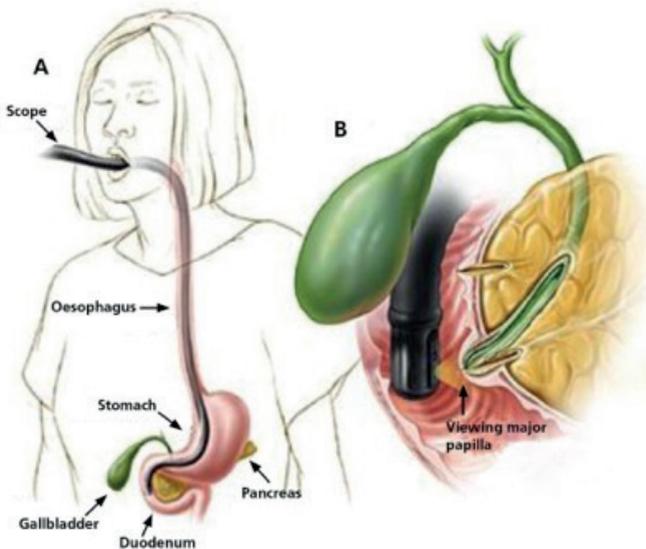


# Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Department of Gastroenterology  
Patient Information Leaflet



Please read this leaflet carefully. It contains relevant information about your ERCP and how to prepare for it. Please note your ERCP may also be referred to as a camera test or an endoscopy.

This booklet is designed to help explain the procedure and reduce some of the anxieties that you may be experiencing regarding your ERCP. If you have any further questions or concerns, the endoscopy nurse who assesses you before the procedure will discuss them with you.

**Please telephone the nurses on 01253 953043 immediately if:**

- **You are taking warfarin, clopidogrel or any other blood thinning medication**
- **You are pregnant**

An ERCP has been recommended for you to help find the cause of your symptoms. It is an examination of the bile ducts, gall bladder and pancreas.

## **Who needs ERCP?**

An ERCP is usually recommended for the following conditions:

- People with unexplained jaundice.
- People with unexplained abnormalities of liver function blood tests.
- People with unexplained recurrent pancreatitis.
- People with evidence of a blockage of the bile duct identified on an ultrasound scan, CT scan or other diagnostic test.
- People with gallstones, strictures (narrowings), tumours or other abnormalities of the bile ducts, gall bladder or pancreas.

## What is an ERCP?

An ERCP is a procedure which allows the doctor to take detailed xrays of the biliary and/or pancreatic ducts. The procedure will take place with the aid of special x-ray equipment in the x-ray department.

Sedation and analgesia (pain relief) are given to make the ERCP more comfortable. An endoscope (a long flexible tube with a light at the end) is passed through your mouth, down into your stomach and into the upper part of your small intestine (duodenum). The duodenum is where the doctor can look at the outlet from your gall bladder and pancreas. A fine plastic tube is passed down a channel in the endoscope and x-ray dye is flushed into the bile ducts and/or pancreatic ducts and this shows up on the x-ray screen.

If everything is normal the ERCP is finished and the endoscope is removed. The x-ray dye is passed out of your body harmlessly. If there is a gallstone in the duct the doctor will enlarge the opening of the duct by making a small cut (sphincterotomy) with an electrically heated wire (diathermy). It is painless and enables the doctor to remove the stones in your duct or let them pass into your intestine to be passed in your motion.

If there is a narrowing in the ducts a small plastic or metal tube (stent) may be placed inside the narrowing to allow the bile to drain. Any jaundice or itching shall be relieved. Occasionally the stent can become blocked and it may be necessary to replace it.

## What are the Benefits of ERCP?

An ERCP is performed to help diagnose your symptoms and provide any necessary treatment.

## **What are the Risks of ERCP?**

An ERCP is performed because it can provide diagnosis and treatment more safely and easily than other options such as surgery. However ERCP is not without risk and you must understand what can happen.

Taking x-rays involves a small dose of radiation no greater than other standard x-ray tests. The sedation given may cause nausea and vomiting, you may become over sedated which could reduce your breathing effort and you may experience a prolonged sedative effect.

Specific ERCP complications are pancreatitis (swelling and inflammation of the pancreas), it occurs in 2% of ERCP's. Pancreatitis usually resolves in one to three days but would require hospital admission with intravenous fluids (a drip) and analgesics (pain relief). More serious cases of pancreatitis occur in less than 1% of ERCP's. Severe pancreatic damage may result in the formation of a pseudocyst or abscess which may require a prolonged stay in hospital. Rare fatal cases of pancreatitis related to ERCP have been reported.

Other important complications may happen mainly after treatments like sphincterotomy. Bleeding can occur in 2% of ERCP's, it is usually controlled by the doctor during the ERCP. Rarely surgery or a blood transfusion is needed. Perforation (a hole caused during the sphincterotomy or the endoscope) is very rare and may occur in less than 1% of ERCP's. Some perforations can be treated medically (with intravenous fluids, antibiotics and a nasogastric tube), an operation to repair them is rarely required. Other rare risks include chest infection and dental damage.

## **What are the Alternatives to ERCP?**

MRCP (Magnetic Resonance Cholangiopancreatography) is an investigation to give an overview of the liver, pancreas and biliary tree. It does not allow any treatment to be performed.

ERCP Preparation – You must have nothing to eat for at least 6 hours before your ERCP. This is to allow clear views of your stomach and duodenum and to reduce the risk of a chest

infection during your ERCP. **You may continue to drink water until 2 hours before your appointment time.**

**Please bring a list of medication with you to your preassessment appointment.** If you are an inpatient the ward staff will complete these.

## **Instructions for patients with diabetes**

If you have diabetes, please read the 'extra' leaflet sent alongside this leaflet.

This leaflet is specific to controlling your diabetes through the various procedures available within our unit and you will have been sent the one that corresponds with your specific procedure it will be one of the below leaflets:

- Guidance for Managing Diabetes for Sigmoidoscopy / Colonoscopy
- Guidance for managing diabetes for gastroscopy and sigmoidoscopy / Colonoscopy
- Guidance for managing diabetes for Gastroscopy /EUS / ERCP

This will give you clear instructions on what to do with your medication (including insulin) during the preparation for your test.

If you have not received a copy of this leaflet, could you please contact us on 01253 953043 and request a copy.

## **Admission on the day of your ERCP**

Please attend the Gastro-Enterology Unit at the time indicated on your appointment letter and book in at reception.

A nurse will introduce herself and show you to a room where you will need to change into a gown with pants on but no bra. Please bring your dressing gown and slippers. The nurse will check you have had nothing to eat, take your blood pressure, pulse and oxygen levels, then complete an assessment form and obtain your consent, bloods may need to be taken. If you have

any questions do not hesitate to ask them. You will be taken to a trolley and a cannula (small plastic tube) will be inserted into your hand or arm.

**Do not bring any valuables and remove any nail varnish and jewellery (we can tape rings if needed).**

Your appointment time is not the time you will have your ERCP.

There will be a waiting time between your admission and your ERCP. Please see 'After the ERCP' section for the length of stay needed for outpatient ERCP.

## **The ERCP Procedure**

A nurse will be with you all the time during your ERCP. You will be lying on an x-ray table on your stomach for the ERCP. Your pulse rate, oxygen levels, blood pressure and ECG will be monitored and you will be given a little oxygen throughout the procedure. A small plastic mouth guard will be placed between your teeth or gums to keep your mouth open.

To make the ERCP more comfortable analgesia (pain relief) and sedation is given through the cannula in your hand or arm.

**Sedation is not a general anaesthetic** and you will be aware of the procedure. Sedation should relax you and you may or may not remember the procedure afterwards.

The doctor will pass the endoscope through your mouth and down to your duodenum. You may retch until the endoscope is in position. You will be able to breathe and swallow normally. The nurse looking after you may use a small suction tube to clear secretions from your mouth if necessary. Air will be used to inflate your duodenum to allow a clear view for the doctor, wind type discomfort is common and you will need to pass wind to relieve this. Some air will be sucked out through the endoscope when it is being removed to make you more comfortable.

The ERCP can take between 20 - 30 minutes or more depending on what procedures need to be performed. (See section 'What is an ERCP' for types of procedures which may be performed during ERCP).

## After the ERCP

A nurse will take you to the recovery area on a trolley. You will continue to have a small amount of oxygen and your blood pressure, pulse rate, temperature and oxygen levels will be monitored regularly. You will be taken by a nurse and a porter to either the Gastro-Enterology Unit or a ward for your recovery period. You will be left to rest as much as possible. Your throat may be sore and you may feel sickly because of the sedation and the air used to inflate you, this will pass.

Following your ERCP you will need to have nothing to eat or drink for 4 hours. This is to reduce the risk of pancreatitis.

**If your ERCP is in the morning** you will most probably be allowed to go home around 5pm. This is providing you have had a satisfactory recovery and you have a **responsible adult to take you home and stay with you overnight.**

**If your ERCP is in the afternoon** you will need to stay in hospital overnight following your procedure. Please bring any necessary nightwear and toiletries with you.

**For 24 hours following sedation you must not:**

- Drive
- Drink alcohol
- Operate machinery
- Sign any legal documents

A post ERCP leaflet and contact details will be given to you on your discharge from the Gastro-Enterology Unit. If you have any issues or need advise contact Gastroenterology Unit on 01253 953043 between 07:45 - 18:00. Out of hours contact ward 12 on 01253 953412.

# Useful contact details

## Gastroenterology Unit:

Telephone: **01253 953043** between 07:45 - 18:00.

Out of hours contact ward 12 on 01253 953412.

Hospital Switchboard: **01253 300000**

## Patient Relations Department

The Patient Relations Department offers impartial advice and deals with any concerns or complaints the Trust receives. You can contact them via tel: **01253 955588** or by email: [bfwh.patientrelations@nhs.net](mailto:bfwh.patientrelations@nhs.net)

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: [www.bfwh.nhs.uk](http://www.bfwh.nhs.uk)

## References

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397** or [bfwh.trustpolicyteam@nhs.net](mailto:bfwh.trustpolicyteam@nhs.net)

## Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 955520**



Our Four Values:

