

Having an ERCP

Endoscopic Retrograde Cholangio-Pancreatography



Endoscopy Department

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.

Introduction

Your doctor has advised that you should have a test called an ERCP.

This procedure will be undertaken at The Royal Shrewsbury Hospital.

Please note that the Endoscopy Unit often has to deal with emergency cases which may cause delays to your appointment time.

This leaflet tells you why you need the investigation and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone:

Endoscopy department, The Royal Shrewsbury Hospital: 01743 261 000 ext. 1064

Monday – Friday 08:30 am – 16:30 pm Saturday 08:30 am – 12:30 pm

Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

What is an E.R.C.P?

An E.R.C.P. (Endoscopic Retrograde Cholangio- Pancreatography) is performed to help 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 monitor.

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 and allow them to be treated.

If the x-ray shows a gallstone, the doctor may enlarge the opening of the bile duct (sphincterotomy) by making a small cut 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.

What are the risks of having an ERCP?

This investigation is to treat the cause for your symptoms or condition. 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 outweighs these small risks. Any complications could mean you need to stay in hospital for treatment.

- ERCP procedures carry a very small risk 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 a suppository (into your bottom) immediately before the procedure to reduce your risk of pancreatitis.
- Another rare complication is an adverse reaction to the 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.

Patients taking blood thinning medication (antiplatelet and anticoagulants)

If there is a low risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that you stop your blood thinning medication before the test. This is because the risk of a serious bleed after removal of a polyp or other treatment during the camera test is believed to be higher than the risk of a stroke or TIA.

If there is a high risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that anticoagulation is continued for the test, using a short-acting medication such as Tinzaparin injections.

The clinician referring you for a camera test will determine if you are at a low or high risk. If you have any questions regarding this, please contact the Endoscopy Department or first point contact details you have been given.

What if I do not have an ERCP?

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 if 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.

A further alternative is Endoscopic Ultrasound (EUS). This is an endoscopic procedure using a sensitive probe mounted on the tip of the endoscope. The test is very good for obtaining detailed views of the biliary system and for taking biopsies. However, it is not used for removing gallstones or placing stents.

What should I expect?

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 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.

The nurse will make sure that you fully understand the procedure and answer any questions you may have. 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 first part of the consent form by the nurse.

On occasion it may be necessary to stay in hospital overnight. Please bring an overnight bag.

When you arrive at the Endoscopy Unit for your procedure please report to reception and you will then be asked to take a seat in the waiting area. A Nurse will invite you into an office to confirm the details from the pre-assessment and find out what arrangements you have made for going home. You will have the chance to ask any further questions that you may have.

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.

The ERCP 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.

After the ERCP procedure

As you have had sedation and pain relief, you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. 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. Recovery may take between 4-5 hours. You will be given something to eat and drink before you go home. You will have some written instructions to take home with you.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. Sedation may affect your judgment and reflexes for the rest of the day. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure. We do not recommend that you attend work for 24 hours if you have had sedation.

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

When will I receive the results?

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. As you have had sedation this can sometimes make you forgetful so please have someone with you at this discussion. An aftercare sheet will be given to you which will contain all the relevant information. Any biopsy results will take a number of weeks to be available.

Training

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centres for Endoscopy Training. You may be asked if you would be willing to be examined by a Trainee Doctor or a Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert Consultant Trainer until they are fully competent; the Consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by Health Care Professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as x-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching Doctors, Nurses and other medical professionals, as well as research, audit and quality assurance purposes.

Additional information is available from:

If you are worried or have any questions please do not hesitate to contact the Endoscopy unit

Tel: 01743 261064

Useful websites:

For further information on a patient's journey please refer to the link below:

<https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>

- **CORE - Digestive Disorders foundation**

Provides information leaflets on a wide range of digestive disorders. For patient information leaflets, send a stamped addressed envelope stating any information you require to the following address:

Address: CORE, 3 St Andrews Place
LONDON, NW1 4LB
Telephone: 020 7486 0341 (this is not a helpline)
Fax: 020 7224 2012
Email: info@corecharity.org.uk
Website: www.corecharity.org.uk

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: www.nhs.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.info

Self Help & Support Groups

A selection of websites providing access to good quality patient and consumer health information, covering specific age groups and conditions.

Also includes Shropshire Community Directory which contains up-to-date information on community groups, clubs, societies, organisations, support groups and self-help groups covering Shropshire and its borders.

Website: www.library.sath.nhs.uk/find/patients/

Patient Advice 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
Princess Royal Hospital, Telford

Tel: 01743 261000 Ext 1691
Tel: 01952 641222 Ext 4382

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

Website: www.sath.nhs.uk

Information Produced by: Endoscopy Department
Date of Publication: June 2005

Last reviewed: January 2019

Due for Review on: January 2022
© SaTH NHS Trust

If you require this document in an alternative format e.g. larger print, different language etc. please contact the Endoscopy unit.

