This leaflet provides information about your ERCP (Endoscopic Retrograde Cholangio-Pancreatography). It aims to answer any questions you may have about the procedure and explain what will happen on the day of the procedure.
What is an E.R.C.P?

An E.R.C.P. (Endoscopic Retrograde Cholangio-Pancreatography) is performed to help find and treat the cause for your symptoms such as jaundice, weight loss, and individuals with evidence of blockage of the bile duct identified on ultrasound, CT scan or other tests. The blockage may be due to gallstones, possible tumour or any other abnormalities. It is an examination that allows the doctor to take detailed x-rays of your bile and pancreatic duct using a flexible telescope called a duodenoscope. A duodenoscope is a long flexible tube with a camera and bright light at the tip. Images are seen on a television screen.

The duodenoscope is passed into your mouth, through the stomach to the duodenum to find the small opening (called the Ampulla of Vater) where the bile and digestive juices drain into the intestine. By injecting a special dye down the duodenoscope and into the bile duct, x-ray pictures of the ducts can be taken which will detect any abnormalities or stones in the ducts. It is often possible to treat the condition at the same time.

If the x-ray shows a gallstone, the doctor may enlarge the opening of the bile duct (sphincterotomy) by making a small incision with an electrically heated wire (diathermy), which you will not feel. The gallstones will be removed using a balloon or tiny basket or left to pass into the intestine.

If a narrowing (stricture) of the bile duct is found, bile can be drained by leaving a short tube (stent) 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.

During the examination tissue (biopsy) samples may be taken. This is a painless procedure and will not cause any discomfort.
Risks, benefits and alternatives

What are the benefits?

This investigation is to find and treat the cause for your symptoms or condition. Dependent on the results of this test, which could be normal or abnormal, further tests or treatment maybe recommended.

Are there any risks?

As with every medical procedure, there are some risks involved. Please be reassured that your doctor would only have recommended ERCP if the benefit to you from the procedure clearly out ways these small risks. Any complications could mean you need to stay in hospital for treatment.

- **ERCP procedures carry a very small risk (5 in 1000 cases of haemorrhage (bleeding) or perforation (tear).**
- **If a cut is made into the bile duct there is a risk of 1 in 50 of significant bleeding. This can be treated straight away through the duodenoscope and rarely is a major complication, however if it is severe sometimes a blood transfusion or surgery is needed.**
- **Occasionally inflammation of the pancreas (pancreatitis) may develop (1 in 50 – 100), it can be painful and usually requires you to stay in hospital for a few days for intravenous fluids and painkillers. On very rare occasions, it may be more severe than this. The Endoscopist may advise the nursing staff to give you an anti-inflammatory suppository immediately after the procedure to reduce your risk of pancreatitis.**
Another rare complication is an adverse reaction to the intravenous sedative drugs; this can be resolved by the use of other drugs.

There may be a slight risk to crowned teeth or dental bridgework; you should tell the Endoscopist if you have any of these.

Severe complications are rare, but may require emergency surgery, blood transfusion or, in extremely rare circumstances, result in death.

**What are the alternatives to Endoscopic Retrograde Cholangio-Pancreatography?**

A test known as an MRI scan is an alternative to ERCP. This is a powerful magnetic scan of the bile ducts, pancreas and gall bladder and can provide similar information to an ERCP. However, there are some disadvantages:

- You may not be able to have it as you have had metal in your body that cannot be exposed to the scanner.
- Treatment of abnormalities is not possible e.g. the bile duct cannot be enlarged, stones cannot be removed and stents cannot be inserted.
- Biopsy samples cannot be taken.

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**About your appointment**

Please be aware that on occasions there can be a slight delay between your nurse admission and the time you have your procedure. The Endoscopy unit often has to deal with emergency cases which may cause delays to your appointment time. The length of time you will be here will vary but could be up to six hours. The person accompanying you is welcome to stay in our waiting room or alternatively we can telephone them when you are ready to be collected. Please note car parking charges are in force. Ask your admitting nurse if you require any further information during your admission check.

**Property**

Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time spent in the unit.

**Preparation for procedure**

**What preparation is required?**

A few days before your ERCP you will be invited to attend a pre-assessment clinic at the endoscopy department. During this visit a qualified nurse will talk to you and you will be asked some questions, including your medical history. The nurse will make sure that you fully understand the procedure and answer any questions you may have. The nurse will also check your blood pressure and send you to the phlebotomy department for relevant blood samples.
If you have a pacemaker, artificial heart valve, are pregnant, on any blood thinning medication or are a diabetic, please tell the nurse at this appointment.

**Enclosed forms**
If you are unable to attend the pre–assessment clinic, it is important that you take the enclosed forms to the Phlebotomy Department (situated on the ground floor of the hospital) for the appropriate tests 3-4 days prior to your appointment date, failure to do this may result in a delay in having your test.

**Nil by mouth**
To allow a clear view during the examination the stomach must be empty. It is important that you do not have anything to eat for at least 6 hours prior to your appointment time. You may have **sips of water only** up to 2 hours prior to your appointment.

**Current medication**
Please bring a list of any current medication and any inhaler or angina sprays that you use. You should continue to take your medication as normal, remembering not to take it on the morning of your examination.

**Overnight stay**
Dependent on the type of treatment you may have had, you may be advised to stay in hospital overnight. Please bring your toilet requisites and night clothes.

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**What happens when you arrive at hospital?**

**On admission**
After admission by reception staff a member of the nursing team will prepare you for your procedure. The nurse is very aware that you may be worried and anxious so do not be afraid ask any questions.

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**Consent**

The nurse will explain the examination to you and discuss any potential risks related to the examination. You will have the opportunity to ask any further questions.

You will be asked to sign the consent form by the endoscopist who is performing your test, confirming that you understand and agree to go ahead with the examination.

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**The procedure**

**What should I expect during the procedure?**

- For this examination you will be asked to change into a gown.
- If you have any dentures you will need to remove them.
- While you are lying comfortable on your left side the doctor will place a small needle into a vein. Sedation and pain medication will be given through this needle to keep you comfortable. The sedation will not put you to sleep (this is not a general anaesthetic).
- Your teeth will be protected by a small plastic mouth guard through which the duodenoscope is passed.
- You will be given oxygen through small tubes into your nostril.
- In order to monitor your heart rate and breathing the nurse looking after you will clip a probe onto one of your fingers.
- The Endoscopist will introduce the duodenoscope gently into your mouth, down your gullet and into your small bowel. You may gag slightly; this is quite normal and will not interfere with your breathing or swallowing.
- Your stomach will be gently inflated with air so that there is a clear view of your digestive system. This may make you burp and belch a little. Most of the air is taken out as the duodenoscope is removed.
- Any saliva you produce will be removed with a small suction tube, similar to that used at the dentist.
- A nurse will be with you throughout the examination giving you guidance and support. You may also choose to hold the hand of the nurse.
- The examination may take 30-60 minutes to perform.

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**After the procedure**

**What happens afterwards?**

Once completed, the nurse caring for you during your examination will take you to the recovery area where you will rest until fully recovered. Maintaining the privacy and dignity of our patients is important to us. The recovery area is divided into separate areas for male and female patients. If you have had sedation you will be monitored until you are discharged home. You will be allowed to rest for as long as necessary and you will be ready to leave the unit approximately 4-5 hours later.

If you are admitted to the wards, you will remain in for a minimum of 24 hours for observation.

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**Discharge arrangements**

**What happens when I am ready for discharge?**

**Same day discharge**

If you are discharged home the nursing staff looking after you will speak to you prior to discharge. A report of the examination will be given to yourself and a copy sent to your GP.

If you have had sedation please have someone with you at this discussion as sedation can sometimes make you forgetful. An aftercare sheet will be given to you prior to leaving the unit.
which will contain all relevant information. Biopsy results will take a number of weeks to be available.

**Please remember:** - Sedation may affect your judgement and reflexes for the rest of the day, therefore it is important that you have somebody to take you home following the examination and remain with you for the next 12 hours. You must not drive a vehicle, drink alcohol, operate any machinery and sign any important or legal documents for 24 hours following your examination.

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**Contact details for more information**

If you are worried or have any questions please do not hesitate to contact the hospital where you have been offered your appointment. Endoscopy Units

- Royal Shrewsbury Hospital  
  Tel: 01743 261064 / 492395

- Princess Royal Hospital, Telford  
  Tel: 01952 565700 / 565701

**Further information is available from:**

- **Patient Advise and Liaison Service (PALS)**
  PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS is a confidential service.

  Royal Shrewsbury Hospital  
  Tel: 01743 261000 Ext 1691

  Princess Royal Hospital, Telford  
  Tel: 01952 641222 Ext 4382

**Your Information**

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**, which is available from PALS (contact details above).

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**Other Sources of Information**

- **CORE**
  Information leaflet about digestive system
  **Website:**  www.corecharity.org.uk

- **Patient UK**
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.
  **Website:**  www.patient.co.uk
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Website: www.sath.nhs.uk
Information Produced by: Gastroenterology Department
Date of Publication: January 2006
Last Updated: August 2015, January 2016
Due for Review: January 2019
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