

## Comments, compliments, concerns or complaints

The Royal United NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

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The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information, and provide a point of contact for patients, families and carers. Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone **01225 825656/ 826319**.

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

# Having an endoscopic retrograde cholangio-pancreatograph (ERCP)

## Gastroenterology patient information

**Please read this leaflet carefully before your appointment, so you have time to contact us in advance with any questions. The numbers to call are below.**

<b>Patient name</b>	
<b>Appointment date</b>	
<b>Arrival time</b>	
<b>Department</b>	B57 – zone B, second floor

Please try to arrive punctually at your 'arrival time'; we will make every effort to see you promptly. Please be prepared to be in the department for 2-3 hours; our sessions run from 09.00-13.00 and 13.30-17.30.

## Introduction

This booklet has been designed by endoscopists, nurses and patients and is intended to be practical and informative.

**Please read all of the information contained within it. Not doing so may mean that you miss important instructions that will put you at risk and for this reason the team may decide to defer your investigation.**

If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on one of the numbers below and a member of the team will be only too pleased to help you. A consent form is available in advance of the appointment; if you haven't received one to review in advance please contact our administration team.

To cancel or change an appointment: 01225 821412  
(administrative team)

To discuss your appointment or ask questions about the preparation and medications call: 01225 821425 or 01225 821788  
(nursing team)

If you cannot accept the appointment date, it is important that you telephone without delay so that your date may be offered to another patient.

The Endoscopy Department is within the Grace Penwarden Gastroenterology and Surgical Unit, on the second floor of Zone B. Our department is B57.



## Your health

**Please complete the following health questionnaire, and bring it with you to your appointment.**

Do you have any of the following problems? If so, please give details in the appropriate box.

<b>Heart problems</b>
<b>Breathing problems</b>
<b>Diabetes</b>
<b>Liver problems</b>
<b>High blood pressure</b>
<b>Seizures</b>
<b>Stroke</b>
Do you have any <b>allergies?</b>

Have you ever been told that you are at risk of CJD (creutzfeld-jacob disease) or vCJD for public health purposes?  
If yes, please call to speak to the nursing staff on 01225 821425 or 01225 821788

Please list **all** medications you are currently taking

Do you take Warfarin? If yes, what was your most recent INR?

Is someone collecting you after your procedure? If so, please give a contact phone number:

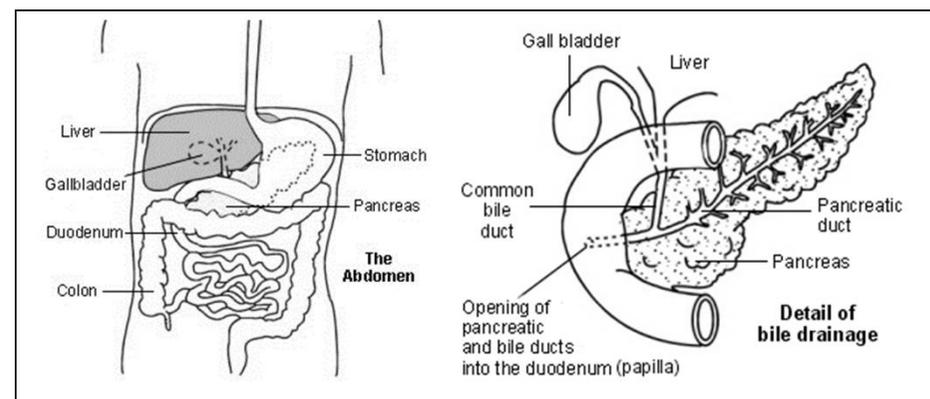
In the event of an emergency, do you have a contact we can call?

## What is an ERCP?

An ERCP is a procedure which allows the endoscopist to view and treat the bile ducts (the tubes that drain the liver) and pancreatic duct. An endoscope is passed through the mouth, through the stomach and into the first part of the small bowel (the duodenum). The endoscope is a long flexible tube, about the thickness of a finger, with a bright light at the end. Through the endoscope a wire is placed in the bile duct followed by injection of contrast (dye), which can be seen on x-ray to highlight abnormalities within. The endoscopist can examine the area through a combination of pictures on a television screen and x-ray images.

If necessary, the opening of the bile duct is then widened to allow further therapies including the removal of gallstones and the placement of stents (plastic or wire mesh tubes that help the bile duct to drain).

A Spyglass or cholangioscopy, involves passing an ultra-fine camera through the ERCP scope into the bile duct. This allows the doctor to directly see the ducts, take tissue samples and break apart large gallstones before they can be removed.



## Why has my doctor chosen an ERCP for me?

This procedure allows the endoscopist to examine the bile ducts directly to assess what might be the likely cause of the symptoms you have been experiencing, and to treat the cause by, for example, managing bile duct stones, or placing a stent.

## Are there any risks to an ERCP?

After ERCP, complications occur in a small number of patients. If this were to happen we may admit you to hospital immediately and occasionally emergency surgery may be indicated.

Altogether, complications affect about 5 in 100 patients:

- Bleeding occurs in 1 in 100, and may require admission.
- Cholangitis (infection of the bile ducts) occurs in 3 in 100, and may require admission for treatment with antibiotics.
- Perforation (rupture/hole) occurs in 1 in 200, and will require admission for antibiotics, and consideration of surgery.
- Pancreatitis (inflammation of the pancreas) occurs to a mild to moderate degree in 2-5 in 100, but can be severe or even life-threatening in 1 in 200, and may need hospital admission.
- Missed pathology occurs in 1 in 100, non-diagnostic biopsies or an incomplete procedure can also occur.
- Other complications may result from the medications used to sedate you e.g. slowing of breathing, lowering of blood pressure, or an allergic reaction.
- Death occurs in 1 in 500 cases.

- Aspiration (infection of the lungs from inhaling gut contents) may require admission for antibiotics.
- There is a risk of discomfort during or after the procedure, and damage to teeth / dental work.

**Although these risks are significant, your doctor feels that the potential benefits 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 above. They are very useful tests but do not allow us to carry out treatments to relieve your symptoms.

## Preparation

### Preparation for the test

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, other than a sip of water if you have prescribed medications to take.**

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 to the hospital.** 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.

### Should I take my medicines as normal?

Please take your prescribed medications as normal, with a little water. **Take prescribed medicines early enough that you can avoid any fluids for two hours before your appointment.**

If you take timed medications e.g. for Parkinson's then continue to take these at your usual times.

If you are diabetic, please call the department on 01225 821425 or 01225 821788. As preparation may affect your diet, a trained nurse can advise if some medications need adjustment.

We need to know if you take any of the medications listed below. If you do, please phone the nursing staff on 01225 821425 or 01225 821788 at least **one week** before your appointment.

- Warfarin
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban
- Apixaban
- Ticagrelor
- Edoxaban
- Phenidione

Please phone the nursing staff number (01225 821425 or 01225 821788) if you take any of this list or have other concerns.

### What should I expect on arrival?

- On arrival at the unit, report to the reception desk. One of the reception staff will check your details and ask you to take a seat in the waiting room.
- A nurse will collect you from the waiting room to take you to the consent room. Here they will check your health questionnaire and discharge arrangements with you. The person accompanying you is very welcome to be a part of this to support you if you wish.
- A nurse will discuss the procedure with you. If you have any questions please ask; we want you to be as relaxed as possible. Your consent form will be explained and you will be asked to sign it by the nurse; if you wish to discuss the procedure with the endoscopist in advance do ask; they may undertake the consent form with you.

- You will return to the waiting room until the endoscopist is ready for you. A nurse will escort you from the waiting room to the ward area.
- You must tell the doctor or nurse if you think you may be pregnant. For ladies who are still having periods, we will ask you for the date of your last menstruation.
- You will be asked to remove your clothing and put on a hospital gown.
- It is necessary to remove false teeth but this can be done once in the procedure room. They will be kept safely in a pot with your name on until you are ready for them after the procedure.
- Unfortunately friends and family cannot accompany you into the ward area as it is a theatre environment. If you wish they will be called to a quiet area when you are discharged to discuss the findings of your procedure as well as to hear any post procedure advice and care you may need.
- The ward and toilet facilities are single sex areas. We are committed to ensuring your privacy and dignity at all times. It is occasionally necessary to have a mixed sex area for clinical reasons; however this is rare.

### 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.

### The consent form

The consent form gives us a formal indication that you are agreeing to undergo the procedure that is being offered. It is

valuable to you as it gives a written check on what you are agreeing to.

You will find a consent form with this booklet. Please bring it with you on the day of the test. Before signing it you should be clear as to what you are consenting to. If you are unclear and have questions then do not sign the form until you feel your questions have been explained. Endoscopy staff will be happy to answer your questions.

### Sedation

We want you to be as comfortable as possible, so we usually use sedation to ensure this is the case; a general anaesthetic is generally reserved for those who have not tolerated the procedure with sedation. A nurse will talk you through the process and help you to reach a decision that you feel comfortable with; they can also insert the cannula (small needle).

Conscious sedation is a widely used technique in endoscopy. A small needle is placed in the back of your hand and medication can be injected through it. Pain killing medications are given first followed by the sedative; these might make you drowsy but you will not be asleep. You may not remember the procedure taking place, however it is not a general anaesthetic; you will not be unconscious, you will be awake and aware, just 'less bothered' by what is going on. Following sedation your thinking processes and movements will be slower than usual. You will need a responsible adult to escort you from the hospital and be with you for 24 hours after the procedure.

## During the test

- The team will introduce themselves when you enter the room including the endoscopist and two nurses; they will undertake a safety checklist with you.
- Staff will help you on to the trolley in the room and explain the position you need to adopt, resting on your front.
- A probe will be attached to one of your fingers to monitor your pulse and oxygen levels throughout the procedure.
- Oxygen will be given to you through two small plastic tubes into your nostrils.
- When you are comfortable, local anaesthetic can be sprayed in your mouth, to numb your throat.
- The endoscopist will give you the sedative medication; the dose is adjusted according to your age, size, and previous medical history.
- To keep your mouth slightly open, a plastic mouth guard will be gently placed between your teeth.
- 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.
- The nursing staff will ensure you are comfortable and stay with you throughout. Should you want the procedure to be stopped at any time you can let them know by raising a hand.
- 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 endoscope is removed quickly and easily.

## What happens after the test?

- You will be taken back to the ward to recover, where a nurse is always present.
- Observations of your blood pressure and pulse will continue every 30 minutes.
- You will be given a single dose of an anti-inflammatory called diclofenac; this is given rectally to reduce the risk of pancreatitis after the procedure.
- You will not be allowed to have anything at all to eat or drink for at least four hours.
- The nurse will advise if you are safe to go home, and make all the necessary arrangements for you.
- Please 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?

- Whether you are sedated or not we advise that you do not 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 feel a little bloated with some wind pains due to air remaining in the bowel following the test. It will soon settle and does not require any medication or treatment.

## What should I do when I get home?

When you get home it is important to rest for the remainder of the day. You may eat and drink as you wish once the test is finished.

### Sedation specific instructions

For the next 24 hours **you must not**:

- Drive any motor vehicle. This is a legal requirement as per DVLA
- Operate machinery
- Drink any alcohol
- Sign anything legally binding
- Care for children or relatives
- Be alone. You must have someone collect you from the department to drive you home and to be with you for the following 24 hours.

## When will I know the results?

A nurse will discharge you from the ward when they have deemed you fit to leave following any medications you may have been given. You will be able to have a family member or friend present for this if you wish. The nurse will ask for your consent to share your results with you in the presence of another.

The nurse will discuss your results with you and give you a written copy to take with you. One will be sent to your G.P and one will remain in your notes.

The nurse will also tell you how to get further results of any biopsies or samples. Sometimes this means seeing your G.P and sometimes it means coming back to the outpatient clinic.

## Trainees in Endoscopy

Training endoscopists is essential to improving the quality of care. All of our endoscopy trainees are participating in a structured training programme within the national guidance and competence framework.

Your treatment may provide an opportunity for such training under the supervision of an experienced senior endoscopist. You may decline to be involved in this training. If you wish to let us know that you are not in agreement with a supervised trainee performing your procedure, please inform us **at least one week in advance** so we can ensure you are not booked onto a training list. The endoscopy administrative team will help you on **01225 824069**.

## What if I change my mind?

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