

## Having an ERCP

### A Guide to the Procedure

**Please read all your information leaflets as they give you instructions you will need to follow.**

Your doctor has advised that you have a procedure called an ERCP.

### What is an ERCP?

This procedure allows the doctor to take detailed x-rays of the pancreas and bile ducts (ducts that connect the liver, gall bladder and pancreas to the small bowel).

An instrument called an endoscope (a long narrow flexible tube) is used inserted via the mouth and if necessary a number of treatments can be carried out, such as:

- Enlarging the opening of the bile duct (sphincterotomy)
- Removing or crushing stones that are present in the duct
- Inserting stents to open the duct if a narrowing or blockage is found

### What are the benefits of having an ERCP?

Having an ERCP is an alternative to surgical operations to treat stones and blockages of the bile ducts. It can be used to help relieve jaundice and itching and treat infections of the bile duct (cholangitis).

### What are the risks of having an ERCP?

Please be assured that most procedures are straightforward. However, you should realise that problems can arise.

#### Potential serious complications include:

- Bleeding
- Perforation of the intestine
- Infection of the bile duct (cholangitis)
- Inflammation of the pancreas (pancreatitis)

With the exception of pancreatitis, these complications are uncommon, but serious enough to require urgent treatment, and even an operation. Pancreatitis is more common and occurs in approximately 5% of procedures but it is usually mild and self-limiting. A very small number of cases can become serious or even life-threatening. The risk of pancreatitis is greater in young patients especially if the bile duct is not very dilated. The risk of death following ERCP is very uncommon.

#### Less serious complications include:

- A reaction to a medication used during the procedure
- Aspiration (chest infection)

- Abdominal pain
- Dental damage
- Sore throat

## Long term problems include the following:

It is unusual for other problems with your bile ducts to develop in the months or years after the opening of the bile ducts is enlarged. However, jaundice, fevers and even new stones can rarely occur. Usually these can be dealt with by another endoscopic procedure.

Stents can become blocked. This will result in a recurrence of jaundice or infection, usually associated with a fever and chill. If this happens, you should inform us or your GP quickly as you will require antibiotics and you may need to have your stent changed.

It is important to note that this list is not exhaustive, and there may be additional and unquantifiable risks of rare complications from undergoing ERCP.

If you are worried about these risks, please speak to your consultant or one of the team before you sign your consent form.

## Alternatives

Your consultant has recommended this procedure as being the best option.

There is always the option of not receiving any treatment at all but this carries the risk of severe illness/jaundice/infection if a blocked bile duct is left untreated.

Surgical exploration of the bile duct is another option but is usually reserved for patients where ERCP has been unsuccessful.

If you would like more information please speak to your consultant or one of the nurses caring for you.

## Current medication

If you are taking Warfarin, Clopidogrel, Dabigatran (Pradaxa), Rivaroxiban (Xarelto), Apixaban (Eliquis) or any other anticoagulant

or antiplatelet agent (blood thinning agent) other than aspirin, **please ring the Endoscopy Department on 01392 402400 at least 1 week before your appointment.** This is necessary to allow time for arrangements regarding anticoagulant medication to be made prior to the appointment. An Endoscopy nurse will ask you some questions about your anticoagulant medication, such as why you are being prescribed the drug and inform you about preparation for your procedure.

You are advised to bring all your current medication with you for your admission. If you are having sedation, your medication will be kept with you or given to an accompanying adult.

## Endoscopy Unit Helpline

If you have any further questions including possible side effects or any aspect of the procedure, please contact the helpline on **01392 402400**. The opening hours are Monday to Saturday from 8am to 6pm. If you have an urgent query outside of these hours, please ring 111.

## How long will I be in the Hospital?

Many outpatients will stay 1 night after the after the procedure, but some will be able to be discharged the same day if there are no complications. Many patients undergoing the procedure are inpatients and their stay will depend on how quickly they get better.

## Getting ready for the procedure

When you arrive in the Endoscopy Unit you will be seen by a qualified nurse or healthcare assistant who will explain the procedure and you will be given the opportunity to ask questions.

Before you arrive please remove all nail polish and false nails.

If you are an inpatient you may be visited on the ward by one of the nurses from the Endoscopy Unit (who will be looking after you throughout your procedure).

You must not have anything to eat and drink for at least 6 hours before your procedure. You will be advised of the actual times.

The nurse will insert a small cannula (small plastic tube) into a vein in either the back of your hand or your arm, through which the sedation will be given. Your blood pressure and heart rate will be recorded and, if you have diabetes, your blood glucose will also be recorded. Should you suffer from breathing problems a record of your oxygen levels will be taken.

You may be given or asked to administer a suppository of a medication (diclofenac), which can reduce the risk of pancreatitis.

You will be given a gown to wear. A nurse will check your details and then you will be taken to the X-Ray Room (where the procedure will be performed).

## Intravenous sedation

You will be taken to the Xray treatment room. After you have asked the doctor any further questions, you will be made comfortable.

A plastic clip will be placed on your finger or ear to monitor your pulse rate and oxygen levels during the procedure so that any changes can be dealt with quickly. A cuff will be placed on your arm to monitor your blood pressure.

You will receive intravenous sedation which will make you feel sleepy and relaxed but not unconscious. Oxygen will be administered to you via a mask.

You may still be able to hear what is said to you and so will be able to follow simple instructions during the investigation, but you will feel drowsy. After the examination, you may not remember anything because the sedation can affect your memory.

It is important to remember that after sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours and someone will have to take you home.

## What happens during an ERCP?

In the X-Ray Room your throat will be numbed with a local anaesthetic spray, a sedative injection will be put into the cannula in your hand. This will make you very sleepy.

A mouthguard will be placed between your teeth to protect both your mouth and the scope. This also allows us to give oxygen if needed throughout the procedure.

You will have a blood pressure cuff applied to your arm and an oxygen probe put on your finger as your blood pressure and breathing will be monitored during the procedure.

An endoscope (a flexible tube with a bright light at the end) will be passed through your mouth, down into your stomach and the upper part of the small intestine and the procedure carried out.

## What should I expect after the procedure?

You may go to the endoscopy recovery area or directly back to the ward. When you return to the ward you may still be sleepy. Your blood pressure and pulse will be monitored at regular intervals until you are fully recovered.

You cannot have anything to eat and drink, depending on what treatment has been given during your procedure. If during this time you develop stomach pains it is important to inform the nurse looking after you.

You may find you need to pass wind. This is usual as a lot of air is introduced down the endoscope during the procedure.

Your doctor/nurse will provide details of any findings and any further treatment that may be necessary, before you leave hospital.

## Going home

Many patients need to stay in hospital overnight but you may be able to go home the same day. Usually you are able to go home on the morning after your procedure has been carried out and any follow-up appointments will be made for you at this point.

## Getting back to normal

Although most complications following an ERCP show themselves on the day of the procedure, please inform us if you pass black tarry stools, have severe pain and/or nausea and vomiting in the days following your ERCP.

It is not unusual to pass black tarry stools, on one or two occasions, up to 48 hours following the procedure.

You must not drive for 24 hours after leaving hospital as the sedation may still affect your responses (your insurance company may refuse to meet a claim if they feel you have driven too soon).

## Consent

This leaflet has been written to enable you to make an informed decision about agreeing to have your procedure. The benefits, limitations, risks and alternatives to the proposed procedure (including 'no investigation') should be discussed with you personally by a member of the team. This discussion should address your reasonable concerns.

**For further information on any aspect of the procedure, please contact: The Endoscopy Unit, Tel: 01392 402400.**

If you have had sedation, it is important **for the next 24 hours** to have someone stay with you and to observe the following instructions.

You should make arrangements for someone to take you home by car or taxi (public transport is not appropriate) **and to stay with you for the next 24 hours.**

- **Do not** drive a car or any other vehicle, including bicycles (note that your insurance is invalid if you do so).
- **Do not** operate machinery or appliances such as cookers and kettles.
- **Do not** drink alcohol.
- **Do not** make important decisions or sign important documents.
- **Do not** lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and eat a light diet.

Take things easy for the next 24 hours, and if you have any problems, please contact your GP.

After 24 hours, the effects of the sedation should have worn off and you should be able to resume normal activities.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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