

Patient name	
Appointment date	
Arrival time	

ERCP sessions run from 9am to 1pm. Every effort will be made to see you promptly on your arrival, however, the arrival time does not reflect your procedure time.

This booklet is designed to be practical and informative. **Please read all of the information contained within it**, so that you don't miss important instructions that may result in cancellation.

RUH

If you have any questions or concerns, please call the department on the number below:

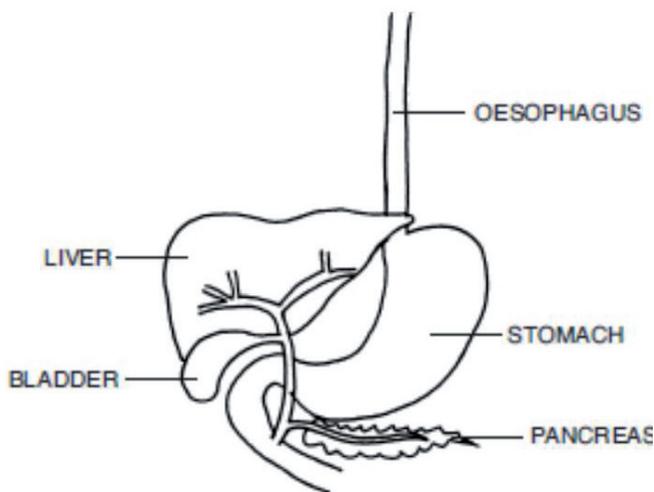
To cancel or change an appointment: 01225 824069.

To discuss the test, ask questions about the preparation and medication: 01225 821425 or 01225 821788.

If you cannot accept this appointment date, it is important that you telephone as soon as possible so that your date may be offered to another patient.

What is an ERCP?

An ERCP is an endoscopy to view and treat the bile duct (tube that drains the liver). A specially designed endoscope (a thin flexible tube with a bright light at one end) is passed through the mouth down to the stomach and the first part of the small intestine (the duodenum).



Are there any risks in performing an ERCP?

After ERCP complications occur in a small number of patients. Altogether, these affect about five in a hundred (5%) of patients:

- Cholangitis (infection of the bile ducts) requiring treatment with antibiotics - occurs in two in a hundred (2.4%) of patients
- Pancreatitis (inflammation of the pancreas) occurs in around two-three in a hundred (2-3%). Pancreatitis after ERCP is usually mild but can mean admission to hospital or lengthen your current stay in hospital.
- Bleeding occurs in one in a hundred (1%) ERCPs and results in hospital admission.
- Perforation (rupture) of the small bowel occurs in one in 200 (0.5%) of ERCPs.
- The risk of death following ERCP is two in a 1,000 cases (0.002%).
- Other complications may result from the sedative drugs used and there is a slight risk of damage to crowned teeth or dental bridgework.

Although these risks are significant, your doctor feels that the potential benefit to you far outweighs them.

Are there any alternatives to the test?

A magnetic resonance cholangio-pancreatograph (MRCP) and an ultrasound scan of your abdomen can provide the doctor with pictures of your pancreas and bile duct without the risks mentioned earlier. They are very useful tests but do not allow us to carry out any of the procedures to relieve your symptoms.

Prior to your admission

Before your ERCP you will need to visit your GP practice for a blood test, called an INR, to determine if your blood is clotting normally.

If you are suffering from a cold, sore throat or chest infection, you should contact your GP or us because it may be necessary to postpone your test.

It is important that you do not have anything to eat or drink for six hours before your appointment, including water.

You should plan to stay in hospital overnight following your ERCP, so bring a small overnight bag with you.

It is not always necessary to keep you overnight after the test and the nurse looking after you will know if you are to be kept in after your test. It is essential that, if you are told you can go home, a responsible adult comes to collect you from the department and that you have someone with you for 24 hours afterwards.

Do not bring valuables or large quantities of money into hospital as we cannot accept responsibility for them.

Do not drive yourself

Please arrange to be accompanied by family or friends when you come into hospital, then they will know where to collect you when it is time to leave.

If you intend to be driven to the hospital, parking can be difficult, so allow plenty of time to find a space.



Finding us

The endoscopy department is in the Gastroenterology and Surgical unit on the second floor, Zone B, B57.

Should I take my medicines as normal?

If you take prescribed medication, for example for epilepsy or a heart condition, you may take these with a **little** water. If you are diabetic, we advise that you telephone the department and inform them of what medicine you take and a nurse will be able to advise you on how best to take your medication.

We also need to know if you take any of the following medications:

- Warfarin
- Phenindione
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban
- Apixaban
- Ticagrelor.

Please phone 01225 821425 or 01225 821788 if you are a diabetic or take any of the tablets listed.

What should I expect when I arrive?

- On arrival at the unit, please report to the reception desk. One of the reception staff will check your details and ask you to sit in the waiting room.
- A nurse will collect you from the waiting room and take you

to the consent room. Here she will check your details and your arrangements for going home with you. The person accompanying you will be able to come with you to support you.

- A nurse will discuss the procedure with you. If you have any questions, please ask. We want you to be as relaxed as possible.
- You will return to the waiting area until the endoscopist is ready for you. A nurse will then collect you and take you to the ward.
- For ladies who are still having periods, we will ask you for the date of your last period. You must tell the doctor or nurse if you think you may be pregnant.
- It is necessary to remove any false teeth. This can be done in the examination room, immediately before the procedure. They will be kept safe until you are fully awake.
- It is department policy that your family and friends do not accompany you into the ward as it is a theatre environment. They will be called to the recovery area when you are ready to leave.
- The ward and toilet facilities are single sex. It is occasionally necessary for clinical reasons to have a mixed sex area, but this is rare. Our staff are committed to ensuring your privacy at all times.

Is the procedure painful?

The procedure should not be painful. However, you may experience discomfort as the tube touches the back of your throat. Your stomach may feel distended at times during examination but you should not feel unduly uncomfortable.

Sedation

A small needle will be inserted in the back of the hand and the sedation will be injected through it. Sedation may make you drowsy and you may not remember the procedure taking place, however, it is not a general anaesthetic; you will not be unconscious.

Conscious sedation is a technique used here and in all other endoscopy units. The use of medication produces a state of relaxation enabling treatment to be carried out, but conversation with you is maintained throughout, as you are awake.

You may recover fairly quickly or more slowly - each person reacts differently. Your thinking processes and movements will be slower than usual.

During the test

- A nurse will bring you to the examination room. Here you will meet the endoscopist and two nurses who will remain with you throughout the test.
- You will lie on an x-ray trolley, resting on your front. When you are comfortable, local anaesthetic will be sprayed onto your throat.
- We will attach a probe to your finger to monitor your pulse and oxygen level throughout the procedure, and we will give you oxygen through two small plastic tubes inserted into your nostrils.
- The endoscopist will give you the medication. The dose will be in accordance with your age, size, and previous medical history.
- When the endoscopist passes the endoscope, it is important to remain calm. It should not cause any pain, nor will it interfere with your breathing.

- To keep your mouth slightly open, a plastic mouthpiece will be gently placed between your teeth.
- Procedure times vary, as we need to examine the area and treat any problems found carefully. During this time some air will be passed down the tube to distend your stomach and allow the endoscopist a clear view. The air is sucked out at the end of the test.
- If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.
- When the examination is finished the tube is removed quickly and easily. You will be taken back to the ward to recover, where a nurse is always present.

When you return to the ward

Observations of your blood pressure and pulse will continue every 30 minutes.

You will not be allowed to have anything at all to eat or drink for at least four hours.

If you are staying in hospital, or going home, the nurse will let you know and make all the necessary arrangements for you.

You must report any pain, nausea and/or vomiting straight away as the doctor can prescribe medication for these symptoms.

How will I feel after the test?

We advise you not to go to work on the day of the test.

The effects of the sedation will have worn off after 24 hours. You will then be able to resume normal activities.

Your throat may feel a bit sore for the rest of the day but it will settle without the need for treatment.

You may also feel a little bloated. This is due to air remaining in your bowel following the test. It will soon settle and does not require any treatment or medication.

What should I do when I get home?

If you have had sedation, then for the next **24 hours** you **must not**:

- drive any motor vehicle. This is a legal requirement, not advice. Our advice is that you should not actually drive for 48 hours.
- operate machinery.
- drink any alcohol.
- sign legally binding agreements.
- care for children or relatives.
- when you get home it is important to rest quietly for the remainder of the day, with someone to look after you for 24 hours afterwards.

When will I know the results?

If you have not been sedated, the endoscopist will tell you straight after the test, what they have seen and done.

If you have been sedated, the nurse on the ward will relay the information to you when you are fully alert. We like to do this with a family member present, as the sedative used can make you forget what you have been told. If you object to having your results with a family member present, please let the nursing staff know. You will be given a report to take with you. If this does not happen, please ask your nurse.

A report will also be sent to your GP. Further details of the test, results of any biopsies and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

The consent form

The consent form is a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to by signing.

You will find a consent form included with this booklet, we ask you to familiarise yourself with the form and bring it with you to endoscopy unit on the day of your test. However, before you sign the form you should be clear as to what you are consenting for.

If you are unclear and have any questions, then do not sign the form until they have been explained. The endoscopy staff will be happy to answer any questions you might have.

Training in ERCP

Training endoscopists is essential to improving the quality of care. All of our endoscopy trainees are in a structured training programme within the national guidelines, and all are experienced doctors. Your treatment may provide an opportunity for such training under the supervision of a senior doctor. You may decline to be involved in this training without adversely affecting your care and treatment. If you wish to let us know you are not happy to have a supervised trainee perform your procedure, please inform us **at least a week in advance** of the procedure, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.

What if I change my mind?

You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the department and discuss your decision with your GP.

Please complete the following health questionnaire

Do you have or have you ever had any of the following problems.
Please give details.

Heart problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Breathing problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Diabetes	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Seizures	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
High Blood Pressure	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Stroke	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Glaucoma	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Arthritis	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Are you allergic to anything?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please give details		
Have you ever been told that you are at risk of CJD or vCJD for public health purposes?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please call 01225 821425 or 01225 821788 and talk to our nursing staff.		
Are you taking any regular medication?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please give details		
When did you have your blood test for INR? Please provide date		
If you know the result please record it here:		
Who is collecting you?		
Please give a contact telephone number:		
Who is at home with you for 24 hours after the test?		