

Having a ERCP (Endoscopic Retrograde Cholangio-Pancreatogram)

If you have any questions prior to your procedure please ring 0207-460-5605

Before you arrive

If you are diabetic please let us know.

It is essential that you have nothing to eat for 6 hours and Only clear fluids up until 2 hours before the procedure.

You will need to have recent blood results available – please contact us if you need help with this

If you are taking any blood thinning tablets (clopidogrel, warfarin) please consult your doctor or ring the Endoscopy department for advice

Unless you have been advised otherwise you should take your usual medicines normally (with a few sips of water)

Consent

The Consultant must by law obtain your consent to treatment beforehand. He will explain all the risks involved, benefits and alternatives before asking you to sign a consent form.

What is a ERCP?:

ERCP is a procedure which allows the doctor to take detailed x-ray pictures of the tubes which drain the secretions from your liver and gallbladder (bile duct) and pancreas (pancreatic duct). These tubes normally drain into your small bowel (the duodenum). ERCP is usually carried out in the radiology department using special x-ray equipment. In most patients, ERCP is carried out in order to treat an abnormality of these tubes

Sedation:

This will be given to you through a small plastic tube (cannula) in a vein on the back of your hand. This is not as strong as the general anaesthetic but will make you feel more calm and relaxed.. If you have sedation you will need to rest for about an hour before you can go home. Once you are fully awake, you will be able to have something to eat and drink.

Following sedation, a relative or friend must accompany you home. You will need to organise to go by a car with someone else driving as you shouldn't use public transport. You will also need to arrange for someone to stay with you overnight. Please make sure that you will have access to telephone when you return home. If you haven't been able to make these arrangements, you should speak to endoscopy staff.

What happens when I come for a ERCP?

When you attend for the ERCP a nurse will assess you and ask you several questions about your health, current medications, take your blood pressure and pulse. You may be asked to get changed into a gown. Prior to the procedure you will be seen by a doctor for an opportunity to discuss the test, and sign a consent form.

You will be taken into the procedure room and be asked to lie on a trolley on your left side. The nurse will place a mouth guard over your teeth before carefully putting the scope in your mouth.. A nurse will help the doctor by using a suction tube to remove excess saliva from your mouth during the procedure.

You will be given oxygen during the test if you are going to be sedated. A small clip will be put on your finger to monitor your pulse and oxygen levels. Your blood pressure will also be monitored during the procedure.

An endoscope, which is a flexible tube with a camera and bright light, is passed through your mouth into the gullet, stomach and the first part of the small bowel, known as the duodenum. This is where the outlet from the bile duct and pancreatic duct is usually located. A special plastic tube (catheter) is passed through a channel in the endoscope into the bile duct or pancreatic duct and x-ray dye is injected into the duct. This shows up on the x-ray screen and pictures can be taken. If these x-rays are normal, then the test would be complete at this point. However, usually abnormalities have already been identified on previous tests and ERCP has been performed to treat these problems.

What are the alternatives to a ERCP?

A test known as an MRI scan is an alternative to ERCP. This is a powerful magnetic scan of the hepatobiliary tract (bile ducts, pancreas, gallbladder) and can provide similar information to an ERCP. However, there are some disadvantages:

- You may not be able to have it as you have metal in your body that cannot be exposed to the scanner
- Treatment of abnormalities is not possible e.g. the bile duct cannot be enlarged, stones cannot be removed and stents cannot be inserted.
- Biopsy samples cannot be taken

Results

Before you leave the department, the nurse or doctor will explain the findings on your ERCP and any medication or further investigations required. He or she will also inform you if you require further appointments. You may have had a stent (a type of drain) inserted and will need antibiotics afterwards. These will be prescribed for you. If samples were taken, they will need to be sent to the pathology lab for further analysis. It may take up to a fortnight for these results to be available to the medical team.

Sedation can make you forgetful and you may decide if you would like to have a family member or friend with you when you are given this information

Some frequently asked questions

Can I bring someone with me?

We encourage escorts to drop you off at the department and nursing staff will phone your escort when you are ready to be discharged home, if you need to have someone with you. This is due to limitations of space in the department. If you feel you need someone to remain with you throughout your admission, this will be accommodated.

Please note that we do not have facilities in the unit for babies and children.

Do I need to bring anything with me?

It would be helpful if you could bring a list of the medicines that you take or bring in the medicines, as these will need to be noted in your records.

Try not to bring any valuables into the hospital.

How are the scopes cleaned?

After each use they are thoroughly cleaned, disinfected and sterilised. The hospital cleans and disinfects all scopes according to national standards set by the British Society of Gastroenterology.

What if I need a translator?

If you need help with translation, there are always translators available who speak Arabic – if you require a different language – please let us know and we can arrange this.

Are there any risks associated with having an ERCP?

Most ERCPs are done without any problems. Some people have a mild sore throat for a day or so afterwards. You may feel tired or sleepy for several hours, caused by the sedative. Uncommon complications include the following:

There is a slightly increased risk of developing a chest infection following an ERCP.

Occasionally, the endoscope causes some damage to the gut, bile duct or pancreatic duct. This may cause bleeding, infection and, rarely, perforation. If any of the following occur within 48 hours after an ERCP, consult a doctor immediately:

Tummy (abdominal) pain - in particular, if it becomes gradually worse and is different or more intense to any 'usual' indigestion pains or heartburn that you may have.

Raised temperature (fever).

Difficulty breathing.

Bringing up (vomiting) blood.

Inflammation of the pancreas (pancreatitis) sometimes occurs after ERCP. This can be serious in some cases.

The risk of complications is higher if you are already in poor general health. The benefit from this procedure needs to be weighed up against the small risk of complications.

Let your doctor know if you think you could be pregnant. It may still be possible to perform ERCP if you are pregnant, providing certain precautions are taken. Alternatively, it may be possible to delay it or use another type of procedure.

If you have any questions or need further information, please contact the Endoscopy unit:

Tel: 020 7460 5605

Fax: 020 7460 2438

The unit is open from 8.00am to 6.00pm, Monday to Friday.

www.cromwellhospital.com

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