

# Having an ERCP (Endoscopic Retrograde Cholangio Pancreatography)

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**Endoscopy**

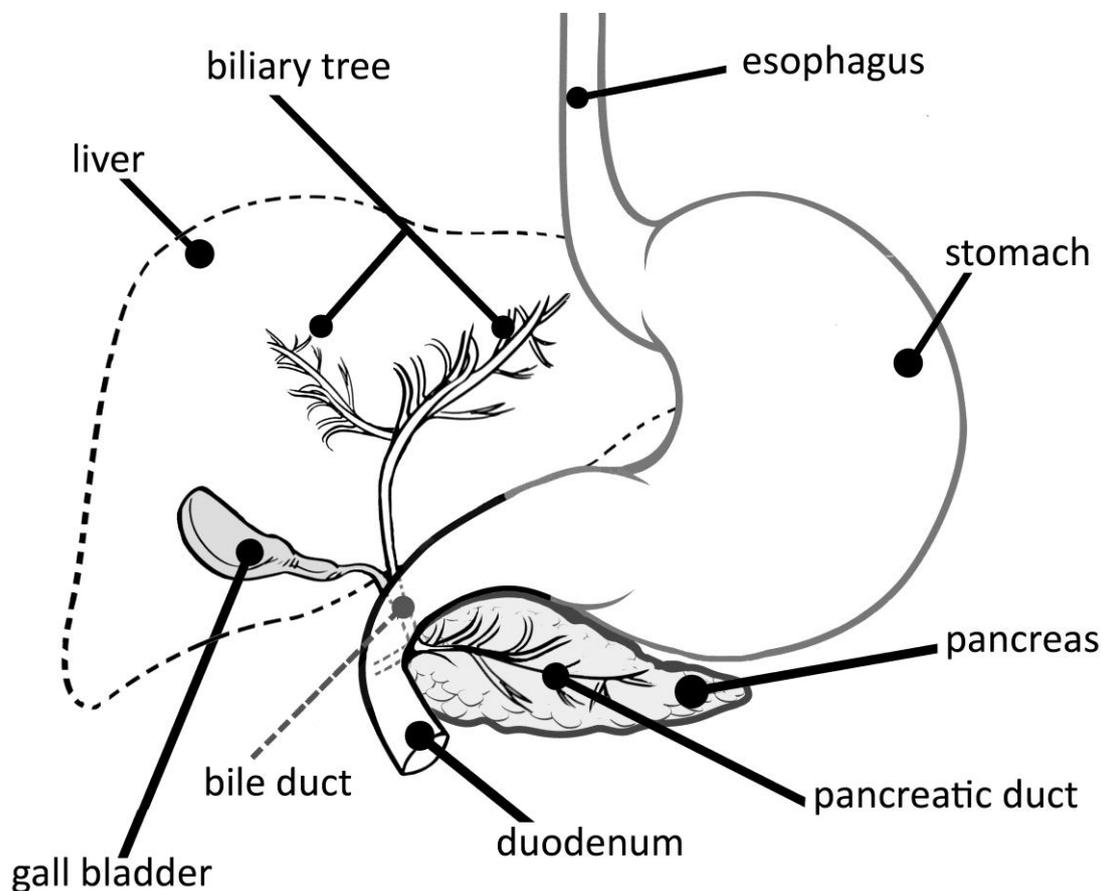
**Patient Information Leaflet**

## 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 biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts).

To perform the test a flexible tube about the width of an index finger with a tiny camera on the end of it (a duodenoscope), is passed down the throat, through your stomach to the small bowel (duodenum).

The most common reasons to have an ERCP are jaundice (yellowing of the skin or eyes) or abnormal liver function tests, especially if you have pain in the abdomen, or if a scan ultrasound or CT scan shows a blockage of the bile or pancreatic ducts. Blockages can be caused by stones, narrowing of the bile ducts (strictures), and growths of the pancreas and bile ducts.



## What should you expect?

### The preparation:

One week before you have the ERCP, you must attend your GP practice for blood tests to check the clotting of your blood (INR), your full blood count (FBC) and liver function (LFT). Please read your appointment letter carefully as it contains important information regarding medications and medical conditions.

You must not eat anything for at least 6 hours before your ERCP. You can drink clear fluids i.e. water (no milk) up to 2 hours before your test. Please wear loose comfortable clothing for the procedure, and avoid wearing underwired bras, clothing with zippers or metal buttons.

### **Admission:**

When you arrive please book in at the Endoscopy reception area. Your appointment time given is the beginning of your time in the department. Please be prepared to be in the department all morning or afternoon as delays can occur.

A nurse will explain the examination to you. If you have any concerns or questions at this stage don't be afraid to ask.

The nurse will ask about your medical history and admit you for your ERCP.

Your formal consent is required before the examination can be carried out. The doctor will speak to you before the procedure to discuss the risks and benefits of having the ERCP. If you understand and agree to undergo the procedure, you will be asked to sign a consent form.

### **During the test:**

Before the procedure starts, you will be given a local anaesthetic throat spray to help to numb the throat. A nurse will attach a probe on one of your fingers to record your pulse and oxygen level. You will need to lie on your left side with your left arm behind your back as you will be turned to lie on your front during the test. A small plastic mouth guard will be placed between your teeth to protect them. (If you have dentures you will be asked to remove them first.) Oxygen will be given via a small sponge into your nose throughout the procedure.

Medications will be injected, through a small tube (cannula) in your arm or hand, to relax you and relieve any discomfort that you might experience. These medicines (known as conscious sedation), will relax you and may make you drowsy but will not necessarily put you to sleep. You will hear what is said to you and be able to respond to any instructions.

Once you are drowsy, the camera (duodenoscope) will be passed through your mouth, down your gullet, into the stomach, and then into the top part of the small intestine (duodenum). During the procedure, the doctor will insert a fine wire into the bile ducts and inject dye, which shows up on X-ray. X-rays of various parts of your biliary or pancreatic system will be taken. Any saliva will be cleared from your mouth using a plastic suction tube.

If the procedure is being performed to remove stones from the bile or pancreatic duct, a small cut (sphincterotomy) may be made in the lower end of the bile duct to allow a fine tube to pass through. This also allows a small basket or balloon to be inserted to grasp a stone, and for any stones that may get into the bile duct in future to easily pass into the intestine. During the test (continued):

Specimens may be taken from the bile ducts using a small brush or forceps, and a plastic or metal tube (stent) may be inserted to help with the drainage of bile or pancreatic juice.

## **After the examination:**

Once the examination is finished you will be transferred to the recovery ward. The nurse will monitor your blood pressure, heart rate, temperature and oxygen levels regularly and with your prior consent will administer a pain relieving suppository. You will need to stay in the Endoscopy Unit for 3-4 hours until you are fully awake and show no signs of having any complications. You will be given a drink prior to discharge, be able to commence a light diet later the same day and continue a normal diet the following day.

You will be given the results of your procedure before you go home and will also be told if you need any further appointments. You will also be given a written copy of the results as the sedation can make you forgetful.

As you have had sedation you will need a friend or family member to collect you and stay with you for 24 hours after the procedure. You may feel fully alert however, the sedation remains in your system for 24 hours and you may feel intermittently drowsy and forgetful during that time.

You must not drive, operate machinery or drink alcohol in that time. The nurses on the ward will tell you when you are able to eat and drink.

## **Are there any alternatives?**

It is important to understand that ERCP is usually not a simple diagnostic procedure but is performed as an alternative to open surgery. There is a complication rate of 5-7% (see risks of the procedure)

## **Risks of the procedure:**

It is important to understand that ERCP carries a 5-7% complication rate.

There is a small risk of damage to dental work and you may experience a sore throat for a day or two after the procedure.

Occasionally patients may have a reaction to the drugs. They can cause problems with breathing, heart rate and blood pressure. You will be monitored closely during the procedure to ensure any problems are recognised and treated promptly.

If a sphincterotomy is performed (a cut to enlarge the opening of the bile duct) there is a risk bleeding may occur, this can be dealt with at the time by the Endoscopist. Rarely bleeding can develop later; however, a sign of this is the passage of black motions in the first 24 - 48 hours after the procedure.

Inflammation of the pancreas - pancreatitis (3.5%) and perforation (0.5%) present with increasing abdominal pain usually within the first few hours after ERCP.

Sepsis or infection(1%) causes fever, sweating and sometimes uncontrollable shaking or rigors and is an indication for antibiotic therapy.

If you develop increasing abdominal pain, fever, or black motions within the first 48 hours following ERCP, it is essential that you telephone 111 to seek urgent medical advice (24

hour health advice service), or alternatively return to the hospital Emergency Department promptly for investigation and treatment.

### Check List:

- Please let us know if you cannot attend your appointment so we can allocate it to someone else.
- Follow your instructions regarding eating and drinking before your appointment.
- Bring an up to date list of medications.
- Please contact us one week prior to your appointment if you take Warfarin, Clopidogrel, Rivaroxiban, Dabigatran, Apixaban or any tablets to thin your blood.
- If you are diabetic please contact your practice / diabetic nurse for advice regarding your medication.
- Write down any questions / concerns.
- If you need information in your own language or an interpreter including sign language please contact the Endoscopy Unit.
- Please ensure one finger is free of nail polish or false nails.

### Contact Details

**Royal Lancaster Infirmary** - 01524 583724 or 583229  
**Furness General Hospital** – 01229 49112

Please phone between 9am and 6pm if you have any queries or concerns and a member of staff will be happy to answer any questions.

### Leaflet Details

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## **Other formats**

If you would like to receive this information in an alternative format, then please contact : 01539 795497.

## **Travelling to our hospitals**

For the best way to plan your journey visit our website:

<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497.

## **Useful Contact Details**

NHS 111 (for 24 hour urgent health advice): telephone 111

## **Your Information**

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

## **Evidence**

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

## **Feedback**

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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