Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Information about day case ERCP (Endoscopic Retrograde Cholangio-Pancreatography)

Introduction

You have been advised to have an ERCP either to help us find out the cause of your symptoms or for the management of your symptoms. This leaflet should help answer any questions you may have, but if you are worried please feel free to contact the department directly.

You will be given a date to attend the Pre-admission Clinic for a check-up and to answer some questions before your procedure. We may also carry out some tests such as taking a blood sample and a heart tracing (ECG). We will also explain the procedure to you and your family and you will have an opportunity to ask any further questions.

What is an ERCP?

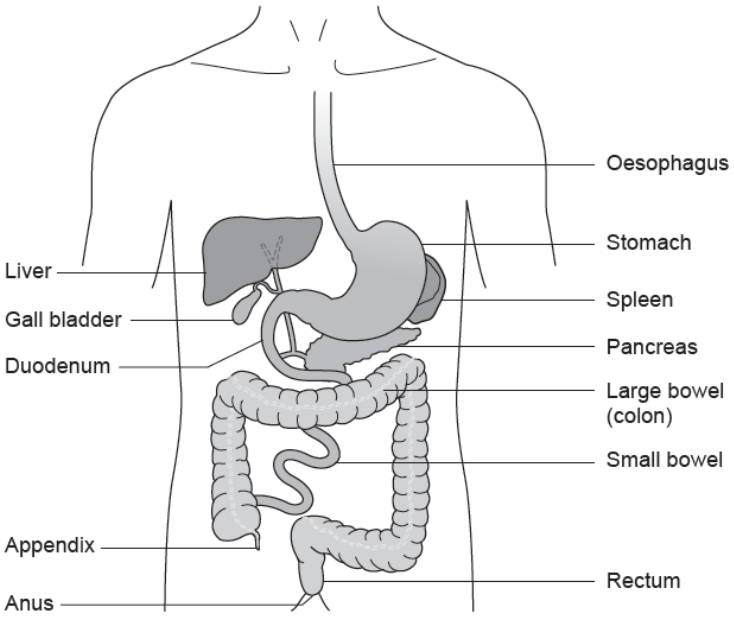

Figure 1: GI tract

Reference No.
GHPI0546_07_20
Department
Endoscopy
Review due
July 2023

Patient Information

An ERCP is looking, with a camera, directly at the biliary and pancreatic tubes (ducts). A telescope (also known as a scope) is passed through your mouth, down your oesophagus, into your stomach and around the first bend of the small intestine (duodenum) to the opening of the ducts (ampulla). The scope that is used is a long flexible tube which is thinner than your index finger and has a tiny camera at the end.

X-rays are carried out at the same time as the camera procedure. Dye is injected into the ducts of the biliary and pancreatic systems while the X-ray is taken. This will show any problems related to these systems.

Therapies (treatments) that may be carried out during the procedure

Sphincterotomy

This is a cut made into the bottom of the bile 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 seen in the biliary ducts, a catheter with a deflated balloon can be passed up the duct and then inflated. This is then gently pulled down the duct, removing the stone and sludge.

Basket clearance

An instrument can be passed up the duct and then used to grasp the stone and bring it out.

Stent insertion

If there is a narrowing or if a stone cannot be removed, then a plastic or metal mesh tube the size of a biro refill can be put into the bile duct to allow bile to drain and to relieve any jaundice (yellow discolouration of your skin as a result of bile entering the blood stream). This mesh tube may need to be taken out or replaced with a new one after a period of time. This will be discussed with you before you are discharged.

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 carried out by using tiny biopsy forceps through the telescope.

Patient Information

Possible risks of ERCP

It is important that you fully understand the procedure and the risks related to it. We want to give you as much information as possible about ERCP treatment so that you can make an informed decision. This procedure is successful in 85 to 90 out of every 100 cases, but in difficult cases it may need to be repeated. The risks of having ERCP are small, less than 3 in 100 cases overall. These risks will be discussed with you at the pre-admission clinic or before your procedure.

Sedation

Sedation is used to make you sleepy during the procedure. The main complication from sedation is that it can affect breathing. The risk of this happening is very low because you are carefully monitored and are given extra oxygen during the procedure.

Bleeding

This can happen if you have a sphincterotomy. The risk of this is 1 in every 100 cases.

Perforation

This is a tear or hole in the wall of the duodenum or bile duct. It can happen when therapy is undertaken. The risk is about 1 in 500 cases.

Pancreatitis

This is inflammation of the pancreas which is a serious condition that will mean you would need to stay in hospital and be carefully monitored. The risk of this complication is 3 to 5 in every 100 cases.

Ascending cholangitis

This is infection within the bile duct and is more likely if the duct is blocked.

ERCP is generally a safe procedure. The risks we have listed can usually be managed with medical treatments only, but sometimes surgery may be necessary. You will be able to ask any questions you may have at the Pre-admission Clinic and before the procedure takes place.

Patient Information

Alternative procedures

A different procedure called a Percutaneous Transhepatic Cholangiography (PTC) can be carried out. Your specialist will talk to you about this if they think it is suitable for you.

During a PTC a needle is passed through the skin and muscle into the liver and then into the bile ducts from above. It is more invasive than an ERCP in giving treatment, but is sometimes needed because of your condition.

An operation may be possible to remove your gallbladder (called a cholecystectomy) and any gall stones at the same time. You can talk about these alternatives with your specialist.

Pre-admission Clinic

You will be sent an appointment date to come into the Pre-admission Clinic. Please allow 2 to 3 hours for this appointment. The purpose of this appointment is to check that you are well enough to have the procedure.

You will be seen by a nurse who will make sure we have the correct personal details for you. 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 details of any operations or illness that you may have had or are suffering with at the moment. Please bring a list of any medicines you are taking. The nurse will also want to know if you have any allergies or have had any bad reactions to any medicines.

The procedure will be explained in detail to you during this appointment along with any risks so that you fully understand. You will be given time to ask any questions you may have. You may be asked to sign a consent form during this visit. Please be aware that you can withdraw your consent at any time.

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.

Patient Information

Admission to hospital

During your pre-admission appointment, you will be given a date for when you need to come into hospital for your procedure. Usually we ask you to arrive in the morning of the procedure, but some people may need to be admitted the night before. To allow a clear view during the procedure, your stomach must be empty.

You must not have anything to eat for 6 hours before your appointment time. You may drink water up to 2 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 take off your clothes and put on a hospital gown.

You will have a small tube (cannula) put into a vein in the back of your hand. This is for the doctor to give you medication.

If you have not already signed a consent form you will be asked to sign it at this time.

The procedure

A nurse will go with you to the endoscopy room where your ERCP will take place. A nurse will stay with you during the procedure.

In the endoscopy room, you will be asked to take out any dentures you are wearing.

A local anaesthetic spray will be sprayed into your throat to numb it. You will then be made comfortable on a couch lying on your front with your head to one side.

You will be linked to a heart monitor so we can record your oxygen levels and blood pressure during the procedure. A small tube will be placed into your nostril to give you oxygen while you are having the procedure. The doctor will then give you sedation through your cannula.

You will also be given medication in the form of a suppository placed in the rectum (back passage) called diclofenac (Voltarol®). This is given to reduce the risk of pancreatitis.

Patient Information

To protect your teeth and the scope a plastic mouth guard will be put between your teeth or gums (if dentures have been removed). The endoscopy tube will then be gently pushed through the mouth guard. When it reaches the back of your throat, you may be asked to swallow to help the tube go down. This will not affect your breathing. Some air will be passed through the scope to gently inflate the duodenum and allow a clearer view.

You may feel wind-like discomfort and belch some air up during the procedure, but please do not be embarrassed as this is normal. Any saliva in your mouth will be taken away, by the nurse caring for you, using a small suction tube. When the scope is taken out, most of the air we put into your stomach will also be taken out.

After the procedure

After the ERCP is over, the nurse caring for you during your procedure will take you to the recovery area. You may be asleep or drowsy during this time. Recovery nurses will keep checking your breathing, pulse and blood pressure while you recover.

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 slowly wear off. Your throat may then feel a little sore, which could last for the rest of the day.

You will be allowed to drink and eat after the procedure. If you feel unwell or have any pain after the procedure please let the nursing staff know.

Going home

Most people will be discharged the same day as the procedure, but you will be asked to remain in the department for 2 hours after you have had something to eat.

Patient Information

Before discharge you will be given information about the outcome of the ERCP and any further tests which may be necessary. You cannot drive yourself home or travel home alone after having sedation. You will also need to arrange for somebody to be with you overnight.

You must not drive for 24 hours after having sedation. You will receive a copy of the ERCP report that is sent to your GP.

Contact information

If you have any questions please contact the hospital switchboard:

Gloucestershire Hospitals Switchboard
Tel: 0300 433 2222

Ask for the operator when prompted. When the operator responds, please ask to be put through to your consultant's secretary.

Content reviewed: July 2020