



PATIENT PROCEDURE INFORMATION LEAFLET

ERCP

What is an ERCP?

An ERCP is a procedure which allows the Endoscopist to look directly at the common bile duct (the tube that drains bile from the liver into the small bowel). A thin plastic tube is then passed into the common bile duct and special dye is injected whilst xrays are being taken and this outlines the duct and shows any abnormalities.

If there are stones in the duct it is possible to cut the valve at the lower end of the common bile duct and remove them without an operation.

If there is a narrowing in the duct it is sometimes possible to insert a plastic drainage tube (a stent) to relieve the obstruction and allow the jaundice to settle down. The tube can stay in indefinitely and you will not be aware of its presence. Sometimes a stent can become blocked and have to be replaced during a further ERCP procedure.

Samples of cells or tissue can be taken during the test to be looked at in the laboratory if necessary.

The test can take up to 1½ hours to complete.

Why am I having an ERCP?

Your doctor wants to find out if there is a reason for the symptoms you are having so that he can suggest treatment. It can be used to diagnose and treat:

- Problems causing jaundice (yellowing of your skin and the whites of your eyes).
- Pain in your abdomen which may be caused by a blockage of the duct by gallstones, tumour or scar tissue.

Are there any alternatives to the test?

Yes, a Computed tomographic colonography (virtual colonoscopy) which will show larger abnormalities of the mucosa (lining) however biopsies cannot be taken and polyps cannot be removed.

Are there any risks to the test?

The procedure is considered safe. Complications are rare but possible:

- Pancreatitis (inflammation of the pancreas) occurs in 1 in 50 to 100 patients. It causes abdominal pain and sickness and often requires a stay in hospital for intravenous antibiotics and painkillers, on very rare occasions it may be very severe.
- Bleeding can occur more often when cutting the valve at the lower end of the bile duct to release stones. This may require a blood transfusion and very rarely surgery. 1 in 100 patients may be affected.
- Perforation, a tear in the wall of the bowel would require a hospital stay for intravenous antibiotics or possibly surgery but this is a very rare complication.
- Complications of sedation.
- Damage to teeth, crowns or bridges.
- Aspiration.
- You may also have a mild sore throat.

Before admission

Please remember **no food for 6 hours** before the test and **clear fluids only until 2 hours before the test.**

This is very important as **we cannot do the test if you have eaten.**

What should I expect?

- On arrival, report to the Reception desk in Endoscopy Unit. Your details will be checked and you will be asked to take a seat.
- A nurse will collect you and take a brief medical history from you, including a discussion of your current medication, discharge arrangements and the test itself. Please inform the nurse of any allergies. Please ask questions if you have any.
- You may be asked to wait a short while until you have the test.
- A Nurse or Endoscopist will ask you to sign the consent form making sure you understand the test.
- You do not need to get undressed, but you will need to take off your coat.
- The ward is a single sex area.

Is the procedure painful?

The procedure can be uncomfortable so you will be offered a sedative and a painkilling injection which is given through a plastic tube (cannula) inserted into the back of your hand or arm. This will make you more comfortable but it does not put you to sleep, however you may forget the procedure afterwards, and there are special aftercare requirements for 24hours after the procedure.

If you do not wish to have any of this option, please inform the nurse.

During the test

- You will be taken into the procedure room. In the room will be the Endoscopist and two nurses who will stay with you during the test.
- You will be made comfortable on your left side with your arm behind your back as you may be turned onto your stomach during the test.
- Oxygen will be given through a tube placed in your nostril and a probe placed on your finger will monitor your pulse and oxygen levels.
- A pad will be placed under your chin.
- A plastic mouth guard will be placed gently in your mouth.
- You will be given the sedative injection via a cannula normally in the back of the hand. This will make you feel relaxed and comfortable.
- The endoscope will be passed across the top of your tongue to the back of your throat. Try to breathe steadily and remain calm.
- It will then be passed down the gullet, into the stomach and the small intestine. You may feel bloated as air is used to inflate your small intestine to get good views of the entrance to the common bile duct.
- A small tube is used to access this duct, and dye injected to visualise it on the x-ray.
- The doctor will decide if any treatment of the duct is required and carry it out via the endoscope.
- Tissue samples can be taken and this is painless.

- If you get a lot of saliva in your mouth, the nurse will clear it using a suction tube.
- The endoscope is removed slowly taking some air out at the same time.
- The mouth guard will be removed and a tissue provided to wipe your mouth.
- You will be made comfortable
- You will be taken out to the ward area to recover.

When can I go home?

As you will be having a sedative, you will need to rest in the department for as long as necessary. We will only discharge you when you are safe to go home and you feel happy to do so.

If you have had sedation:

FOR 24 HRS YOU MUST NOT:

- **Drive**
- **Operate machinery**
- **Drink alcohol**
- **Sign legal documents**

How will I feel afterwards?

- Your throat may feel sore but will settle without treatment.
- You may feel bloated because air remains in your stomach, again it will settle without treatment.
- You have been sedated so may feel tired and lethargic for the 24 hours so you should rest.
- You should be able to eat and drink as normal once the effects of the throat spray have worn off.

When will I know the results?

When you are fully awake, you will be told about the test and anything that has been done. We prefer a family member or friend to be present as you may forget what you have been told because of the medication you have had. If you object to a family member being present, please inform the nurses.

You will be given a discharge leaflet which includes aftercare, useful telephone numbers and information about your test.

The hospital Consultant responsible for your procedure will receive any biopsy results and will write to you or see you in Out- patients.

A copy of the report will also be sent to your GP.

The consent form

You will find a consent form with this information. This gives the Endoscopist a formal indication that you are agreeing to undergo the procedure as described. You keep a portion of the form as your record.

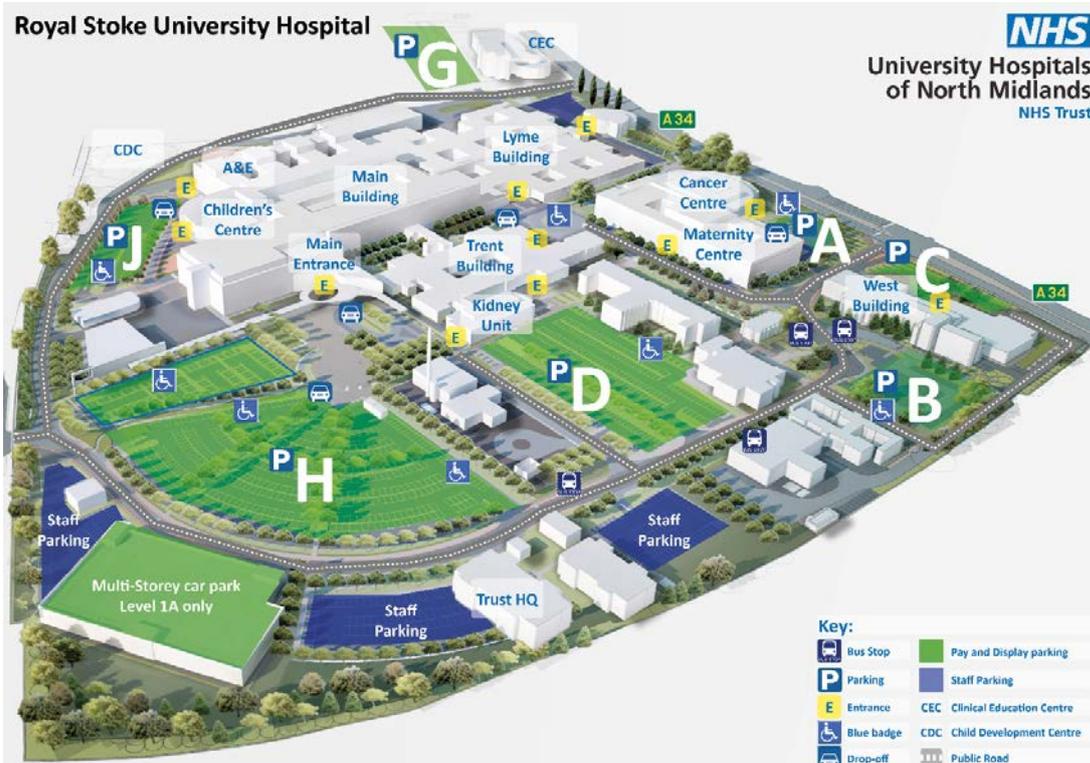
Please read the consent form and bring it with you to the appointment.

What if I decide not to have the test?

If you read this letter and decide not to have the test, then please ring the department to tell us and you should also discuss your decision with your GP or hospital Consultant.

Getting Here

Royal Stoke Hospital, Newcastle Road, Stoke-on-Trent, ST4 6QG.



Please note car parking charges will apply.

There is a shuttle bus service from County to Royal Stoke at a charge of £5 return. Please call 01782 824232 to arrange a place on the bus.