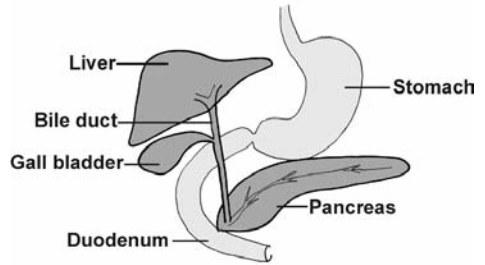


ERCP



What is an ERCP?

ERCP stands for Endoscopic Retrograde Cholangio-Pancreatography. This procedure allows the endoscopist to take detailed X-rays of your pancreas and bile ducts. An endoscope (a thin, flexible tube, with a bright light and camera at the end) is passed through your mouth, gullet (oesophagus), and stomach into the upper part of your small intestine (duodenum). Once the endoscope is in position, special dye is injected down the endoscope, so that the pancreas and bile ducts can be seen on X-ray.



Why do I need it?

ERCP is used to diagnose and treat disorders of the bile ducts and pancreas. This test is usually performed when patients are jaundiced, following pancreatitis and in some patients with gallstones prior to an operation to remove the gallbladder (cholecystectomy).

What treatment can be done during an ERCP?

Sphincterotomy: If the X-ray shows that a gallstone has passed into the bile duct, the endoscopist will enlarge the opening of the duct with an electrically heated wire. Any stones are retrieved by the endoscopist or left to pass into the intestine.

Sphincteroplasty: Following sphincterotomy (above) the endoscopist can enlarge the opening of the bile duct with a balloon. This allows for the removal of larger stones.

Stenting: If the X-ray shows a narrowing of the bile duct, the endoscopist may need to place a short plastic or metal tube (stent) in the duct. This allows the bile to drain into the bowel again. The stent may be left in permanently, although it may need to be replaced later if it becomes blocked. You will not be aware of the tube inside you.

How do I prepare for it?

If you are having the test as an outpatient, your specialist will have asked you to have a blood test at your GP surgery before the ERCP. Try to do this as close to the procedure as possible, ideally within 3 days.

You should have nothing to eat and drink for at least 6 hours (and preferably overnight) before the ERCP, although you can drink a small cup of water up to 2 hours before the test if you're very thirsty. Regular prescription medication can be taken – please bring a list of your medications with you.

If you are taking medication to thin your blood, for example Warfarin, Clopidogrel, Ticagrelor or Rivaroxaban, your specialist should have discussed this with you and given you clear instructions. If they have not please contact the department using the phone number on your letter. **Please make an appointment at your GP surgery to have an INR test as close as possible to your procedure, a maximum of 3 days before. Your procedure may have to be cancelled if we do not have an up to date INR.**

If you have an implanted cardiac device, require a hoist, could be pregnant, have any concerns about your fitness for the test or are unsure about whether to stop taking medicines, please inform us using the number on your appointment letter. The booking staff will not be able to offer you advice but can arrange for clinical staff to contact you at home.

ERCP involves radiation exposure to the abdomen. Please inform the ERCP bookings team if you have had unprotected sexual intercourse since your last period.

What will happen?

Before the test you will be asked to undress, put on a hospital gown and remove any glasses or dentures. An endoscopist and/or nurse will explain the procedure to you.

A cannula (small plastic tube) will be inserted into your arm, through which we can give you any necessary medication. We will take you on a bed to the X-ray department, where the endoscopist will answer any further questions or concerns that you have about the test.

You will be asked to lie on your left side, almost on your front. A sedative injection will be given to make you sleepy. You may not remember anything of the test. The endoscope is then passed through your mouth, down to your stomach and into the upper intestine. The tube will not cause you any pain, and will not interfere with your breathing. A mouth guard will protect your teeth. The test itself lasts between 15-60 minutes.

What happens afterwards?

We will keep you under observation until the effects of the sedation have worn off, which will be a number of hours. Afterwards you will not be able to operate machinery, take alcohol, sign legal documents or drive for at least 24 hours, though insurance companies vary and you should check with your insurance company if you need to drive between 24 and 48 hours. You will need someone to escort you home, and you should have immediate access to a telephone if you are planning to be alone at home. You may need to stay in hospital overnight or your stay in hospital may be extended by a few days if further tests or treatments are necessary. The endoscopist will discuss the results with you before you leave hospital.

Are there any risks or complications?

In general endoscopy can result in complications such as reactions to medication, perforation of the intestine and bleeding. There is a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have any of these.

ERCP-specific risks vary with the reason for the test, the treatment carried out and existing medical problems.

Therapeutic ERCP is recommended because it is simpler and safer than surgical operations. However they are not always successful and possible complications can arise including:

- pancreatitis (inflammation of the pancreas) – 5% risk
- bleeding from the sphincterotomy site – 0.2% risk
- infection of the bile duct (cholangitis) – 1% risk
- perforation of the intestine – 0.3% risk
- mortality rate – 0.4% risk

Severe pancreatitis (1 in 250 cases) can be a severe potentially life threatening condition. If you have concerns regarding your risk, please discuss this with your doctor prior to your ERCP procedure. The complications are rare but may require urgent treatment and even an operation.

What should I look out for?

If you have any of the following symptoms:

- **within 24 hours:** any pain, fever or vomiting – contact us immediately. You may have severe pancreatitis, which needs urgent treatment.
- **within the months afterwards:** jaundice, fevers and chills – contact your GP. Your bile duct stents may have become blocked with debris. If this occurs, you will need antibiotics and possibly a change of stent.

Final points

Don't worry if you do not remember all you have read, as you will have plenty of opportunity to discuss the test and your condition with the medical and nursing staff.

Contact us

If you have any queries please contact the Endoscopy Booking Office using the contact telephone number on your appointment letter. The office is open Monday – Friday 9am – 4pm.

If you would like this leaflet in large print, braille, audio version
or in another language, please contact the General Office on
01872 252690

