

Endoscopy unit

Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

This booklet is to help you make an informed decision about agreeing to the procedure and to help answer any questions that you may have.

What is Endoscopic Retrograde Cholangio-Pancreatography (ERCP)?

An ERCP is a therapeutic procedure using a specialised endoscope (a flexible camera) and X-rays to look at your bile duct and pancreatic duct. During the procedure gallstones can be removed and stents can be placed into both the bile and pancreatic ducts. This is to help resolve pain and infection caused by any stones, and blockage of the bile duct resulting in jaundice. Small samples (biopsies or bile duct brushings) can be collected, if needed, for analysis in the pathology department.

Why do you need an ERCP?

Your doctor has determined that you require an ERCP to either relieve a blockage in your bile duct, caused by either a gall stone or a narrowing or stricture within the duct. Your referring Doctor or the endoscopist will be able to fully explain why you need the procedure.



Patient Information

Risks

An ERCP is an invasive procedure, which can lead to complications. Serious complications are extremely rare. The most serious risk is the gastroscope damaging your upper GI tract during the test. This can cause an infection, bleeding or a tear (perforation). If this were to happen, the symptoms include significant chest or abdominal pain and bloating, and you may need medicine or surgery to treat the problem.

Another potentially serious complication is pancreatitis. –This is inflammation of the pancreas and can be very painful, usually requiring a short admission to hospital. The risk of developing pancreatitis is low, around 5 people in 100 (5%). You are given antibiotics after the procedure to prevent this, and an anti-inflammatory suppository.

Other risks include a sore throat, discomfort swallowing, dental damage, bleeding, heartburn/ reflux and reaction to medication.

Sometimes your procedure may have to be stopped or may be incomplete. This can happen if you find the procedure too uncomfortable or if your stomach contains too much food. In this case, the test may need to be repeated or we may suggest a different procedure.

Medication

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

- **Anticoagulants/Antiplatelets** – Please contact the Endoscopy unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Prasugrel**
- **Diabetes mellitus** – if your diabetes is controlled with **insulin** or **oral medication**, please make sure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

Preparing for the procedure

We need to have a clear view of your upper GI tract.

If you have a morning appointment (before 12 noon) please follow these instructions:

- Do not eat after **midnight**
- You may have a drink at **6am**

If you have an afternoon appointment (after 12 noon) please follow these instructions:

- You may have a light breakfast no later than **8am**
- You may have small sips of water until **2 hours** before your appointment

How long will you be in the endoscopy unit?

This depends on how busy the Endoscopy unit is. You should expect to be in the unit for around 3 to 4 hours. The Endoscopy unit also supports emergency patients and these can take priority over planned appointments.

The duration of stay also depends on how quickly you recover from the procedure and the effects of sedation medication.

Please note that we do not allow children in the Endoscopy unit. Please make childcare arrangements or ask for your appointment to be rebooked.

What happens when you arrive?

You will be checked in at reception. The receptionist will check your name, date of birth, address and confirm your arrangements for getting home. We will give you a patient wristband. This helps staff safely identify you during your stay in Endoscopy Unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will do a short medical assessment to make sure that you are fit enough to have the procedure. If

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you have diabetes, your blood glucose level will also be recorded. If you take anticoagulant medication, a finger prick test (INR) will also be performed.

The nurse will make sure that you understand the procedure and will answer any questions or concerns you may have. You will then be asked to sign a consent form.

Your consent

A consent form is a legal document. Please read it carefully.

The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure.

You may ask questions about the procedure or ask them to repeat or explain further if you do not understand. You can decide not to go ahead at any time if you are not happy.

When you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form.

You will then wait in your admission room or be transferred to a waiting area until it is your turn.

The procedure is performed with X-ray support. You will be taken to the X-ray department for the procedure and returned to the endoscopy department afterwards.

Is the procedure painful?

You may feel some discomfort during the procedure. You will be offered the option of local anaesthetic throat spray or sedation. However, for this procedure we do suggest you have **both** throat spray **and** sedation.

Throat spray

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The back of your throat is numbed using local anaesthetic spray. After the spray, you will feel a lump in the back of your throat and feel as though you are unable to swallow. This is completely normal and you are very safe. The effects last for about an hour after the initial spray. After this, you can start eating and drinking as before.

Sedation

If you choose to have sedation, the nurse will insert a small plastic tube (cannula) into the back of your hand or arm. We will use this to give you the injection medication(s). A member of the team will give you more medication during the procedure if it is needed.

After the procedure, you are not allowed to drive or use public transport alone. You will need to arrange a family member or friend to collect you. You should not drink alcohol, operate heavy machinery or sign legal documents for 24 hours after your procedure.

The ERCP procedure

You will be taken to the procedure room which is in the x-ray department. The medical staff will introduce themselves. They will go through safety checks and answer any final questions.

You will be asked to remove any dentures to make sure they are not damaged. A blood pressure cuff and blood oxygen monitor are placed on your arm and finger to monitor you throughout.

At start of the procedure, a plastic mouth guard will be inserted and oxygen will be administered through a sponge in your nostril. If you agreed for sedation, it will then be Administered.

The endoscopist will insert the endoscope (a tube with a camera) into your mouth and move it to the back of your throat. You may be asked to swallow to help move the gastroscope into your oesophagus. You will be asked to take a few deep breathes during this process and it is very common to feel uncomfortable. You may feel some light pressure or a sensation like 'butterflies' in your stomach during the procedure. This is due to the tube camera's movement in different parts of the stomach.

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Once the endoscope is in the correct position, x-ray dye will be injected so that the endoscopist can have clear views of your pancreatic and bile ducts on the x-rays.

If gallstones are shown, the opening of the bile duct will be enlarged by using electrically heated wire which you will not feel. The stones are then removed either by a basket device or a balloon expanded in your bile duct. In some cases, the stones are left to pass naturally. You will be informed on discharge what has happened.

If a narrowing is found on the x-ray, a small tube (stent) may be inserted under x-ray guidance to allow bile to drain. This will alleviate jaundice and its side effects.

It is normal for saliva to collect in your mouth, this will be removed by a small suction tube like one used at the dentist.

Air will be introduced to inflate the stomach, this can result in bloating and burping. This is perfectly normal and you should not feel embarrassed.

Before you are transferred to the recovery area, you will be given an anti-biotic injection to prevent any infection. You will also be given an anti-inflammatory suppository in your bottom to reduce pain. A bag of intravenous fluids may be given to you, this to hydrate you and flush the x-ray dye out of your system.

After the procedure

You will be transferred to the recovery area where you will be monitored by a nurse. You should expect to stay in the Endoscopy unit until a safe discharge time is planned. If you are diabetic, your blood glucose will also be checked.

Your family or friend will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you. They will give you a discharge leaflet and a copy of your endoscopy report. They will also inform you of any further tests you may need.

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You will be given specific information regarding eating and drinking before your discharge. These instructions have been agreed upon by the endoscopist. Please follow them carefully to prevent complications when you get home.

General information

- We aim for you to be seen and treated as soon as possible. However, emergency patients take priority. We apologise if this delays your appointment. We will keep you updated while you wait.
- You may want to bring a dressing gown and slippers with you.
- The hospital cannot accept responsibility for the loss or damage to personal property during your time on the premises.
- , Please contact your GP immediately if you have any problems with persistent abdominal pain or bleeding. Please tell them that you have had an appointment with us.
- If you cannot speak to your GP and your symptoms persist, you must attend Accident and Emergency (A&E) immediately.
- If you require hospital transport for your appointment please contact the hospital transport service on 01926 310312.

Further Information

If you need any more information or explanation, please contact the Endoscopy Unit on 024 7696 6805.

This booklet is based on information produced by the British Society of Gastroenterologists and has been adapted for UHCW NHS Trust by Sakina Lyall, Endoscopy Nurse and Dr M McFarlane, Consultant Gastroenterologist.

www.bsg.org.uk

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Patient Information

Did we get it right?

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