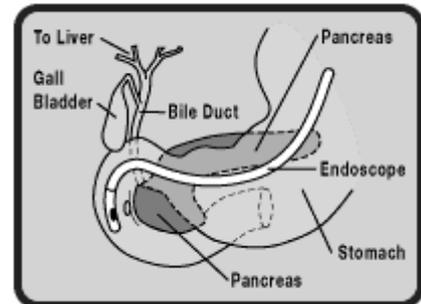


# ERCP

## What is an ERCP

ERCP stands for Endoscopic Retrograde Cholangiopancreatography. This procedure allows the endoscopist to take detailed X rays of your pancreas and bile ducts. A long flexible tube (endoscope) 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 through it so that X ray pictures can be taken of the bile ducts and pancreas.



## Why do I need an ERCP?

ERCP is used to diagnose and treat disorders of the bile ducts and pancreas. The test is usually performed in patients who are jaundiced, following pancreatitis and in certain patients with gallstones prior to an operation to remove the gallbladder.

ERCP is much safer than the old fashioned alternative which was an operation to explore the bile ducts and pancreas. Magnetic Resonance Cholangio-pancreatography (MRCP) is an alternative way of taking pictures of the bile ducts. It carries none of the risks of ERCP but does not allow any treatment to take place. We would use this test if no Endoscopic treatment was thought to be required

## What treatment can be done during an ERCP?

**Sphincterotomy:** If the X ray shows a gallstone, which has slipped into the bile duct, the endoscopist will widen the opening of the duct with an electrically heated wire called a diathermy. Any stones are removed by the endoscopist and left to pass into the intestine.

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

## What do I need to do to prepare for the ERCP?

You should have nothing to eat or drink for at least 6 hours (and preferably overnight) before the ERCP, although you can drink a small cup of water if you're very thirsty. Regular prescription medication can be taken.

## What will happen?

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. Please make sure you inform them if you

- have any heart or lung problems, diabetes or other medical problems.
- have any allergies
- have an artificial heart valve or have suffered an infected valve (endocarditis)
- are taking any medicines to thin your blood e.g. warfarin, aspirin, clopidogrel

The endoscopist will insert a small plastic needle (cannula) into your arm through which they can give you medication. You will be taken on a bed into the X ray department where you will be given the opportunity to ask the endoscopist any questions you may have.

You will be asked to lie comfortably on your left side with your left arm behind your back so that we can roll you onto your stomach once you are asleep. A sedative will be given to make you sleepy. You are unlikely to remember anything about the test although this cannot be guaranteed as the sedative is not a general anaesthetic. The endoscope will be passed through your mouth and into your throat. It will not cause you any pain or interfere with your breathing. A mouthguard will protect your teeth. The endoscope is then passed through the stomach and into the upper intestine where the test, lasting between 15-60 minutes, is carried out. You will usually stay in hospital overnight.

### **What happens after ERCP?**

We will keep you under observation until the effects of the sedation have worn off; your stay in hospital may be extended for a few days for further checks or treatment. Your doctors will discuss the results of the ERCP with you before you leave hospital.

### **What are the common risks of ERCP?**

There may be a slight risk to dental crowns or bridgework. Tell the nurses if you have any of these. Other risks vary depending on why the test was done, the treatment carried out and other medical problems. In general endoscopy can result in complications such as reactions to medication, perforation of the intestine and bleeding. Complications of diagnostic ERCP (no treatment carried out) are less than after therapeutic ERCP where treatment is carried out, but include:

- 1-2% risk of pancreatitis (inflammation of the pancreas)
- allergic reactions to the dye used in taking the X ray pictures (rare)
- infection of the bile duct called cholangitis (rare)

Therapeutic ERCP (treatment for stones or blockage of the bile duct) is recommended because it is simpler and safer than an operation. However, they are not always successful and possible complications include:

- 5% risk of pancreatitis (inflammation of the pancreas)
- 3% risk of bleeding from the sphincterotomy site
- 0.2% risk of perforation of the intestine
- 1% risk of infection of the bile duct (cholangitis)

These complications are rare but may require urgent treatment, even an operation. Pancreatitis can be a severe and, rarely, life threatening condition. Be sure to inform us if you have any pain, fever or vomiting soon after ERCP. Many months after ERCP, bile duct stents can become blocked with debris. This will result in the jaundice returning and you may also have fevers or chills. If this happens, you should tell your GP. You will need antibiotics and a possible change of stent.

### **Final Points**

Don't worry if you do not remember all that you have read, as you will have plenty of opportunity to discuss the test and your condition with the medical and nursing staff. However, it is important that we know that you have understood what you have read so far. Please take some time to re-read this information and when you are happy, please complete the form on the opposite page

**If you have any queries at all please feel free to phone us on**

☎ 01752 517547 or 01752 245155.

# Endoscopy Consent Form

**Please complete the following:**

Surname.....  
First name .....  
Date of Birth.....Hospital No.....  
Address.....  
.....  
.....

or affix patient label here

I have read and understood the information sheet opposite. I therefore give informed consent to have an

**ERCP**

I understand that:

- A fully trained endoscopist will supervise the procedure although you cannot guarantee a particular person will perform the procedure.
- Additional procedures may need to be performed if it is necessary to save my life or prevent serious harm to my health.
- I can decide not to have this procedure
- There is a risk of damage to the bile duct, cholangitis (infection in the bile duct) or pancreatitis (inflammation of the pancreas)
- If a sphincterotomy is necessary, then there is a risk of bleeding or perforation of the gut
- Other rare complications include
  - aspiration pneumonia
  - a reaction to the sedative drugs
  - a slight risk to crowned teeth or dental bridgework
- I understand that small tissue or fluid samples may be taken for diagnosis and that these may be stored and used for education, training and quality control in the future
- I give permission/refuse permission (*please delete as appropriate*) for small amounts of this stored tissue sample to be used for ethically approved research in the future

**Patients Signature:** ..... **Date:**.....

**Endoscopist's declaration**

I declare that the patient named above understands the nature, indications, intended benefits alternatives and serious or frequently occurring risks of **ERCP** and therefore gives informed consent:

Additional comments e.g. therapeutic procedures etc.

Endoscopist's Signature: ..... Date:.....

Print Name: ..... Job Title:.....