

Patient Information - ERCP Day Case

WHAT IS AN ERCP?

An ERCP (Endoscopic Retrograde Cholangio Pancreatography) is a test to examine the tubes that drain bile from your liver (the bile duct and gallbladder), and digestive juices from the pancreas (pancreatic duct). The doctor who is to perform the test will explain what will happen and you will both sign the consent form. You will be required to lie on an X-ray table, and you will be given medication via injection which will make you feel more relaxed (sedation).

Once the sedation has taken effect and you are feeling more relaxed, an endoscope (a long, thin flexible tube with a bright light at one end) will be passed through your mouth, down into your stomach and the upper part of the small intestine (the duodenum). A small plastic mouth guard will be used to protect your teeth and the endoscope, and you will be given a little oxygen to breathe during the test.

X-ray dye will be injected down the endoscope so that the pancreas and bile ducts may be seen on X-ray films. If everything is normal, the endoscope is then removed, and the test is complete. The dye is passed out of your body without causing harm.

If the X-rays show a gallstone, the doctor may enlarge the opening of the bile duct (sphincterotomy) to allow the stones to pass into the intestine. If a narrowing is found, bile can be drained by leaving a short plastic tube (stent) in the bile duct. You will not be aware of the presence of the tube, which may remain in place permanently or you may need to return for stent changing or removal.

PREPARING FOR THE PROCEDURE

24 hours prior to your ERCP procedure you **must** have a blood test (unless this test is done the doctor cannot carry out the ERCP). You will have been sent a blood form in the post with your appointment letter. You can either attend your GP or the walk-in clinic at the NNUH to have your blood test. Please remember this must be done 24 hours before your appointment.

To allow a clear view, the stomach and duodenum must be empty. It is **essential** that you have **nothing to eat for at least SIX hours before** your procedure and on the day of your procedure to only drink clear fluids, stopping **two hours** prior to your test.

Medicines and Medical Conditions

It is important you bring a list of your current medication with you so that you can give it to the nurse on arrival. If you have a latex or other allergy, please telephone the Gastroenterology Unit for medical advice and inform staff of your allergy when discussing your procedure.

Warfarin / Phenidione / Clopidogrel (Plavix) / Rivaroxaban/ Apixaban/ Dabigatran/ Prasugrel/ Ticagrelor or any other blood thinning agent (anti- coagulant)

If you are taking any of the above, please inform the Gastroenterology Unit on **01603 647594** as soon as possible, as our doctors may decide that it is necessary for you to stop taking your tablets for a limited time before the procedure.

Diabetes

If you suffer from insulin dependent diabetes, please inform the Gastroenterology Unit as soon as possible, as it may be necessary to change the time of your appointment or be admitted to hospital a day before your procedure for treatment. If your diabetes is managed by your GP, please contact the surgery for advice. If under the care of Elsie Bertram Diabetes Centre, please contact your Diabetes specialist nurse on **01603 286286**.

Pregnancy

If you are pregnant or breast-feeding, please contact the Gastroenterology Unit on **01603 647594** for advice.

THE PROCEDURE

You will be asked to undress and wear a hospital gown. It will also be necessary for you to remove any false teeth and tongue/lip piercings.

You will be given **sedation**, which is a medicine to help you to relax. This is given by injection. Whilst this will make you drowsy it does not 'put you to sleep' like a general anaesthetic.

Please be aware you **cannot** have sedation unless you bring someone with you to your appointment. Your escort **must** stay in the department so they can be with you when the outcome of your procedure is discussed with you - sedation will make you sleepy and therefore you may not remember what is being said. They will also need to escort you home. Someone must then stay with you for 24 hours following your procedure to look out for any complications. During this time, you must not:

Drive a motor vehicle Drink Alcohol Operate Machinery Sign legal documents

Please take advice from your nurse discharging you about whether you should work the next day.

N.B. In some circumstances you may be admitted overnight so please come prepared for this.

If you have any queries, you can phone the Gastroenterology Unit on 01603 647594 for advice.

We are unable to perform your procedure if you require sedation and **do not** have an escort. Also, please be aware you may be required to stay overnight if the endoscopist feels this is necessary. It is recommended therefore that you bring an overnight bag just in case.

You will be asked to **consent** to the procedure, so we have enclosed a consent form for you to read before you come for your appointment. This is to ensure that you understand the test and its implications/risks. Please bring it with you to your appointment but **DO NOT** sign it until **AFTER** you have had a discussion with the nurse or doctor in the Unit.

Please be aware that in order to protect the **privacy and dignity** of all patients, relatives/carers will not be allowed in the theatre/recovery rooms. They are welcome to accompany the patient during the initial admission process but will then be required to leave the admission/recovery area once the patient has been made ready for the procedure. If you have had sedation, we will tell your escort about the outcomes as the medication

will make you forgetful.

We hope that your visit to the gastroenterology department will be made as pleasant as possible for you; however please be aware that this is an emergency department, and any emergencies will take priority over outpatient appointment times, and this may result in delays to your procedure. Appointment times are approximate as we try to give everyone much time as he or she needs, so we politely ask you to be patient if you experience delays and be assured, we are doing our utmost to ensure appointments are on time.

AFTER THE PROCEDURE

The endoscopist or nurse will discuss the findings with you at the end of the procedure and explain the results and any planned follow-up or further investigations.

Once you have returned home, or back to your ward you may begin to eat and drink normally and resume your normal medication, unless instructed otherwise by the Doctor. You will be given an advice sheet on after care and possible complications before you leave the hospital.

If required, normal painkillers such as paracetamol may be taken.

WHAT ARE THE RISKS/COMPLICATIONS?

Sometimes patients may experience discomfort and / or a sore throat for a few days. This can be relieved by normal painkillers such as paracetamol. Although this procedure is very safe, very occasionally severe complications can occur, the two most common are pancreatitis and bleeding:

Acute pancreatitis - This is inflammation of the pancreas and can cause abdominal pain, often going into the back and associated with vomiting and a high temperature. This is a severe complication and requires immediate attention.

Bleeding - this can occur if a cut has been made to remove stones. Bleeding can cause vomiting of blood which may be black, or the passing dark black stools.

There is also a small risk of perforation, especially if the bile duct needs to be cut open.

The incidence of these complications are around 2:100 but if you have any problems after ERCP which you feel could be a result of the test please inform your GP who will refer you back to the department if necessary.

USEFUL SOURCES OF INFORMATION

<http://www.patient.co.uk>

