

## Having an ERCP

**If you need an interpreter, please contact us as soon as possible so that we can arrange for a qualified person to attend your appointments.**

It has been recommended that you have a test called an ERCP (Endoscopic retrograde cholangio-pancreatography). This is a procedure used mainly to treat conditions that affect the bile ducts and the pancreas. It combines the use of an endoscope (a flexible telescope to look inside your gut) and x-rays. The endoscope is passed easily down through the stomach to the bile duct exit and pancreas. A small tube is then passed through the endoscope into this opening and a dye which shows up under x-ray is injected.

If the x-rays show a gallstone, the doctor may enlarge the opening of the bile duct by making a very small incision with an electrically heated wire (diathermy) which you will not feel. The gallstones will be collected in a tiny basket or left to pass into the intestine.

If a narrowing is found, bile can be drained by inserting a short tube (stent) into the bile duct. You will not be aware of the presence of the tube, which can remain in place permanently. Occasionally, it may be necessary to replace the tube.

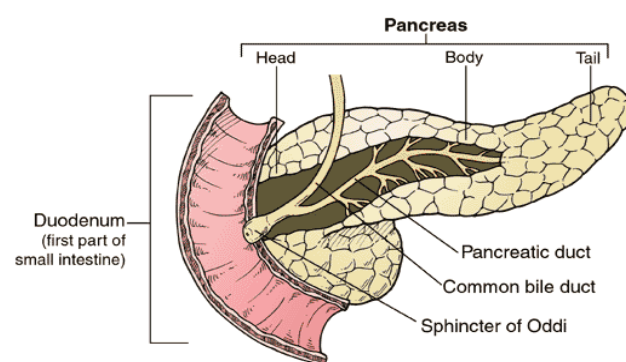
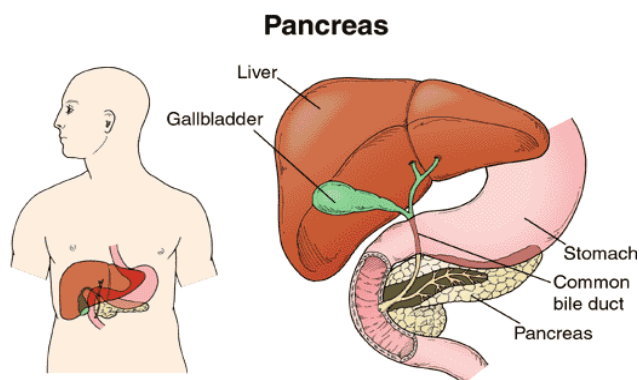
An ERCP requires the use of a **sedative drug**. The type of sedation used is called conscious sedation and is **not** a full general anaesthetic. This means that although you will feel sleepy, relaxed and may not remember the examination, you will still be able to respond to verbal instructions. i.e. you are awake, but drowsy. Sedation is given through an intravenous cannula, which is a small tube that is put into a vein in the back of your hand.

After having **sedation**, you **must** have someone who can take you home **and** look after you for the rest of the day.

### Are there any risks involved?

An ERCP is a skilled procedure and is performed by a highly trained doctor who takes every care to reduce any risks.

- The main risk is of inflammation of the pancreas (pancreatitis). The risk of this occurring is about 3% and needs hospital admission, IV fluids and pain relief.
- There is a 1% risk of infection which would need IV antibiotics and a 0.5% risk of perforation (tear) which would also need hospital admission, IV fluids and antibiotics.



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- If special treatment is required during the procedure, to help remove a gallstone for example, an incision will be made in the lower end of the bile duct. There is a slight chance of bleeding or perforation from this incision (about 1% of patients) and a blood transfusion may be required. These problems usually settle down on their own, though they may delay your return home by a few days. Very rarely, an operation is necessary to treat a complication.
- 10% of ERCPs fail and need to be repeated or an alternative procedure carried out.
- In a very small number of patients (1 in 1000), sedation can cause your breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use one.

### Special precautions

- If you are asthmatic, please bring your inhalers with you and let the nurse know.
- If you are taking any regular medication for **diabetes**, please refer to a separate leaflet available by telephoning 01753 634157. It explains how to control your blood sugar around the time of your procedure as it is important to maintain a blood sugar above 5 mmol/l. Check your blood sugar level and if necessary suck some glucose tablets ahead of your procedure to achieve this. Please bring your diabetic pills or insulin with you to your appointment.
- For patients on **clopidogrel** or **ticagrelor**, stop taking it 7 days prior to your procedure. You may restart it after your procedure unless otherwise advised. However if you have had a **coronary stent** inserted less than 12 months ago please do not stop the clopidogrel and let us know by telephoning 01753 634157.
- For patients on **warfarin**, stop taking this drug 5 days before. However, if you are taking warfarin for a metallic heart valve, previous venous thrombosis (blood clot) or pulmonary embolism, please do not stop taking it and telephone us on 01753 634157 as we will need to make alternative plans to thin your blood around the time of your procedure.
- For patients on dabigatran, rivaroxaban or apixaban stop taking this drug 3 days before your procedure. However, if you are taking this for a **metallic heart valve**, previous **venous thrombosis** (blood clot) or **pulmonary embolism**, please do not stop it and call us on 01753 634157. We will need to make alternative plans to thin your blood around the time of your procedure.
- If you have a heart murmur, have had a heart valve replacement, suffer from kidney failure, are in **poor health** or **very frail**, please contact us for advice by telephoning 01753 634157.
- **Aspirin** in low doses is allowed. In the 7 days leading up to the procedure, do not take more than 75mg per day of aspirin.
- If you are taking any other regular medications, please continue to take them.
- Do let us know if you are pregnant, breastfeeding or trying to conceive since this examination involves the use of x-rays.
- If you have a cough or a cold, please telephone us on 01753 634157 as it may be necessary to postpone your appointment.

## Preparing for your ERCP

Do not have anything to eat or drink from midnight of the night before the examination, otherwise food or liquids will obscure the view of the endoscope and the examination will not be possible. You may, if you wish, have a small glass of water before 8am on the day of your examination.

## General information

- You will need to take some time off work and you can expect to be in hospital for 3 - 5 hours. The results will usually be discussed with you before you leave. Please note, your appointment time is the time at which you should arrive at the Unit. It is not the time at which your procedure will begin.
- Please complete the enclosed patient questionnaire and bring it with you. If one is not enclosed, please telephone 01753 634157.
- Please **bring** with you **a dressing gown, slippers**, a toothbrush, toiletries and nightclothes for use in the unlikely event of your having to stay in hospital overnight. You may also bring something to read.
- Please do not bring any items of value such as jewellery or credit cards. We cannot accept any responsibility for their loss.

## On arrival at the unit

The receptionist will ask for your questionnaire. A nurse will then call you to complete a form about your medical history and take your blood pressure, etc. The nurse will also explain the procedure and the risks involved, and will answer any questions you may have. You will also be asked to sign a consent form.

## The examination

In some situations, antibiotics are given by injection before the procedure. You will be asked to remove your spectacles and dentures. Jewellery or metallic objects should also be removed as they interfere with x-rays and the diathermy. For your comfort, the doctor or nurse will spray your throat with local anaesthetic and the sedative will be administered. You will require a little extra oxygen during the test and this will be administered nasally. A mouth guard will be put into your mouth to protect you from accidentally biting your tongue or the endoscope. A nurse will stay with you throughout the procedure.

## After the examination

Your throat may feel slightly sore. After resting, you will be given a drink and some biscuits. You may feel a little bloated due to air blown in through the tube. This will quickly pass. Because the risk of complications is small, it is likely that you will be allowed home after your ERCP, even if you have received treatment to your bile ducts. A healthcare professional will explain your test results before you go home. Occasionally, it may be necessary to stay overnight for observation. If you do experience any problems which you feel may be related to the test, please inform hospital staff at once – details are given in the aftercare leaflet. You may need to return to hospital for treatment.

If you have had sedation, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide-awake. For this

reason, you must have someone who can collect you from the Unit, take you home and look after you for the rest of the day.

If you have had **sedation, for 24 hours** after your procedure **you must not:**

- Drive
- Operate potentially dangerous machinery

For 8 hours after sedation, you should also not:

- Use potentially dangerous appliances, such as a cooker or kettle
- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Sign any legal documents
- Drink any alcohol, take sleeping tablets or recreational drugs

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:  
**Frimley Park Hospital**  
**Telephone:** 01276 526530  
**Email:** fhft.palsfrimleypark@nhs.net  
**Heatherwood Hospital**  
**Telephone:** 01753 633365  
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**Wexham Park Hospital**  
**Telephone:** 01753 633365  
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<p><b>Frimley Health NHS Foundation Trust</b>  <b>Frimley Park Hospital</b>          Portsmouth Road          Frimley          Surrey          GU16 7UJ</p> <p><b>Hospital switchboard:</b>          01276 604604  <b>Website:</b> www.fhft.nhs.uk</p>	<p><b>Frimley Health NHS Foundation Trust</b>  <b>Heatherwood Hospital</b>          London Road          Ascot          SL5 8AA</p> <p><b>Hospital switchboard:</b>          01344 623333  <b>Website:</b> www.fhft.nhs.uk</p>	<p><b>Frimley Health NHS Foundation Trust</b>  <b>Wexham Park Hospital</b>          Wexham          Slough          Berkshire          SL2 4HL</p> <p><b>Hospital switchboard:</b>          01753 633000  <b>Website:</b> www.fhft.nhs.uk</p>
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**Legal Notice**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

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