Undergoing an Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Introduction

You have been advised to have an ERCP to help investigate the cause of your symptoms or for management of your symptoms. This leaflet has been prepared to help answer questions you may have, but if you are worried, please do not hesitate to contact the department directly.

If your procedure is booked to happen in Cheltenham General Hospital, you will be given a date to attend a pre-admission clinic for examination and pre-procedure tests such as a blood sample and heart tracing (ECG).

We will also explain the procedure to you and your family. At this time you will have an opportunity to ask any outstanding questions.

What is an E.R.C.P?

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An ERCP is an investigation to look directly at the biliary and pancreatic tubes (ducts) passing through your mouth, oesophagus, stomach, and around the first bend of the small intestine (duodenum) to the opening of the ducts (ampulla). A scope is used, which is a long flexible tube with a camera at the end thinner than your index finger. A special x-ray is performed at the same time as the camera procedure. Dye is injected into the ducts of the biliary and pancreatic systems whilst the x-ray is taken. This will show problems related to these systems.

**Therapies (treatments) that may be performed during the procedure**

**Sphincterotomy**
This is a cut made into the duct to help pass a stone, widen a narrowed duct, or insert a plastic tube (stent).

**Balloon clearance**
If a stone or sludge can be identified in the biliary ducts, a catheter with a deflated balloon can be passed up the duct and then inflated. This is then withdrawn down the duct removing the stone and sludge.

**Basket Clearance**
An instrument can be passed up the duct and manoeuvred to the stone and then used to grasp the stone and withdraw it.

**Stent insertion**
If there is a narrowing or if the stone cannot be removed then a plastic tube the size of a biro refill can be inserted to allow drainage of bile refill and relieve any jaundice (yellow discolouration of your skin as a result of bile entering the blood stream).

This will need to be removed or replaced after a period of time. This will be discussed with you prior to discharge.

**Biopsy**
A small piece of tissue (a biopsy) may be taken from the lining of your duodenum for further examination in a laboratory. This is not painful and is performed using tiny biopsy forceps through the duodenoscope.
Risks associated with an ERCP

It is important you fully understand the investigation and the risks associated with it. We believe in providing you with a full and comprehensive information about your ERCP treatment so that you can make an informed decision. This procedure is successful in 85-90% of cases. In difficult cases it may be necessary to repeat the ERCP. The risks are small, less than 3% overall.

These risks will be discussed with you at the preadmission clinic or before your procedure.

Sedation
Minor complications with sedation are less than 1 in 200. Major complications resulting in death occurs in less than 3 in 10,000.

Bleeding
This can occur if a sphincterotomy is performed.

Perforation of the bowel
This can result from the duodenoscope or from the instruments making any cuts in the bowel.

Pancreatitis
This is inflammation of the pancreas, and is a very serious condition that will require very careful observation. You will be given antibiotics before the ERCP to help prevent this happening.

Ascending Cholangitis
This is infection within the bile duct. This is more likely if the duct is blocked. Antibiotics are given before the ERCP to help prevent this happening. ERCP is generally a safe procedure. Risks are obviously higher when the doctor needs to perform any procedure other than just looking at the area. The risks described can generally be managed with medical treatments only, but occasionally surgery may be necessary. You will have the opportunity to discuss any questions you may want to ask at pre-admission clinic and before the procedure takes place.
Alternative Procedures

An ultrasound guided percutaneous transhepatic cholangiography (PTC) can be performed. This is performed in the x-ray department. It is not as good as an ERCP in offering treatment but is sometimes used depending on your condition. An operation may be possible to remove your gallbladder (a cholecystectomy) and remove gall stones at the same time. These alternatives can be discussed with your specialist.

Pre-admission clinic

You may have been sent a date to attend a preadmission clinic (this service is not offered at Gloucestershire Royal Hospital). Please allow 2-3 hours for this appointment. The purpose of this will be to assess you before the procedure.

You will be seen by a nurse who will check your personal details. You will then have your blood pressure, pulse, height, weight and blood sample taken, you may need a heart tracing (ECG). Please bring a urine sample.

A doctor or nurse practitioner will then examine you and ask you a series of questions including any operations or illness that you may have had or are presently suffering with. Please bring a list of any medicines you are taking.

The nurse will want to know if you have any allergies or bad reactions to medicines.

At this time the procedure will be explained in detail and you will be given time to ask any questions you may have. If you sign a consent form during this visit you may withdraw your consent at any time.

The test and potential complications will be explained to you so that you understand the procedure and any risks.

For the time that you are in the department we want to provide a safe, supportive and pleasant environment so please do not be afraid to ask if you have any worries or questions at this stage.
Admission to hospital

If you attend a pre-admission, you will be advised when you will be required to be admitted to hospital. Normally this will be the morning of the procedure, but some people may need to be admitted the night before.

To allow a clear view during the procedure the stomach must be empty. You will therefore be asked not to have anything to eat for six hours before your appointment time. You may drink water up to two hours before your appointment time. Please do not suck sweets or chew gum as this could stop your procedure.

For this procedure you will be asked to remove your clothes and put on a gown.

You will have a small tube (cannula) inserted into your hand. This is for the doctor to give you medication straight into the vein. At this time you will also be given oral antibiotics.

If you have not already signed your consent form it will be completed at this time.

During the test

A nurse will escort you to the department where your ERCP will take place. A nurse will stay with you throughout the test.

In the examination room any dentures will be removed and a local anaesthetic spray will be applied to the back of your throat to numb it.

You will then be made comfortable on a couch lying on your front.

You will be attached to a heart monitor and your oxygen levels and blood pressure will be recorded during the procedure. A small tube will be placed into your nostril to deliver oxygen throughout the procedure. The doctor will then give you sedation through your cannula.

To protect your teeth and the duodenoscope a plastic mouth piece will be put between your teeth or gums (if dentures have been removed). The tube will then be inserted through the mouth piece. When it reaches the back of the throat you may be asked to swallow to help the tube go down. This will not interfere with your breathing.
Some air will be passed through the duodenoscope to gently inflate the duodenum and allow a clearer view. You may feel wind-like discomfort and belch some air up during the test, but please do not be embarrassed. Any saliva in your mouth will be removed by the nurse caring for you using a small suction tube.

When the duodenoscope is taken out most of the remaining air in the stomach will also be removed. The doctor may do any or none of the above procedures as required.

**After the test**

After the ERCP is completed the nurse caring for you during your test will take you back to the recovery area.

You will be asleep or drowsy during this time. The nurses will monitor your breathing, pulse and blood pressure as required. You may feel a little bloated or have some discomfort in your stomach after the test.

Your throat will still feel a little numb from the throat spray, but this will wear off gradually. Your throat may then feel a little sore, which could last for the rest of the day.

You will return to the ward and be monitored by the ward staff. You will be allowed to drink and eat after 2 hours.

If you feel unwell or have any pain after the procedure please inform the nursing staff.

**Going home**

You will be required to stay in hospital overnight following the ERCP.

The next day you will see the consultant who performed your procedure before going home and they will explain the procedure and a plan for further management. N.B. You may go home by taxi but you must have someone with you to accompany you on the journey.

You may be given an outpatient’s appointment to return for review or alternatively the results will be forwarded to your General Practitioner (GP) and you will need to make an appointment to see them. A report of the procedure will automatically be sent to your GP.
Contact information

If you have any questions please contact the Hospital switchboard on Tel: 0300 433 2222 and ask for the operator when prompted.

When the operator responds, please ask to be put through to your consultant’s secretary.

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