

Information for Patients Having an ERCP

What is an ERCP?

ERCP stands for 'Endoscopic Retrograde Cholangio-Pancreatography'. An ERCP is a procedure that uses a combination of an endoscope (camera test) and X-rays to look at your bile and/or pancreatic ducts.

ERCP can be used to both diagnose and treat various conditions, such as gallstones, pancreatitis or bile duct narrowing due to cancer or inflammation. During the procedure, we can also insert stents across narrowed ducts and take small tissue samples for analysis (a biopsy) if needed.

What preparation do I need to do?

You will receive instructions from the hospital department before an ERCP.

- You should not eat for 6 hours before the procedure but small sips of water may be allowed up to two hours before the procedure.
- Remove all make-up and nail varnish. If you wear contact lenses you will be asked to remove them.
- Advice about medication which you may need to stop before the procedure. For example, if you have been prescribed Warfarin or blood thinning drugs like Rivaroxaban (Xaralto), Dabigatran (Pradaxa), Apixaban (Eliquis), Edoxaban (Lixiana), Clopidogrel (Plavix), Dipyridamole (Persantin Asantin), Prasugrel (Brilique), Ticagrelor (Efient) please contact the unit for further information, as you may need to stop taking them days in advance of your ERCP.
- If you are diabetic and take insulin then please contact the unit for further information.
- Epilepsy/anticonvulsant medication.
Please continue to take your anti-epileptic medication as prescribed.

Consent

You will need to sign a consent form before the procedure if you agree to go ahead. This is a legal document which states that you understand what the procedure entails, its benefits and any risks involved and that you agree to go ahead with the procedure.

What will happen at my appointment?

You will be asked to attend the Endoscopy Unit or a ward area on the morning of your procedure so that you can be admitted and prepared for your procedure to take place.

Will I find the procedure uncomfortable?

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An ERCP does not interfere with your breathing and you will be given sedation which will help you relax and hopefully fall asleep for the duration of the test. You will be able to hear and follow simple instructions from the nurses but may not remember all the details of the test after it is done due to the sedation.

What happens during the procedure?

You will be escorted to the X-ray department by a registered nurse who will be with you throughout the procedure. On arrival in the procedure room, the back of your throat will be sprayed with local anaesthetic which will help you feel comfortable later with the endoscope in your mouth. You will be asked to lie on your front on the X-ray table. A monitor will be attached to your finger to assess your pulse and oxygen levels throughout the procedure. The sedation will be given just before the procedure starts and it will work instantly. A rectal suppository (Diclofenac) will be administered.

A consultant Endoscopist will carry out the investigation. Once you are sleepy; an endoscope (a long thin flexible tube with a bright light and camera at the end) will be passed through your mouth, down into your stomach and the upper part of the small intestine (the duodenum). X-ray dye will be injected down the endoscope so that the pancreas and bile ducts may be seen on X-ray films. Air is blown gently through the endoscope to allow the Endoscopist to see the lining of the gullet, stomach and small intestine. The air may make you feel a little bloated.

If the X-rays show a gallstone in your bile ducts, the doctor will enlarge the opening of the bile duct. This is done with an electrically heated wire (diathermy) which you will not feel. Any stones will be collected into a tiny basket.

If a narrowing of the duct is found, bile can be drained by leaving a short plastic or metal tube (stent) in the bile duct. You will not be aware of the presence of the stent, which will remain in place permanently, but occasionally it may be necessary to replace or add another stent some months later if it becomes blocked.

Risks

There are some risks involved with any medical procedure, although in general, an ERCP is a very safe procedure and can provide treatment safer and easier than surgery. The main risks are related to sedation, usually in people who have a history of breathing problems.

- Reaction to medication
- Pancreatitis (inflammation of the pancreas) 5%
- Cholangitis (inflammation in the bile duct) 1%
- Bleeding 1%
- Perforation of the duodenum
- Infection 1%
- Death <0.5%.

Taking X-rays involves a small dose of radiation, but this is no greater than any standard X-ray test and is well within recommended limits.

In order to reduce these risks, all patients are monitored very closely throughout the procedure. Sometimes extra precautions are taken, such as using very small levels of sedative, heart monitoring and observation of blood oxygen levels.

What are the alternatives to having an ERCP?

In some cases and depending on individual cases, alternatives to ERCP may include:

- Surgery - however surgery is associated with greater risks.

What will happen at my appointment?

You will be asked to attend the Endoscopy Unit on the morning of your procedure, this is so that you can be admitted and prepared for your procedure. Occasionally due to emergencies, your ERCP may be delayed or cancelled. We will however, endeavour to see you as quickly as possible.

The nursing staff are aware that you may be worried or anxious so please do not hesitate to ask any questions.

What pain relief is offered?

You will require pain relief for your procedure, a mild sedative and a pain killer will be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed, but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure. Sedation makes it unlikely that you will remember anything about the procedure.

After the Procedure

You will be taken back to the Endoscopy unit or to a ward if you are required to stay overnight. Your blood pressure and heart rate may be monitored and intravenous fluids may be administered. Once you are recovered you will be given a hot drink and snack. The back of your throat may feel sore for a short while and you may feel a discomfort in your stomach. This is quite normal and settles quickly.

A letter will be sent to your GP informing him/her of the results of your ERCP and any medication you have been prescribed or that is recommended. If biopsy samples have been taken, the results are sent to your Consultant.

The effects of the sedation may stay in your system for up to 24 hours. You will not be allowed to drive home and you will need someone to collect you. You should not drive a car, operate machinery, sign legal documents or drink alcohol for 24 hours after the ERCP. Most patients are able to resume normal activities the next day.

About the Endoscopy Unit

The Endoscopy Unit is situated on the first floor, E Block; access is gained from the ground floor lift/staircase via the main entrance to the Hospital.

There is a reception area however, due to capacity relatives/friends may be asked to leave the unit and return when you are ready to be collected.

Please do not bring large sums of money or valuables into the Hospital. Although every care is taken to prevent any loss or damage, we cannot accept responsibility for the loss of patients' property.

If there is anything you wish to discuss prior to your procedure or if you have any further questions then please do not hesitate to contact us on one of the appropriate numbers below:

**For appointments please contact the Endoscopy booking team on:
01204 390273 – Monday - Friday 8am - 6pm.**

**For Procedure/Medication advice please contact the Endoscopy nurses on:
01204 390648 – Monday - Friday 8am - 7pm, Saturday & Sunday 8am - 6pm.**

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages, please call 01204 390193 if we can help.