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**Patient Information Leaflet**

**Endoscopic Retrograde**

**Cholangio-Pancreatograpy**

**ERCP**

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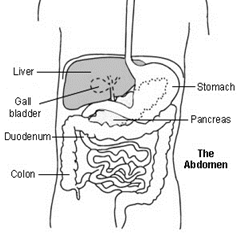
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# What is an ERCP?

An ERCP is a type of x-ray and camera examination that enables your doctor to examine and/or treat conditions of the bile duct and/or pancreatic duct.



# Why am I having an ERCP?

When an ultrasound, CT or MRI scan shows a blockage of the bile or pancreatic ducts, it is common that an ERCP is required. It will provide more information about the pancreas and specimens of cells can be taken for analysis. .

Blockages can be caused by:

* **Stones.**

These can be removed from the bile duct and stents (small plastic or metal tubes) can be inserted into the bile ducts to allow drainage of bile into the intestine.

* **Narrowing of the bile ducts** (strictures).

Stents can also be inserted into the duodenum for patients who have a blockage to the flow of food out of the stomach.

* **Growths** or cancers of the pancreas and bile ducts.

# Are there any alternatives to the test?

An alternative which allows therapeutic intervention (treatment) is Percutaneous trans hepatic cholangiogram (PTC) which is performed under X-ray guidance. This test does not show the bile ducts directly and so can be associated with more complications.

In certain situations, where there is a stone within an enlarged bile duct, this can be taken out during gall bladder surgery, rather than having an ERCP.

Investigations which will help in deciding what therapy is required during the procedure are:

* Ultrasound, CT.
* MRI.
* Endoscopic ultrasound.

# Are there any risks to the test?

This is a safe procedure and complications are rare.

# Minor complications

* **Mild discomfort** in the abdomen which should settle.
* **A sore throat** which may last for a few days.
* **Damage to** false or loose teeth, caps and crowns.
* **Mild inflammation** of the pancreas (pancreatitis), which can happen in 5 in 100 people. Pancreatitis will result in pain in the abdomen usually starting a few hours after the procedure and lasting for a few days. This may require admission to hospital where the pain can be controlled with painkillers and you will be given an intravenous (into a vein) infusion of fluids to keep you hydrated until the pain subsides.
* **Inability to gain access** to the bile or pancreatic ducts.
* **Irritation** to the vein in which medications were given. This is rare however, may cause a tender lump lasting for a couple of days.

# Possible major complications

* **Severe pancreatitis (inflammation)** can occur following an ERCP and can be fatal. Whilst this is very rare (less than 1 in 500), it can be treated with medication or surgery.
* **Infection** in the bile duct can occur (cholangitis). Your doctor may suggest a course of antibiotics either in hospital or at home.
* **Bleeding** which usually stops quickly by itself, if you had a sphincterotomy, (a small cut in the bottom of the bile duct) performed, or stretching of the duct with a balloon

If it does not stop by itself you may require further treatments. In severe cases, a blood transfusion, a special x-ray procedure or an operation may be required to control the bleeding.

* **Pneumonia** can happen in frail and or elderly patients as a result of stomach juices getting into the lung (1 in 500 cases).
* **Sphincterotomy.**  A hole may be made in the wall of the duodenum (perforation) either as a result of, or due to a tear made by the endoscope, This happens in less than 1 in 100 cases. It might require surgery to put right and may occasionally be fatal.
* Reaction to medication for example; sedation and painkillers
* Significant abdominal pain you should attend A&E

# Before admission

* If you are taking any medicines that thin your blood, for example; Clopidogrel, Warfarin, Apixaban, Rivaroxaban, Dalteparin etc. Please contact the endoscopy unit on 01782 676010 or 675713 as you may need to stop them temporarily.
* You will need to fast before the procedure so please remember no food for 6 hours before the test and clear fluids only until 2 hours before the test (NO MILK).
* If you are diabetic, please contact the diabetic nurse specialist for advice on 01782 679770 / 715444 as you may need to adjust your medication due to fasting.
* You can take your regular medication up to 2 hours before your procedure with sips of water (unless advised otherwise).

# What should I expect?

* On arrival, report to the reception desk in the Endoscopy Unit where your details will be checked.
* 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.
* You will need to get undressed, feel free to bring your own dressing gown and slippers.
* You will be asked to wait in a single sex area.
* Please expect to be on the unit for approximately 4hrs.
* The Endoscopist will ask you to sign the consent form before your test making sure you understand the test.
* Please ask questions if you have any.

# Is the procedure painful?

The procedure can be uncomfortable so to help with this, you will be offered a sedative and a painkilling injection. This will be given through a plastic tube (cannula) inserted into the back of your hand or arm.

Whilst it will make you more comfortable, it does not put you to sleep.

You may forget the procedure afterwards due to the sedative. There are special aftercare requirements for 24 hours after the procedure.

**If you do not wish to have the options listed, please inform the nurse.**

# Your ERCP procedure

The procedure will take place in the Endoscopy theatre.

* You will be kept as comfortable as possible on your left side with your arm behind your back lying on your stomach.
* A plastic mouth guard will be placed in your mouth.
* Your oxygen levels and pulse will be monitored as well as your level of comfort.
* You will be given oxygen during the test, through little prongs that fit just inside your nostrils.
* You will be given the sedative and painkiller injection via a cannula normally in the back of the hand. This will make you feel relaxed and comfortable.
* The endoscope will pass over your tongue, down the gullet, into the stomach and the small intestine. Try to breathe steadily and remain calm to allow the Endoscopist to get good views of the entrance to the common bile duct.
* Air is used to inflate your small intestine, you may feel bloated
* A dye may be injected to visualise the duct using x-ray imagining.
* The doctor will decide if any treatment of the duct is required.
* Tissue samples may be taken but this is painless.

The procedure can last 15-90 minutes. Average time is 30 minutes.

# When can I go home?

After the ERCP, you will remain on the unit for four hours to be monitored. This is because most complications become apparent within four hours of the procedure,

You will only be discharged when you are safe to go home and feel happy to do so.

For 24 hours after sedation, **YOU MUST NOT**:

* Drive
* Operate machinery
* Drink alcohol
* Sign legal documents
* Breast Feed

# How will I feel afterwards?

* Your throat may feel sore this will settle without treatment.
* You may feel bloated this will settle without treatment.
* You may feel tired and lethargic for the 24 hours so you should rest.
* You should be able to drink as normal once the effects of the throat spray have worn off this is usually after an hour. Diet can be resumed four hours after the procedure unless advised otherwise.

# When will I know the results?

When you are fully awake, you will be told about the test and anything that has been done.

It is preferred that a family member or friend is present as you may forget what you have been told because of the medication you have had. Please let the nurses know if this is not possible.

A discharge leaflet which includes aftercare will be given to you this will include useful telephone numbers and information about your test.

The hospital Consultant responsible for your procedure will write to you or see you in Outpatients once all the results have been received. A copy of the report will also be sent to your GP.

# The consent form

A consent form is provided with this information which confirms to the endoscopist that you are agreeing to undergo the procedure as described. You keep a copy of this form for your record.

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

# What if I decide not to have the test?

Endoscopy appointments are in high demand so, if you are unable to attend your appointment, please contact the Endoscopy Unit as soon as possible on 01782 676010 or 01782 675713. This will allow your appointment to be offered to another patient.

You should also discuss your decision with your GP or hospital Consultant.

# Concerns or questions

For routine advice contact the Endoscopy Unit between 8am and 5pm (Monday to Friday): on **01782 676010 or 01782 675713**.

Please leave your full name, contact number, date of birth and date of your ERCP as this is a voicemail facility. You will be called back as soon as possible.

# Sources of information and support:

For further information (including videos of what to expect during your appointment), please visit our website:

# <http://www.uhnm.nhs.uk/our-services/endoscopy/>

# FREE BUS SERVICE

There is a shuttle bus service between Royal Stoke and County sites.

Please call **01782 824232** to arrange a place on the bus.

**How to find us:**

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| **County Hospital**  (formerly Stafford Hospital),  Weston Road,  Stafford, ST16 3SA.  **Endoscopy Unit is on the ground floor.** | **Royal Stoke Hospital**,  Newcastle Road,  Stoke-on-Trent, ST4 6QG.  **Endoscopy Unit is on lower ground floor 1.** |

**Please note** car parking charges apply.