

Patient information

Inpatient Endoscopic Retrograde Cholangio Pancreatography (ERCP)

Gastroenterology Department

Your consultant or doctor has advised you to have an endoscopic retrograde cholangio-pancreatography (ERCP). There may be alternative treatments or procedures available. Please ask your doctor or nurse to discuss these with you.

What is an ERCP?

ERCP is an endoscopic procedure that uses a special telescope and x-ray to evaluate the bile duct and/or the pancreatic ducts to perform treatment. For example, this procedure is commonly used to extract gallstones from the bile tube or to insert a stent into the bile tube to treat jaundice.

It is also used to treat pancreas problems. Because X-rays are necessary, there is a lot of machinery in the room where the test takes place.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors in training may perform your test under supervision by a skilled consultant endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse, and your decision will not affect your treatment in anyway.

What are benefits of an ERCP?

The test is used to diagnose problems with the pancreas and bile ducts. It is often able to treat the problem at the same time.

What are the risks of an ERCP?

- **Inflammation of the pancreas.** This is called "pancreatitis". It can be painful and usually requires some days in hospital for intravenous fluids and painkillers. On very rare occasions, it may be more severe than this. The risk of pancreatitis occurring is approximately five percent i.e. one in 20 patients. This risk can be reduced by giving a suppository (via the rectum) of an anti-inflammatory medication called Diclofenac. If you have any allergies to anti-inflammatories, please inform the admitting staff.
- **Bleeding.** If a cut is made into the bile duct to remove a stone, there is a risk of bleeding. This risk is approximately two percent i.e. one patient in 50. Bleeding can often be treated straight away through the endoscope and is rarely a major complication. If severe however, it can sometimes require blood transfusion, or surgery.

- **Perforation.** This is a very rare complication but can occur if the lining of your stomach or duodenum is very thin and “bursts” or if a cut is made to the bile duct. This may occur in less than 1% i.e. less than one in a 100 patients. Mostly, this may cause some pain but resolves in a day or two.

Some types of perforation can be dangerous and may require an urgent operation to fix.

Majority of patients will have no problem at all with this procedure. If you have stones or a blocked bile duct, the risk of serious complication is usually greater if nothing is done.

You must inform the nurse if you have any loose teeth, caps or crowns, as there is a risk they could become dislodged.

Are there any alternatives to this procedure?

There is no real alternative procedure as this is the only procedure that can allow the doctor to look directly at the bile ducts and treat any problems that are causing your signs and symptoms. The doctors have considered your problem carefully and feel this is the best way of treating your condition. The only alternative would be an operation that you can discuss if you wish.

What will happen if I don't have this procedure done?

You could become very poorly as the reason you would be having this procedure is to give you some treatment or to enable the doctor to understand what is wrong with you.

What anaesthetic or sedation will I be given?

Both local anaesthetic spray and intravenous sedation will be given to you. The local anaesthetic spray is used to numb your throat, while the intravenous sedation involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious.

The medications used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

A side effect of these medicines is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these medications. We also give you oxygen during the test.

If you are worried about any of these risks, please speak to your consultant or a member of the team on the ward.

Important: If you have:

❖ **Diabetes**

❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**

❖ **Anticoagulants:**

- **Warfarin**
- **Heparin/Low molecular weight heparin (including enoxaparin/dalteparin)**

- Dabigatran
- Rivaroxiban
- Sinthrome
- Apixaban
- Fondaparinux
- Edoxaban

❖ **Antiplatelet therapy:**

- Clopidogrel (Plavix)
- Prasugrel (Efient)
- Ticagrelor (Brilique)
- Dipyridamole (Persantin) and aspirin

❖ **Are on dialysis.**

❖ **Have suffered a heart attack within the last three months.**

You must contact the Gastroenterology Unit as soon as you receive this information leaflet.

Tel: 0151 706 2656

Text phone number: 18001 0151 706 2656

Getting ready for your ERCP

The day before your test is due you will have some blood taken from you, this is to ensure that all your blood readings are normal and it is safe for the test to go ahead.

- You will be given an antibiotic before and in the evening following the procedure.
- Please have nothing to eat or drink for six hours before the procedure. This is to make sure your stomach is empty.
- You will have your throat sprayed with local anaesthetic to numb it.
- You will be asked to lie down on an X-ray table as these procedures are undertaken under X-ray control; because the table is narrow a Velcro support belt is placed around you to support your arms while you are sleepy and relaxed.
- You will be asked to lie down on an X-ray table as these procedures are undertaken under X-ray control, because the table is narrow a velcro support belt is placed around you to support your arms and legs while you are sleepy. You will be given an injection of sedation into your arm to make you feel sleepy and relaxed.

Your ERCP

Once you are sleepy, the endoscope is easily passed down through the stomach to find the exit of the bile duct and pancreas. A small tube is passed through the endoscope into this opening and dye, which shows up under X-ray, is injected. This enables the doctor to decide whether any disease is present and if so, whether treatment can take place through the endoscope at the same time.

If the X-rays show a gallstone in the bile duct, then the exit of the bile duct can be enlarged with a cut using an electric current (diathermy). Depending on the size of the stone, it can be removed straight away. If the problem in the bile duct is due to a blockage, then a tube can be placed through the blockage, which allows bile to drain freely and relieve the problem.

After your ERCP

- You will be returned to the ward or recovery area.
- A nurse will regularly monitor your blood pressure and pulse.

Results

Sometimes the doctor or nurse can let you know after the test what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic visit.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or queries, please contact the Gastroenterology Unit during the following hours

Monday – Thursday	0800 – 2100 hrs
Friday	0800 – 1700 hrs
Saturday/Sunday/BH	0800 – 1600 hrs

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

The Emergency Department (A&E) is open 24 hours

Tel: 0151 706 2051/2050.

Text phone number: 18001 0151 706 2051/2050

Royal Liverpool Hospital

Tel: 0151 706 2656/ 2819/2726

Text phone number: 18001 0151 706 2656/2819/2726

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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