

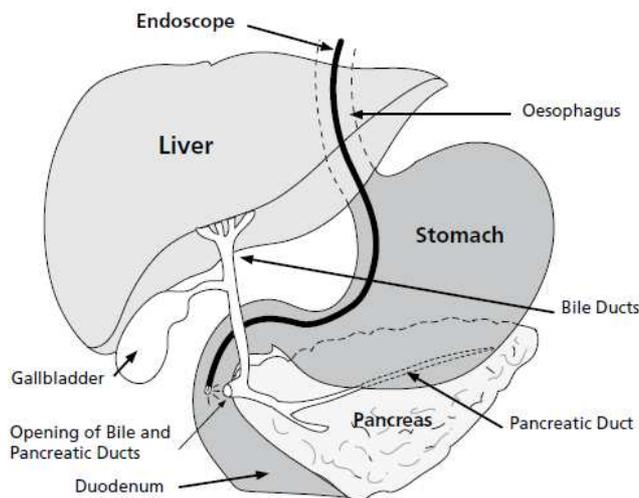
Having an E.R.C.P. A guide to the test

Endoscopy Department
Central Operations

This leaflet has been designed to give you important information about your condition/procedure, and to answer some common queries that you may have.

What is an ERCP?

An ERCP (Endoscopic Retrograde Cholangio-Pancreatography) is a procedure performed on patients with suspected diseases of the bile ducts or pancreas. During the procedure a thin flexible tube (endoscope) with a small video camera at the end is passed into the mouth, down through the stomach and into the duodenum (first part of small intestine). The aim of the procedure is to obtain detailed X-ray images of the bile ducts, gallbladder and pancreas.



What do I need to know before admission?

Before you come into hospital you will be asked to attend for blood tests. It is very important that you come for the blood tests the day before the ERCP. If you have any difficulty in getting the tests done, please let us know. You **must not** have anything to eat or drink for at **least six hours before the procedure**; it is essential that your stomach is empty as you will be sedated. If your stomach is not empty there is a risk of aspiration (vomit inhaled into the lungs). This can be a very serious complication.

Furthermore having your stomach and duodenum empty allows a clear view during the procedure. If you are taking prescribed medication, please contact the Endoscopy Unit (see phone number below) before you come into hospital. You can then be advised whether you should **take them on the morning of your procedure**.

What happens on admission?

On the day of admission a nurse will complete an admission document with all your personal details. She will check your temperature, pulse, blood pressure and oxygen levels. She will also discuss the procedure and will be able to answer any questions you may have.

You will be asked to change into a hospital gown and remove any jewellery and nail varnish. Dentures, spectacles and contact lenses can be removed later on; the nurses will tell you when. A doctor will come to examine you. He will explain to you the procedure, inform you of the potential risks and complications of ERCP, and also answer any questions you may have.

The doctor will then ask you to sign the consent form for the procedure once you have read it carefully and understood it in full. The doctor or the nurse will insert a cannula (thin plastic tube) into a vein in your hand or arm. This provides a route for the drugs to be given during the procedure. You will also be given antibiotics via this cannula before the procedure.

What happens during the ERCP?

You will be taken to the X-ray Department for the procedure. The nurses will help you lie down in the correct position on the X-ray

table. Your throat will be sprayed with a local anaesthetic and a fine soft tube will be placed into the nostrils to give you extra oxygen to breathe during the test.

A sedative drug will be injected via the cannula into your arm. This is not a full anaesthetic but it will make you very relaxed and sleepy. Once you are sedated the procedure will be carried out in three distinct phases.

1. Firstly, the endoscope is passed into the mouth, down through the stomach and into the duodenum (first part of small intestine) to visualise the openings from the bile duct and pancreas
2. The second stage can be described as the diagnostic phase of the procedure during which dye will be injected (through the endoscope) directly into the common bile duct and pancreas. The dye outlines the bile and pancreatic ducts, allowing these structures to be identified and any abnormalities detected.
3. The third stage can be described as the therapeutic phase. If abnormalities are detected; these are then treated during the ERCP

The two main procedures carried out are:

- If stones are found in the common bile duct, these will be removed by capturing them in a small wire basket which is passed down the endoscope
- If a narrowing of the bile duct is found, a short plastic tube (stent) can be fitted which allows bile to drain into the duodenum. With time these tubes do become blocked however and so require replacing. The length of time before replacement is necessary is variable and depends upon individual circumstances

The procedure lasts from 20 minutes up to an hour and a half depending upon the procedures performed during the therapeutic stage of the ERCP.

What happens after the ERCP?

You will wake up on the ward. The nursing staff will check your pulse, temperature, blood pressure and oxygen levels, and generally assess how you have recovered from the procedure. If you feel unwell at all please let the staff know. Some patients experience pain following the procedure. If you do, please inform the ward staff as soon as possible so you can be given some painkillers.

You will be seen by a doctor in the hours following the procedure. He will decide when you can begin to eat and drink and whether you are able to go home or are required to stay in hospital. If you are required to stay in hospital, the length of stay will depend upon what the procedure found and additional treatment given. Most patients are well enough to go home within one or two days of an ERCP, but some may be required to stay in hospital longer.

Discharge advice

If after your ERCP you are allowed home the same day it is **essential that someone comes to collect you and stays with you for the rest of the day**. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think.

Furthermore you should avoid the following activities for at least 24 hours after the procedure:

- going to work

- driving
- operating machinery
- drinking alcohol
- signing any legally binding documents
- carrying out any activities involving heights
- caring for young children (sole responsibility)

If you start to feel unwell or feverish, or develop severe abdominal pain, you must contact your GP or the GP Emergency Centre (see phone number on below) as soon as possible, it may be necessary to re-admit you to hospital.

Is there an alternative to an ERCP?

The only alternative to an ERCP is an MRCP which is only suitable for some patients. It is a type of x-ray with dye imaging although this may still lead to an ERCP.

What are the risks and complications of ERCP?

It is very important that you are aware of the potential risks and complications of ERCP before giving your consent to the procedure. These include:

- **Pancreatitis (inflammation of the pancreas)**
This occurs in approximately 5-10% of patients and in nearly all cases it is mild causing abdominal pain. This usually lasts a few days and requires observation in hospital. Severe pancreatitis occurs in about 1-2% of patients undergoing ERCP
- **Infection**
Less than 5% of patients suffer from complications due to infection. Infection may occur in the gallbladder (acute cholecystitis) or the bile ducts (acute cholangitis). However giving all patients antibiotics before the procedure reduces the risks of developing either of these infections
- **Internal bleeding**
This may follow a procedure to widen the opening of the bile duct and occurs in less than 2% of patients. The bleeding is usually resolved without any treatment but in a minority of cases may be serious
- **Perforation**
Damage to the wall of either the duodenum or common bile duct (perforation) may result in the leakage of intestinal contents or bile into the abdominal cavity. This occurs in less than 1% of patients. This can be a potentially serious complication, although it usually settles without surgery being necessary

N.B: the complication rates after ERCP at Scunthorpe General Hospital and the Diana Princess of Wales Hospital are in line with the figures quoted. Every effort is made to reduce the risk of these complications occurring.

If you are concerned about any of these risks and complications, please discuss this with the consultant or member of their staff **before** the procedure.

References used in the compilation of the leaflet

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Do you need further information?

If you have any questions or concerns, please contact the Endoscopy unit:

Diana Princess of Wales

Normal Hours.

Endoscopy Pre-assessment Nurse:
(874111) Ext: 7341.

Telephone the Unit direct on (01472) 875236 between the hours of 8am until 6pm, Monday until Friday

Or Telephone Diana, Princess of Wales Hospital, Grimsby on: (01472) 874111 and ask for the Endoscopy Unit.

Out of Hours

After 6pm contact Ward B4 via the main switchboard on: **(01472) 874111** (Out of hours 6pm to 8am).

The Endoscopy Suite at Scunthorpe General Hospital

Normal Hours

Telephone the Unit direct on **(01724) 282282 Ext 2186** between the hours of 8am until 6pm, Monday until Friday

Or Telephone Scunthorpe General Hospital **(01724) 282282** and ask for the Endoscopy Unit.

Out of Hours

After 6pm contact your G.P. or phone the G.P. emergency Centre (01724) 290444

Department of General Surgery and Endoscopy, Goole Hospital

Telephone (01724) 387802

Or Ward 7 on (01405) 720720 and dial ext 4119.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on

(01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

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Grimsby
01472 874111

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