

Endoscopy

Understanding endoscopic retrograde cholangiopancreatography (ERCP)

Information for patients, relatives and carers

Introduction

This leaflet should help you to prepare for your ERCP procedure. Please read this at least one week before your appointment and follow the instructions carefully. If you are unable to attend your appointment, please call us on **020 3312 6010** or email imperial.endoscopyappointments@nhs.net.

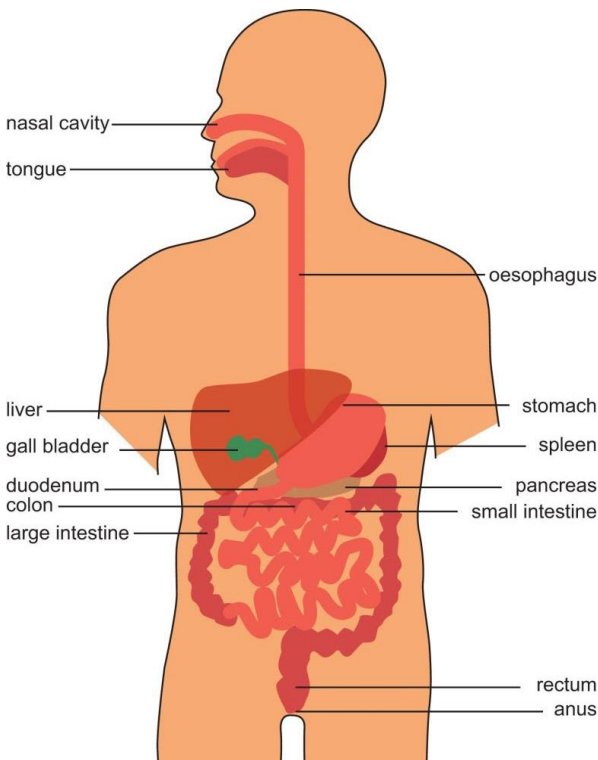
If you have any questions about preparing for this procedure, please contact the endoscopy department at Hammersmith Hospital on **020 3313 2645** where your procedure is booked and ask to speak to the nurse in charge.

What should I do to prepare for my appointment?

- Read this leaflet carefully
- Double check the **date, time and location** of your ERCP procedure
- Please contact us as soon as possible (at least **1 week** before your appointment) for advice if you are on any blood-thinning medications, such as warfarin, aspirin, dipyridamole, Clopidogrel (Plavix), apixaban (Eliquis), dabigatran (Pradaxa) or rivaroxaban (Xarelto) as you may need to stop taking them before the test. We will need to know why you are taking this medication. You do not need to stop taking aspirin
- Please contact us as soon as possible if you have diabetes. You should contact your GP or your diabetes nurse specialist for advice before your appointment
- Please let us know if you are breast feeding. You can continue to breast feed normally with the sedative medication we use, there is no harm to the feeding infant. It is important that someone remains with you for the 24 hours following the procedure in case of drowsiness while feeding and caring for the infant
- Because the ERCP procedure involves the use of x-rays, please let us know if you are pregnant, or think that you might be pregnant or if you have contrast allergy (an allergy to the dye we will use during the procedure)

- Arrange your escort home:
 - Following ERCP, you may be kept in hospital overnight.
 - If you were told you that you may be able to go home on the same day as your ERCP, please arrange for a responsible adult (18 years of age or older) to escort you from hospital. They must collect you from the endoscopy unit, take you home and stay with you overnight. If you do not organise an appropriate escort we will not be able to proceed with your ERCP
- Please bring an overnight bag including a wash bag, nightclothes, your usual medications and clothes for your journey home. You may need to stay in hospital for observation for up to 24 hours after your ERCP
- On the day of your procedure, do not eat or drink anything for 6 hours before your procedure

What is ERCP?



ERCP is a technique used to examine the pancreas and bile ducts (liver drainage tubes). ERCP is performed using an endoscope, which is a long, thin, flexible tube with a light and camera on the end of it. After giving you sedation (a medicine to help you relax), this tube is passed through your mouth, down the oesophagus (food pipe), past your stomach and into the first part of the small bowel. You will be able to breathe normally through your nose or mouth. When the doctor can see the opening to pipes that drain the liver and pancreas, they will pass a tiny plastic tube through the endoscope and into the duct. An x-ray dye is then injected into the duct, allowing detailed x-ray pictures to be taken. If necessary, a variety of different treatments may then be carried out. These include removing stones from your bile duct or pancreatic duct. The doctor may place a stent (a small plastic or metal tube) to help unblock the duct, or to seal a duct leak. If a stent is used, a further ERCP may be necessary in the future to remove this.

What is conscious sedation?

Conscious sedation is where a sedative and a painkiller are given into a vein (intravenously/IV). This makes you more relaxed and reduces any discomfort experienced during the procedures. The sedative may also make you forget parts of the test. Each patient will react differently and will experience different levels of sleepiness. It is not a general anaesthetic so you will be awake during the procedure.

If you have conscious sedation an adult friend or relative must escort you home. You must also ensure that an adult stays with you for 12 hours after your procedure. Please make sure that you have access to a telephone when you return home. If you have not been able to make these arrangements, please speak to the nursing staff. **We cannot give you sedation if you do not have an escort.**

It is not unusual to experience some symptoms of bloating or wind pain despite the sedative and painkiller. The sensation of gagging or retching may be felt as with anything touching the back of the throat.

Are there any alternatives to ERCP?

Scans, such as an ultrasound, MRI or CT scan, can show problems with the bile duct or pancreatic duct and help give an accurate diagnosis. However, treatments of the ducts cannot be given during these tests. This requires an ERCP.

ERCP is therefore recommended when treatment or intervention is needed. Other alternatives to access the bile duct include procedures through the skin under x-ray guidance or surgery. However, ERCP is frequently the best option for treating these conditions.

What are the benefits and risks of having an ERCP?

ERCP allows accurate diagnosis and treatment of diseases of the bile duct and pancreas. Some of these diseases can cause severe or life-threatening symptoms which can be eased by ERCP treatments. ERCP is performed by specialist doctors and is a safe procedure. Although complications can occur, this is in a minority of patient and they are mostly mild in nature.

There is a 1–6 per cent risk of the following complications occurring during or after ERCP:

- inflammation of the pancreas gland (known as pancreatitis)
- infection of the bile ducts
- a hole in the gastrointestinal tract (perforation) which may need surgery to repair
- bleeding, requiring a blood transfusion
- allergic reaction to the drugs given during the procedure
- aspiration pneumonia - inflammation of the lungs, caused by inhaling the contents of the stomach
- damage to crowned teeth or dental bridgework. It is important that you tell us about any crowns or bridgework before we start the test

Some of these complications may require a long admission to hospital, further scans or treatments. Rarely, an open operation and prolonged admission to the Intensive Care Unit (ICU) may be necessary to manage a life-threatening complication. Very rarely, such complications can result in death. Risks vary, depending on why the test is being done, what is found during the procedure, what treatment is undertaken and whether you have other health problems. Sometimes the doctor may be unable to complete the procedure due to previous surgery on the stomach, or the effects of certain diseases on the upper bowel.

You will have the opportunity to discuss the benefits, risks and alternatives to ERCP with a doctor and a nurse before the procedure.

What happens on the day of my appointment?

To do the ERCP safely, you must have an empty stomach so please do not have anything to eat or drink (not even water, sweets or chewing gum) for at least **6 hours** before your appointment.

Please book in at the endoscopy unit when you arrive. Your procedure will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to predict how long individual procedures will take so you may wish to bring something to read. If admission to the ward is planned, your procedure may be delayed until there is an available bed. We will keep you informed if delays occur.

In the admission room, we will take your details and discuss the procedure, possible risks, expectations and side effects before asking for your written consent.

We will place a drip into your hand or arm ready for the medications to be given later on. We will ask you to change into a hospital gown and remove any dentures and glasses before taking you into the procedure room.

In the procedure room, the nursing staff will ask you questions as part of our pre-procedure safety checks. We will then:

- connect you to a monitor to record your blood pressure, pulse and oxygen levels
- give you some oxygen through a tube that is placed under your nose
- apply some throat spray
- place a sticky pad on to your upper leg

We will ask you to lie on the bed on your stomach with your left arm behind your back, right hand by your cheek and with your right knee slightly bent. You may be given an anti-inflammatory suppository (a tablet placed into the bottom) and intravenous fluids. This reduces the risk of pancreatitis (inflammation of the pancreas gland) after the ERCP.

We will give you a mouth guard to protect your teeth. The doctor will give you a sedative and painkiller through your IV drip. You may also be given an antibiotic during the procedure and a drug to reduce spasms in the bowel. The endoscopist will then place the endoscope in your mouth and pass it down your throat and into your stomach. If any saliva collects in your mouth, the nurse will clear it with a small suction tube similar to that used by dentists. It is not unusual to experience gagging or retching. Please be assured that the endoscope will not interfere with your breathing.

What happens after the test?

We will take you to the recovery area and monitor you while the sedatives wear off. You will not be able to eat or drink anything for 4 hours after the procedure. If you have any pain or sickness you can give you medication for this. You may be given an intravenous drip to prevent dehydration.

If you are being admitted to a ward after your procedure we will take you to your bed on the ward. If you are having the ERCP as a day case we will give you a written copy of your ERCP report and discharge you to the care of your responsible escort who must come to the endoscopy unit to collect you in person. The effect of the conscious sedation can last for up to 24 hours so during that time you should not drive, operate machinery (including kitchen equipment), sign legal documents or drink alcohol.

Follow-up arrangements and instructions on restarting your medications will be detailed on your ERCP report or discharge summary. Most patients will be discharged back to the referring doctor or their GP.

Is there anything I need to watch out for at home?

It is normal to experience a sore throat, bloating and mild abdominal discomfort for a few days after your ERCP. If you have any concerns or if you have severe pain, black tarry stool (poo), are vomiting blood, or have fever (high temperature) or chills please contact the endoscopy department at Hammersmith Hospital on **020 3313 62645** within working hours (09.00 – 17.00) and ask to speak to the nurse in charge.

Outside of working hours, please phone the hospital switchboard on 020 3313 1000 and ask to speak to the gastroenterology registrar on call for further advice. Alternatively, you can call your GP or NHS 111.

When can I get back to my normal routine?

You should be able to return to work and all your usual activities the following day unless otherwise advised by your doctor

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Department name
Published: September 2021
Review date: September 2024
Reference no:
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