesthetic routinely but the effect of the injection is to sedate you enough so that most of patients are comfortable during the procedure and may not have recollection of the procedure after their injection. You will also be given some intravenous painkillers and a relaxant to ease the procedure. A lot of patients fall asleep during the procedure or find it only slightly uncomfortable.

The endoscope does not interfere with your breathing. And throughout the procedure the nursing staff will be monitoring your breathing, your blood oxygen level, your pulse, blood pressure and your level of sedation to ensure that the sedation is working safely and effectively.

During the Procedure

Air is often passed into your stomach; this makes it easier to direct the endoscope to the correct position

Once the fine tube has been positioned within the bile duct a small amount of X-ray dye is injected into the bile ducts.

The ERCP usually lasts between 30 and 90 minutes depending on what is done during the procedure.



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After the procedure

You will be taken back to a ward where you will be looked after following ERCP. Your pulse, blood pressure and temperature along with your blood glucose level will be checked regularly and if after four hours you are considered well enough, you will be allowed to drink and then later on have something to eat. The following morning you will be allowed to have breakfast. You may feel some soreness at the back of your throat and some bloating if air has remained in your stomach.

When do I go home?

You maybe be fit enough to go home on the day of your procedure but this will be decided after your procedure has taken place.

You will probably go home on the day after your procedure. If you have been an inpatient prior to ERCP your ward doctor will decide when you are fit enough to go home.

You will need to have an adult with you for 24 hours after the procedure. This is because of the sedation administered.

Because of the sedation you should not drive or operate machinery or drink alcohol, sign any legal documents or care for young children (sole responsibility) or carry out any activities at heights for 24 hours after ERCP.

What happens when I get home?

If you have been jaundiced then the yellow colour of your skin should gradually disappear over the next two weeks. You may have some initial slight discomfort in your stomach if a stent has been put in place, but this should disappear completely.

If any of the following happen within 72 hours after the ERCP you need to seek help

- Severe unusual chest pain or abdominal pain
- Breathing difficulties
- Fever (raised temperature)
- Vomiting blood
- Passing very black stools
- If your jaundice returns

Please contact your nearest Emergency Department and say you have had an ERCP. Telephone Number 01793 604104 – 24 hours a day.

What can I eat?

You can eat a normal diet although a high fat diet may cause pain immediately after the procedure.



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How do I get the results?

If you are an outpatient

On the morning after your ERCP you will be seen by a member of the ERCP team or ward nursing staff who will tell you what you have had done and assess if you are fit enough to be discharged home and when you will be seen in outpatients.

If you are an inpatient

Once you have had the procedure you will be returned to your normal ward and informed by your clinical team what you have had done and when you will go home.

Problems

If you have any concerns before your ERCP you should contact the Endoscopy Specialist Nurses on 01793 604141 open 0900hrs until 1700hrs

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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