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ERCP

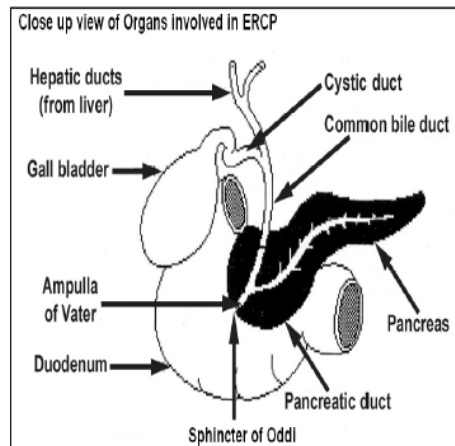
Endoscopy Unit

ERCP

Introduction - Having an ERCP

You have been advised to have an ERCP to find out the cause of or, if necessary, to treat your problems.

As you read this leaflet please refer to the diagrams which appear on the following pages.



What is an ERCP?

During an ERCP you will be injected with a dye that will allow us to take x-rays of both your common bile and pancreatic ducts also of your gall bladder and branches of your liver. By taking these x-rays, the Doctor will be able to find the cause of your problem and, if necessary, will be able to carry out procedures which will relieve you of your symptoms.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

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Further information

If, after reading this leaflet, you require any further advice regarding your ERCP please ring the Endoscopy Unit at St. Peter's Hospital, telephone **01932 722 037** between the hours of 08.00 and 16.00.

What does ERCP stand for?

- Endoscopic: Looking inside with a fine camera
- Retrograde: Backward flow, i.e: bile flows down the common bile duct, but the dye used for the x-ray will be injected up against the flow of the bile
- Cholangiogram: X-ray of the common bile duct
- Pancreatogram: X-ray of the pancreatic duct

Who will carry out the ERCP?

Dr P J Finch or Dr J Thornton, Consultants in Gastroenterology, or Mr N Menezes, Consultant Surgeon, will carry out your ERCP.

They will have experienced nurses to assist them.

Will I have to be asleep for the ERCP?

You will be given sedation, through a needle placed in a vein in your hand/arm, which will make you feel drowsy and less aware of your surroundings. You will be very sleepy and relaxed, but the sedation is not a general anaesthetic.

Will I feel pain?

The sedation you are given is usually enough to make you feel comfortable throughout the procedure. If, however, it is not strong enough, you will be given a stronger painkiller.

How will the ERCP be carried out?

The ERCP will be carried out in the X-ray Department. An experienced nurse will be with you at all times.

You will lie on your stomach. A small probe will be placed on your finger, which will display your pulse rate and oxygen levels on a screen throughout the test. Your blood pressure will be recorded every three minutes.

A plastic mouth guard, with oxygen attached, will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the doctor to pass the endoscope (camera) down the back of your throat. An endoscope is no wider than a medium sized thumb.

The doctor will start the ERCP by placing the lubricated endoscope in your mouth. He will ask you to swallow and the endoscope will pass down the back of your throat into your duodenum where the doctor will find the ampulla, which is the entrance to the common bile duct. A fine tube will be placed through the endoscope and into the ampulla and the sphincter of Oddi, into the common bile duct and dye will be injected to allow the x-rays to be taken. To make it easier to enter the ampulla you will be given a medicine to relax the muscle.

Why do I need an ERCP?

One of the major reasons for carrying out an ERCP is to diagnose stones in the common bile duct that may cause a blockage to the flow of bile and can, sometimes, cause yellow jaundice. Less commonly, this blockage can be caused by a growth or by a stricture, which results in the narrowing of the common bile duct.

When can I return to work?

You should arrange to take a few days off work after your ERCP.

- We need to be informed of any allergies that you may have to medicines/plasters/**latex**. We will avoid using anything to which we know you are allergic.

If you know you are allergic to **latex** you should inform us **at least one week** before the date of your appointment, so that we can make the necessary arrangements.

- Please advise any specific dental details, as there is a small risk of loose/crowned teeth being damaged. If you wear dentures, we will ask you to remove these just before the ERCP starts.

(Unless otherwise stated, the required information will be obtained from you on the day of your appointment)

When will I know the results?

We will be able to tell you what the doctor saw/did when you wake up. You will receive written information to take home with you.

Your GP and your referring Consultant will get copies of the ERCP report. You will have a follow-up appointment in the Out-patients Department.

Can I seek a second opinion?

Yes, if you are not happy with the results, treatment or advice, you have the right to seek a second opinion. Your doctor can advise you on that.

During an ERCP inflammation in the pancreas can also be diagnosed.

Diagnosing these conditions will allow the doctor to provide treatment that will be suitable for you.

Can these conditions be diagnosed in any other way?

Ultrasound scans can give us some information, but an ERCP is more accurate.

A new technique called MRCP, which is a type of x-ray, is becoming available to diagnose these conditions. However, treatment cannot be carried out by this method.

What will indicate that ERCP is necessary?

You may have had biliary pain investigated and a scan may indicate that you have stones or, less commonly, a growth or stricture in the common bile duct.

The doctors may have discovered that you have an abnormality in your blood, caused by a restriction in the flow of bile from your liver or by an abnormality in your pancreas.

You may be experiencing pain. If this is so, it may be due to an abnormality in the pressure of the muscle of the sphincter of Oddi. These pressures will be measured during ERCP.

What will happen if stones are found?

A small cut, called a sphincterotomy, is made at the entrance to your common bile duct at the sphincter of Oddi. This is done

through the endoscope, and will make it easier for the stones to pass through.

If necessary, the doctor will help the stones to pass out by trapping them in a small basket, or by pulling them through in front of a small inflated balloon. This will be painless.

How will the cut be made?

The cut is made using diathermy, which is an electric current. An earthing pad will be placed on your thigh/buttock to protect you from burns. This treatment is painless and you will be unaware of it.

What will happen if a growth or stricture is found?

The doctor may insert a small tube, called a stent, through the blockage, which will allow the bile to pass through and relieve you of your symptoms.

What will happen if abnormalities in pressure are found?

A sphincterotomy may be performed which will make the sphincter less tight.

With other scans in that area, we can only observe.

Therefore, we can treat blockages, stones and tight sphincters.

To prevent foreseeable complications you should observe the following guidance:

- You will need to starve yourself of food and drink for six hours before the test. You will be at risk from aspiration pneumonia (inhaled vomit) if you do not starve yourself for the six hours. Take your regular oral medications with a small amount of water.
- If you are a **diabetic** you **must** ring the Diabetic Nurse Specialist **at least one week before your appointment date** for advice to prevent complications occurring from fasting. **Her telephone number is 01932 723 315.**
- Please advise what medications you are currently taking, as some may affect the action of the sedation. If you are a heavy alcohol drinker, the level of sedation may also be affected.
- We need to know your blood clotting time. A form and details of the Phlebotomy Department opening times are enclosed.
- If you take **Warfarin** please ring the Endoscopy Unit on **01932 722 037.**

More commonly, in 7 out of every 100 ERCP's performed, mild inflammation of the pancreas, known as pancreatitis can occur.

This complication rate is based on the national average and, at St. Peter's Hospital; the rate of occurrence is well within this figure.

In the event that this happens to you, you will need to stay in hospital to receive the correct medical treatment. A severe attack of pancreatitis is unusual.

How will I know if these complications have occurred?

- **Perforation / bleed** You could have abdominal or chest pain, shortness of breath, vomiting and dark blood passing through the back passage
- **Pancreatitis** You would have abdominal pain, a raised temperature, and possibly nausea and vomiting

With both these complications, the nurses would ask the doctor to see you, a painkiller would be prescribed for you and, if necessary, a medicine to stop you from feeling sick. The doctor would also arrange for you to undergo blood tests and x-rays. He/she may decide to admit you to hospital for observation if these complications occur.

What are the benefits of having an ERCP?

The benefits are that you can avoid an operation, and we can **TREAT** down the endoscope.

Are there alternative treatments?

- **Stones:** To remove stones lodged in the common bile duct in any other way would mean a major operation that would be a greater risk.
- **Strictures:** The only other way to place a stent is by going through the skin into the liver to gain access to the common bile duct. This is called the percutaneous approach. It is much more painful than ERCP.
- **Sphincter measurements:** There is no other way to measure these pressures.

If I didn't have the treatments what would happen?

If the blockage in the common bile duct, from either stones or strictures, was not treated you would become very ill and your life could be threatened.

What preparation do I have to make?

You will need to have a blood test one week before the ERCP. This will show us how long it takes for your blood to clot. It is important that we have the results of this test before you have the ERCP.

To have this test carried out you will need to attend the phlebotomy department. The instructions and form for this are enclosed.

You should stop eating and drinking 6 hours before your appointment time.

Following your ERCP you will need to arrange to have a responsible adult collect you. **It is essential that you have someone to stay with you overnight.**

What will happen after the ERCP?

After your ERCP you will stay on the Endoscopy Unit to recover. If you only have x-rays taken you will need to stay for four hours.

Should a sphincterotomy be necessary you will need to stay for six hours.

When the nurses looking after you feel you are well enough you will be discharged home. If they are concerned regarding your recovery a doctor will examine you, and may suggest that you stay in hospital. You will be able to eat and drink when you have recovered from the procedure and the sedation.

Are there any restrictions regarding what I can / cannot do after an ERCP?

Following the procedure, you will not be allowed anything to eat and drink for about two hours.

Due to the sedation the following restrictions apply for 24 hours following your ERCP.

You:-

- * **must not** drive
- * **should not** drink alcohol
- * **should not** handle heavy machinery or hot appliances
- * **should not** look after children or anyone else who is dependant on you
- * **should not** sign legal documents

After your ERCP you should go home and rest for 24 hours.

Are there any risks or complications from undergoing an ERCP?

Very rarely the sedative can affect breathing. Should this happen we will give you a medicine to reverse its effect.

After the ERCP you may have a sore throat for a day or so. Drink plenty of fluids to ease this. During the ERCP, as air is put inside you, you may also experience wind discomfort but this will eventually ease off.

ERCP carries a very small risk of a tear/bleed occurring in the oesophagus/stomach/duodenum that is known as perforation.

Should this happen, arrangements for you to stay in hospital to have the right treatment will be made, which may mean an operation. This complication is uncommon if x-rays only have been taken, but increases to 2 in 100 cases when sphincterotomy has been carried out.