

## Patient advice sheet

# Having an Endoscopic Retrograde Cholangio Pancreatogram (ERCP) – pre-procedure information

**You have been advised by your GP or hospital doctor to have an investigation known as an ERCP.**

**Please read all the information in this booklet carefully as failure to follow instructions may result in your test being cancelled.**

### Appointment

Please phone the endoscopy department at the earliest opportunity on **01296 315175** if the date or time is not convenient to you so that we can reschedule your appointment.

### Consent

**All procedures undertaken in hospital, require your consent. This is a legal requirement.**

Please read this information sheet carefully as it provides all the information you need to make an informed choice including the risks associated with your procedure.

During the admission procedure, one of the endoscopy specialist nurses will explain your procedure and go through the risks associated with it, giving you the opportunity to ask questions and have them answered. Once you are completely happy with the information given, you will be asked to sign a consent form. Please note you have the right to withdraw your consent at any time.

Some procedures require tissue samples to be taken for microscopic examination. Rather than destroying the samples after this examination we ask your permission to use these tissue samples for teaching and research purposes. All specimens are treated anonymously.

Your signed consent form is held in our hospital notes. Should you wish to have a copy we can organise a photocopy for your personal records.

If you do not speak English, an independent translator must be available to ensure you properly understand the test. This should not be a member of your family or a friend. The procedure will be cancelled if a proper consent cannot be taken.

This information sheet enables you to make an informed decision before agreeing to the procedure.

## What is a ERCP?

An ERCP (Endoscopic Retrograde Cholangio-Pancreatogram) is a procedure which combines the use of an endoscope (a flexible telescope to look inside your gut) and X-rays. It is used mainly to diagnose conditions that affect the bile ducts and pancreas. It is often possible to treat the condition at the same time.

The endoscope is passed down through the stomach to find the exit of the bile duct and pancreas.

A small tube is then passed through the endoscope into this opening, and dye which shows up under x-ray is injected. This allows the doctor to decide whether any disease is present and, if so, treatment can sometimes take place through the endoscope at the same time.

If the X-rays show a gallstone, the doctor may enlarge the opening of the bile duct by making a very small incision with an electrically heated wire (diathermy), which you will not feel.

The gallstones will be collected in a tiny basket or left to pass into the intestine.

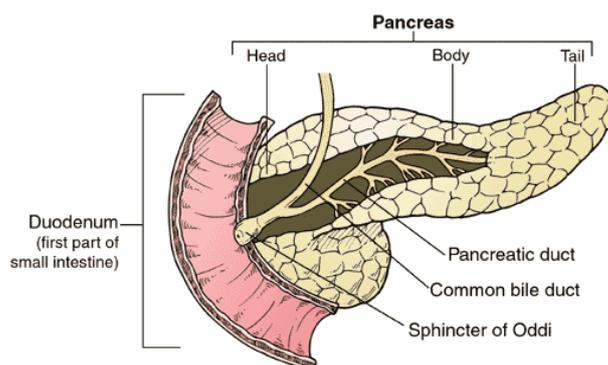
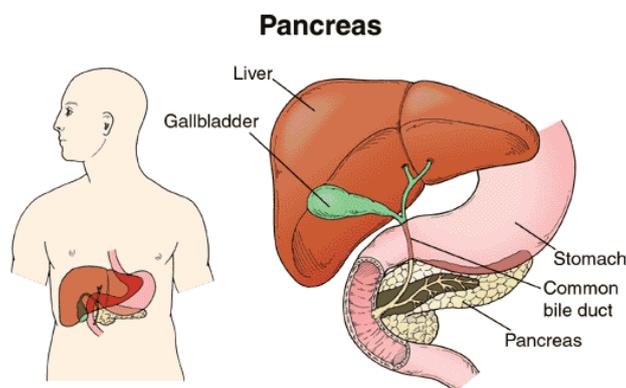
If a narrowing is found preventing the passage of bile, a short tube (stent) can be placed in the bile duct. You will not be aware of the presence of the tube, which can remain in place permanently. Occasionally, it may be necessary to replace the tube.

## What are the risks?

An ERCP is a skilled procedure and is performed by a highly trained doctor who takes every care to reduce any risks. The main risk linked to ERCP is of inflammation of the pancreas (pancreatitis). The risk of this occurring is 5% (1 in 20 patients) and the risk of death is 0.3% (1 in 300).

If special treatment is required during the procedure, to help remove a gallstone for example, an incision will be made in the lower end of the bile duct. There is a slight chance of bleeding or perforation (tearing of the bile duct) from this incision. This occurs in about 2% of patients. These problems usually settle down on their own, though they may delay your return home by a few days. Very rarely, an operation is necessary to treat a complication.

An ERCP usually requires the use of a sedative drug, which can, in a very small number of patients, cause the breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure and breathing rate monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use one.



## General information

You will need to take some time off work and you can expect to be in hospital for most of the day. The results will usually be discussed with you before you leave.

Please bring with you a dressing gown, slippers, a toothbrush, toiletries and nightclothes for use in the unlikely event of your having to stay in hospital overnight. You may also bring something to read.

Please do not bring any items of value such as jewellery or credit cards. We cannot accept any responsibility for their loss.

If you are **asthmatic**, please bring your inhalers with you and let the nurse know.

If you have diabetes, please inform the clerk when booking your appointment and bring your diabetes tablets or insulin with you on the day. If you need advice about diabetes control before and after your procedure, please contact your Diabetes Nurse Specialist or GP.

If you are taking **Warfarin** (or any other blood thinning tablets e.g. Rivaroxaban, Dabigatran, Apixaban) or **Clopidogrel** (or other “antiplatelet” drugs), please inform the Endoscopy booking clerk when making your appointment and speak to a nurse.

**Aspirin** can be continued. If you are taking any other regular medications, please continue these as normal and bring your list of medications with you.

If you have a **heart valve replacement**, please contact the unit and speak to a nurse.

Do let us know if you are **pregnant, breastfeeding or trying to conceive** since this examination involves the use of x-rays.

## Preparing for your ERCP

### Morning appointment

Please do not eat after midnight prior to your morning appointment. You may drink water up to 2 hours before your appointment.

### Afternoon appointment

On the day of your appointment, eat a light breakfast (for example a slice of toast) at 7.30am, then have no more to eat; you may drink water up to two hours before your appointment. This is to prevent food or liquids obscuring the views of the endoscope and preventing the examination from continuing with the need to rebook.

### On arrival at the unit

The receptionist will book you in and then a member of the endoscopy nursing team will collect you from the reception area and take you to a private room for pre-assessment. Here a brief medical history will be taken and your current medications will be documented (please bring your prescription list with you). The nurse will also explain the risks involved in the procedure and you will have the opportunity to ask questions.

### **Family friends and relatives**

Friends and relatives will not be able to come into the endoscopy unit with you. Refreshment areas are available on site while relatives and friends wait for you. Please ask a member of staff for directions.

### **Prior to your procedure**

You will be asked to undress and get into a gown and your dressing gown. A nurse will record your blood pressure, pulse and oxygen saturations. You will also be given an antibiotic tablet with a small sip of water and have an intravenous cannula (small plastic tube) put into your vein for the sedation.

### **The examination**

You will be asked to remove your spectacles and dentures. Jewellery or metallic objects should also be removed because they interfere with x-rays and diathermy. For your comfort, the doctor or nurse will spray your throat with local anaesthetic and give you an injection to make you sleepy and relaxed. A small mouth guard will be gently placed between the teeth or gums to keep your mouth open and oxygen is attached to give you a little extra oxygen to breathe during the test. A nurse will stay with you throughout the procedure.

### **After the examination**

Your throat may feel slightly sore. After resting, you will be given a drink and some biscuits. You may feel a little bloated due to air blown in through the tube. This will quickly pass. Because the risk of complications is small, it is likely that you will be allowed home after your ERCP, even if you have received treatment on your bile ducts. A healthcare professional will explain your test results before you go home and if you wish, with your family member. You will also be given an aftercare leaflet. Occasionally, it may be necessary for you to stay overnight for observation.

**After sedation**, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide awake. For this reason, you **must** have someone who can collect you from the Unit, take you home **and** look after you for the rest of the day. However, you may resume eating as normal.

### **For 24 hours after your procedure, you must not:**

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

### **For 8 hours after sedation, you should also not:**

- Use potentially dangerous appliances such as a cooker or kettle
- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Take sleeping tablets or recreational drugs

Once home, if you experience problems that you feel may be related to the test, please inform hospital staff at once. You may need to return to hospital for treatment. Information and instructions will be given after your procedure to cover such an event.

### **Useful Links:**

Buckinghamshire Healthcare NHS Trust Website [www.buckshealthcare.nhs.uk/gastro](http://www.buckshealthcare.nhs.uk/gastro)  
Guts UK Charity for patient information <https://gutscharity.org.uk/>

**If you would like a copy of this information sheet on audiotape, in large print or translated, please call 01296 315175 (SMH) or 01494 425288 (WH)**

### **Legal Notice**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

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