Endoscopy Department

ERCP (Endoscopic Retrograde Cholangio Pancreatography)

Important Information **for inpatients**

Before your appointment

- If you are taking **Warfarin** or **insulin** remind the medical staff looking after you as they may need to be adjusted.
- All other medication should be taken as normal.
- If you have any queries about the procedure please do not hesitate to ask the medical or nursing staff looking after you.

On the day

- Have **nothing to eat or drink for six hours** before your appointment
- You will be bought to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

What is an ERCP?

ERCP stands for 'endoscopic retrograde cholangio-pancreatography'. It is a procedure that allows the endoscopist to examine the tubes that drain bile from your liver and gall bladder and digestive juices from the pancreas.

Bile is made in the liver, which is in the upper right part of the abdomen. Bile passes from liver cells into tiny tubes called bile ducts; these join together like the branches of a tree. Bile constantly drips down the bile duct into the duodenum (the first part of the gut after the stomach). Bile helps to digest food, particularly fatty foods.

The gallbladder lies under the liver on the right side of the upper abdomen. It is like a pouch which comes off the bile duct. It is a 'reservoir' which stores bile between meals. It contracts (squeezes) when you eat, empting stored bile back into the bile duct.

The pancreas is a large gland that makes enzymes (chemicals); these enzymes flow into the duodenum. The pancreatic enzymes are vital to digest food.
Jaundice, which is yellowing of the skin and urine, occurs when the tubes draining the bile become blocked. ERCP procedures are undertaken to relieve this condition.
A duodenoscope is used; this is a flexible tube thinner than your index finger with a light at the end. It is passed into the mouth, through the stomach to the duodenum to find the small opening (called Ampulla of Vater) where the bile and digestive juices drain into the intestine. A tube is passed through the duodenoscope and up into the Ampulla so that contrast (dye that can be seen on an x-ray) can be injected. X-rays are then taken.

Sometimes we need to make a small cut in the Ampulla so that gallstones which are stuck in the bile duct can be removed; this is called a sphincterotomy and is painless.

In other cases we need to put a tube called a stent into an area where the bile duct is blocked to allow the bile to drain.

Sometimes it is helpful to take a biopsy - sample of the lining of the ducts. This is done by passing a small instrument called forceps through the duodenoscope to ‘pinch’ out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis.

These procedures usually take about 15 minutes but times vary considerably. If it takes longer, you should not worry.

Getting ready for the procedure

The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the endoscopist. They will be happy to answer any of your questions as we want to make sure that you understand the procedure and its implications. Remember, you can change your mind about having the procedure at any time.

You will be given an intravenous sedative (this is **not** a general anaesthetic). It is an injection into a vein, which will make you feel relaxed and sleepy but not unconscious. Some people will also need to have antibiotics.

The sedative will continue to have a mild effect for up to 24 hours and may leave you unsteady on your feet for a while.

During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove glasses and false teeth. You will be made comfortable on the x-ray table lying on your left side with your left arm behind your back.

The endoscopist will give you the sedative injection. So that you do not bite the duodenoscope during the procedure, a plastic mouth guard will be put gently between your teeth. You will be given oxygen through a facemask and a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

As the tube is gently passed through your mouth you may gag slightly; this is quite normal and will not interfere with your breathing. During the procedure some air will be put in to your stomach so that the endoscopist will have a clear view. This may make you burp and belch a little, some people find this uncomfortable. The air is removed at the end and when the procedure is finished the duodenoscope is removed quickly and easily.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

Potential problems

This procedure involves x-rays; **if you are pregnant**, **you should not have this procedure**.

ERCP procedures carry a very small risk (5 in 1000 cases) of haemorrhage (bleeding) or perforation (tear).

If a cut is made into the bile duct there is a risk of 1 in 50 of significant bleeding. This can be treated straight away through the duodenoscope and rarely is a major complication, however if it is severe sometimes blood transfusion or surgery is needed.

Occasionally inflammation of the pancreas (pancreatitis) may develop (1 in 50 – 100); it can be painful and usually requires you to stay in hospital for a few more days for intravenous fluids and painkillers. On very rare occasions, it may be more severe than this.

There may be a slight risk to crowned teeth or dental bridgework and you should tell the endoscopist if you have any of these.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and adverse reactions to intravenous sedative drugs and, when used, antibiotic treatment.
You can be reassured that your doctors will only have recommended ERCP if the benefit to you from the procedure clearly outweighs these small risks.

After the procedure

Following the procedure, you will be taken to a recovery area until you are awake enough to be returned to your ward. If you are discharged from hospital within 24 hours of your procedure you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents. You are also advised to have a responsible adult stay with you for the next 12 hours

The back of your throat may feel sore for the rest of the day. You may also feel bloated if some air remains in your stomach. Both these discomforts will pass and need no medication.

If you have any of the following you should let the staff on your ward know immediately

- severe pain,
- black tarry stools
- persistent bleeding.

When do I know the result?

If you are still sleepy when taken back to your ward, the doctors looking after you on the ward will tell you the result. A written report will be filed in your hospital notes before you leave the department so that the information will be immediately available for the medical team looking after you

If biopsies were taken you will be told the final diagnosis by the team who requested the ERCP (in the clinic or by letter to you or your GP). These results may take several weeks to come through.

Details of the results and any further treatment should be discussed with the doctor who recommended you have this procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

Alternatives:

There are no real alternatives to therapeutic ERCP. In some cases, depending on individual factors such as the symptoms present and the condition being investigated, alternatives may be:

- MRCP or PTC.

For more information:

- Contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 216546.
- See www.addenbrookes.org.uk/consent

Addenbrooke’s is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk
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Bengali

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