

Patient information

Outpatient Endoscopic Retrograde Cholangio-pancreatography (ERCP)

Digestive Disease Care Group

Your Consultant or doctor has advised you to have an ERCP (Endoscopic Retrograde Cholangio-pancreatography).

What is an ERCP?

ERCP combines the use of a special telescope and X-rays to take pictures of the bile duct and / or pancreas. 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 undertaking research work. Qualified doctors in training to become Consultants may perform your test, under the supervision of a skilled 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 two percent i.e. one in 50 patients. This risk can be reduced by giving a suppository (via the rectum) of a drug called Diclofenac immediately after your ERCP.
- **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 need blood transfusion, further endoscopy, special X-ray treatment or surgery.

- **Perforation.** This is a very rare complication but can occur if the lining of your stomach or duodenum is very thin and “tears” or if a cut is made to the bile duct. Mostly, this may cause some pain but resolves in a day or two. Some types of perforation can be dangerous and may need an urgent operation to repair.

More than 95% 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 which 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 medicines 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.

If you have attended as a day case, you must arrange for a friend or relative to collect you from the Gastroenterology Unit and we recommend that they stay with you 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 medicine. This is the main reason we do not give high doses of these medicines, oxygen is also given during procedure.

If you are worried about any of these risks, please speak to your Consultant or a member of the team when you come for the test.

Getting ready for your ERCP

- You will be asked to attend a few days before the test to collect blood forms and have blood taken to ensure your blood is clotting correctly and your liver function is correct.

- You will also be given a prescription for antibiotics and diclofenac which you can collect from the hospital pharmacy.
- 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 change into a hospital gown. You will also be asked to remove dentures, spectacles and contact lenses.
- **You must let the nurse know if you have any loose teeth, crowns, caps or veneers in place as there is a risk of them dislodging.**
- 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 Velcro support belts are 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 your stomach to the duodenum in order 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, 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. This tube is called a stent.

After your ERCP

- You will be returned to the ward or recovery area.
- A nurse will regularly monitor your blood pressure and pulse.
- A nurse will administer the prescribed Diclofenac (medication into your back passage to reduce risk of pancreatitis).

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.

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on
Tel: 0151 706 2656.

Text phone number: 18001 0151 706 2656

We will be able to give your appointment to another patient and arrange another for you.

Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.
- Parking for patients and visitors is available at the Q-Park multistorey car park opposite the main hospital entrance on Prescot Street. The entrance by car is on Epworth Street off Erskine Street. The car park is open 24 hours a day, seven days a week.
- This is a private car park and charges apply. The car park is continually monitored by parking hosts and CCTV. There are disabled spaces within the car park. If you need help, please speak with a parking host at the car park entrance.
- **If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, please contact us on Tel: 0151 706 2656 as soon as possible.**
Text phone number: 18001 0151 706 2656
- If you have been referred to us by your family doctor and require an ambulance please contact their surgery.

Further appointments

You may be given a follow up appointment to see the consultant who referred before you leave or you will receive one in the post. A copy of the report will be sent to your family doctor.

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

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

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Hospital: Royal Hospital

Tel: 0151 706 2656/ 2819/2726

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

Author: Digestive Disease Care Group

Review date: February 2022

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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