

ERCP

This leaflet has been written by staff working in the Endoscopy Unit at West Middlesex University Hospital. We hope you find it useful. If, after you have read it, you have any questions or concerns, please contact us on 020 8321 2585/5191. When you come into the unit (Ground Floor) please talk to us about any worries and ask any questions you have.

If you would like to change your appointment time or date, please contact the endoscopy unit booking team on 020 8321 5752/5380.

Your appointment time in endoscopy is approximate because some procedures may take longer than expected and emergency procedures need to take priority. Please expect to be in the department for several hours—having pre-procedure checks, the procedure and for recovery after the procedure.

Appointment date

Appointment time

Contact information

Endoscopy Department

West Middlesex University Hospital
Twickenham Road
Isleworth, Middlesex
TW7 6AF

T: 020 8321 2585/5191

W: www.chelwest.nhs.uk

It is sometimes necessary for patients to stay in overnight for observation after an ERCP. It is a good idea to bring an overnight bag with you in case this happens.

What happens to me medicine?

We will talk to you before you go home about any changes/additions to your medications.

What can I expect when I go home?

You may feel bloated if some air remains in your stomach. It is advisable to sit upright and if possible walk around to help relieve this. Warm drinks and peppermints will also help you to pass the wind. You may have a sore throat, which can last up to 48 hours. Taking throat lozenges will help. Pain relieving tablets such as paracetamol may be taken according to manufacturer's instructions.

If the pain continues, or you have concerns or questions, please contact the Endoscopy Unit on 020 8321 2585/5191 (8am–6pm) or on 020 321 2121 and ask for the on-call gastroenterologist (6pm–8am).

Resume normal diet as soon as you feel able or as instructed.

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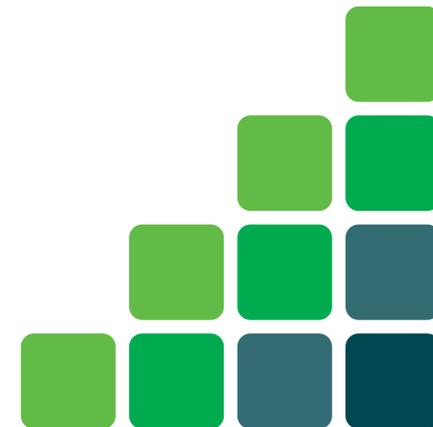
Speak to your clinician



ERCP

(endoscopic retrograde cholangio-pancreatography)

Information for patients



What is an ERCP?

An ERCP is an examination of the pancreas and bile ducts. A long flexible telescope called an endoscope is passed through the mouth into the oesophagus (gullet), stomach and duodenum (small bowel).

Dye will be injected into the bile and pancreas pipes (tubes), and then X-rays are taken to outline these pipes. Any treatment that your doctor considers necessary will be done at this time. This may involve either a small cut at the end of the bile pipe, or the placement of a small tube to maintain bile flow.

Sometimes a biopsy—a sample of tissue—is taken for analysis (testing) in the laboratory. The tissue is removed through the endoscope using tiny forceps. This is not painful. The whole procedure usually only lasts 30–60 minutes.

There is a considerable variation in the way people react to this procedure and the sedation. General anaesthesia is not required. The procedure is safe but may be unpleasant and, at times, uncomfortable.

We aim to use enough sedative to relax you. We do not send you to sleep but we will do our best to make you as comfortable as possible. Some people will not remember all of the procedure after having the sedative, this is normal and nothing to worry about

What should I do before I come in?

As you will be having sedation, you must organise for someone to take you home after the test and be with you for 24 hours.

Drugs

If you are diabetic please let us know in advance.

If you are taking any of the following medicines, please inform the pre-assessment nurse or a member of the endoscopy team for further instructions:

- Warfarin, rivaroxaban, apixaban, dabigatran, edoxaban
- Clopidogrel, prasugrel, ticagrelor
- Aspirin or any other medication used to thin the blood (anti-coagulant)

Unless you have been advised otherwise, you should take any other usual medicines normally (with a few sips of water).

Do I need to fast before the test?

Your stomach must be empty for us to perform the gastroscopy. Therefore it is essential you have nothing to eat for at least 8 hours before the examination. You may drink small sips of clear fluids (water, black tea or black coffee) until 3 hours before the procedure—check your letter for the time.

What are the risks and benefits?

The benefit is that this procedure will help us to investigate your symptoms and it may help us to treat you. There is a small risk of damage to the pancreas (pancreatitis in 2–5 in 100). This usually entails a few days in hospital with pain, but may occasionally be a severe illness requiring a prolonged stay in hospital.

Rarer complications include bleeding, infection or a tear in the lining of the gut (perforation) which occur in 1 in 500. Risks are increased if a sphincterotomy (cut) needs to be performed, your doctor will discuss this with you. If these complications occur, you may require urgent treatment, blood transfusion or an operation. ERCPs also involve a slight risk of damage to crowned teeth or dental bridgework.

What will happen when I come in?

On admission to the unit, a nurse will ask you several questions about your health, current medication (please bring an up-to-date list with you) and take your blood pressure and pulse.

You do not need to bring anyone with you to your appointment, unless they are acting on your behalf (eg interpreting for you). Your escort/relative will only be needed when you are discharged if you have sedation. Please avoid bringing cash or valuables with you.

Prior to the test you will be seen by the endoscopist doing the test for you. This is an opportunity to discuss the test before you sign a consent form. Please ask any questions you may have. It is important that you understand what is going to happen.

What options are available to help prepare me for the procedure?

We will give you a sedative via a needle in your arm. This is not a general anaesthetic but will make you relaxed and may make you feel sleepy. You will need to rest in the department for at least an hour afterwards.

As you will have had sedation, your escort must collect you from the unit, take you home and be with you for the next 24 hours.

What will happen during the test?

In the procedure room you will lie on a trolley (narrow bed), on your left side. Two nurses and the endoscopist will stay with you throughout the test.

You will be asked to bite on a small plastic mouthpiece to help keep your mouth open. This will also help to protect your teeth during the test. Dentures have to be removed if they are loose. During the test you may be given oxygen through little prongs that fit just inside your nostrils. Your blood pressure, pulse and oxygen levels will also be monitored.

When the endoscope is passed through your mouth it is likely to be uncomfortable. It may make you feel sick or you may retch. The endoscope will not interfere with your breathing.

During the test air is passed down the endoscope into your stomach to get a clear view. This may make you burp. 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 suction (the sort of tube that is used when you go to the dentist).

Do I need to be escorted home?

As you will have had sedation you must have an adult escort collect you from the unit.

Please ensure the nurses have the contact details for your escort prior to the procedure. A nurse from the unit will call your escort once you are ready for collection.

Please note: You will not be able to have the procedure if you do not have an escort arranged to collect you. We cannot escort you home.

The sedative will make you drowsy and even if you feel wide awake your reactions may still be affected. You may find it difficult to concentrate and you may forget things that you have been told after the procedure. The nurses will give you written discharge information. This includes the advice that for 24 hours after sedation you should not drive, ride a bicycle, operate machinery, take sedatives or drink alcohol, or sign legal documents.