

Endoscopic retrograde cholangio pancreatogram (ERCP)

Information for patients attending King's College Hospital only

This information leaflet answers some of the questions you may have about having an endoscopic retrograde cholangio pancreatogram (ERCP). It explains the risks and the benefits of the test and what you can expect when you come to hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Denmark Hill Nurses' Station 020 3299 4079

Denmark Hill Reception 020 3299 3075

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is an endoscopic retrograde cholangio pancreatogram (ERCP)?

It is a procedure we use to diagnose problems in your liver, pancreas and bile ducts. We can take x-rays during the test to see these organs in more detail.

We put a long, thin, flexible tube called an endoscope into your mouth and pass it down into your stomach and the small bowel next to your pancreas. The endoscope has a camera in its tip that sends pictures to a video screen. Patients are often admitted to hospital before an ERCP, so much of the information in this leaflet (particularly for medication, diabetic control and appointment times) will not apply.

Why do I need this test?

You usually have an ERCP to investigate and/or treat a specific condition which we have found during other tests. This includes things such as jaundice which have been caused by your bile duct narrowing or becoming blocked with gallstones.

During this test we can also take biopsies (small pieces of tissue) or fluid samples that we can look at in a laboratory to help us make a diagnosis.

It is important that you understand why you are having an ERCP. If you are not clear about the reasons, please check with the endoscopist who sees you on the day of your procedure.

What are the benefits?

A normal test can reassure you that all is well, but we do most ERCPs because we have found an abnormality during another test such as an ultrasound scan, a CT scan or a type of MRI scan called an MRCP.

It helps us to make a diagnosis, sometimes by taking tissue biopsies or fluid samples. We can also treat blockages or narrowings during the procedure so you do not need an extra operation. We do this by placing a small plastic or metal tube (stent) across the site, to ease the blockage and the jaundice that it is causing.

What are the risks?

An ERCP is a safe procedure and serious complications are very rare.

- **Sore throat** – your throat may be sore for a day or two after the procedure. This is not serious and will get better.
- **Dislodged teeth, crowns or bridgework** – there is a small chance that loose teeth, crowns or bridgework will be dislodged during the procedure. If you have any of these, let the endoscopist know.
- **Bleeding** – you can have bleeding after an ERCP, particularly after a sphincterotomy. Usually you do not need more treatment. But if the bleeding is severe you may need another endoscopy to find and treat its source.
- **Pancreatitis** – about 1 in 20 patients have pancreatitis after an ERCP. This is usually very mild and you can ease it with over the counter painkilling tablets. You have a 1 in 500 risk of developing severe pancreatitis. If this happens you will be admitted to hospital and given antibiotics and stronger pain relief.
- **Perforation** – there is a 1 in 100 risk of making a hole (perforation) during your test. We take every care to avoid this, but if it happens you will need to stay in hospital and have more tests such as a CT scan. You may need surgery to repair the hole.

- **Pneumonia** – if you are very frail, you may get pneumonia after the ERCP. This is also a risk if you have very severe breathing problems such as COPD (bronchitis or emphysema).
- **Reactions to the sedative** – we give you the smallest dose of sedative possible to prevent you from having any side effects. If you do have a reaction, we will give you medication to reverse the effects of the sedative.

Are there any alternatives?

We usually do an ERCP to achieve a specific goal. Mostly we do it only after another test has picked up an abnormality. It is the most efficient and effective test and we do not recommend it unless absolutely necessary.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

Do I need to prepare for the ERCP?

We need to get a clear view, so your stomach must be empty. Do not eat or drink anything for six hours before the test.

Do I need to stop taking my medication?

If you take **warfarin, aspirin or clopidogrel**, please ring the Endoscopy Unit Nurses' Station on **020 3299 4079** for advice at least one week before your test. You must stop taking these medications before the test, but we need to make sure you do so safely.

If you are diabetic, please read our advice sheet, *Preparing for your OGD - information for patients with diabetes*, which explains what you should do about your medication. If you have not received this, please ring Endoscopy Unit Reception on **020 3299 3075** and we will send you a copy.

If you are taking any other medications, in general you can take as usual, unless your doctor has advised you otherwise.

Things to remember

- Please bring your reading glasses as you need to read and sign your consent form. You may also want to bring something to read while you wait.
- We will give you a hospital gown to put over your own clothes to protect your clothing so you do not need to bring anything to change into.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will be kept with you (on a shelf on the examination trolley) at all times.

What happens when I arrive for my test?

Your appointment time is approximate. You should plan to be in the Endoscopy Unit for the whole morning or afternoon.

A nurse will fill out an assessment form with you if you have not already done so. The endoscopist who is going to do your test will come and explain the procedure to you. An anaesthetist will also see you.

Will I have a general anaesthetic?

Most people have an ERCP under a general anaesthetic (GA). You will be unconscious during the test and you will have a thin tube to help you breathe.

Someone must come to collect you and take you home afterwards – not a taxi. We cannot give you a GA unless you arrange this. The effects of the GA can last longer than you think, so you should not drink alcohol, drive or use machinery for at least 24 hours after the test.

What happens before the test?

We will ask you to put a hospital gown on over your own clothes in a changing cubicle and then make you comfortable on an examination trolley.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you injections. You will be taken to the ERCP endoscopy room lying on the trolley.

A nurse will attach a monitor to your finger to measure your oxygen levels during the test. The anaesthetist will start giving you the GA and push a breathing tube into your throat once the anaesthetic is working.

What happens during the test?

During the test, the endoscopist may carry out the following tests or procedures:

- **Contrast injection** – contrast is a dye which shows up on x-ray. The endoscopist injects it through the endoscope directly into your bile ducts.
- **Sphincterotomy** – sometimes the endoscopist cuts the opening of your bile duct to allow gallstones to pass through or the dye to drain away.
- **Stent insertion** – a stent is a thin plastic tube which keeps your bile duct open when it has become narrowed or blocked. If you have a stent put in, you may need to have it taken out or replaced during another ERCP at a later date.

How long does the test take?

It usually takes about 60 – 90 minutes.

What happens after the test?

You should plan to be in the Endoscopy Unit for the whole morning or afternoon of your test. This is to give you time to recover and allow for any unforeseen delays. You will need to stay until the GA has worn off.

When will I get my results?

Before you leave, we will give you a copy of your test report and any instructions you need. We will also send a copy of the test report to your GP (home doctor).

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your test, contact the Endoscopy Unit Nurses' Station.

Tel: **020 3299 4079**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, contact Endoscopy Unit Reception.

Tel: **020 3299 3075**

At all other times, if you have any concerns after your procedure, call your GP or local Emergency Department (ED/A&E).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road – staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.