

Endoscopic retrograde cholangio pancreatogram (ERCP)

Information for patients attending King's
College Hospital site 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

Reception	020 3299 3599
Pre-assessment Clinic	020 3299 2775
Nurse's Station	020 3299 4079

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.

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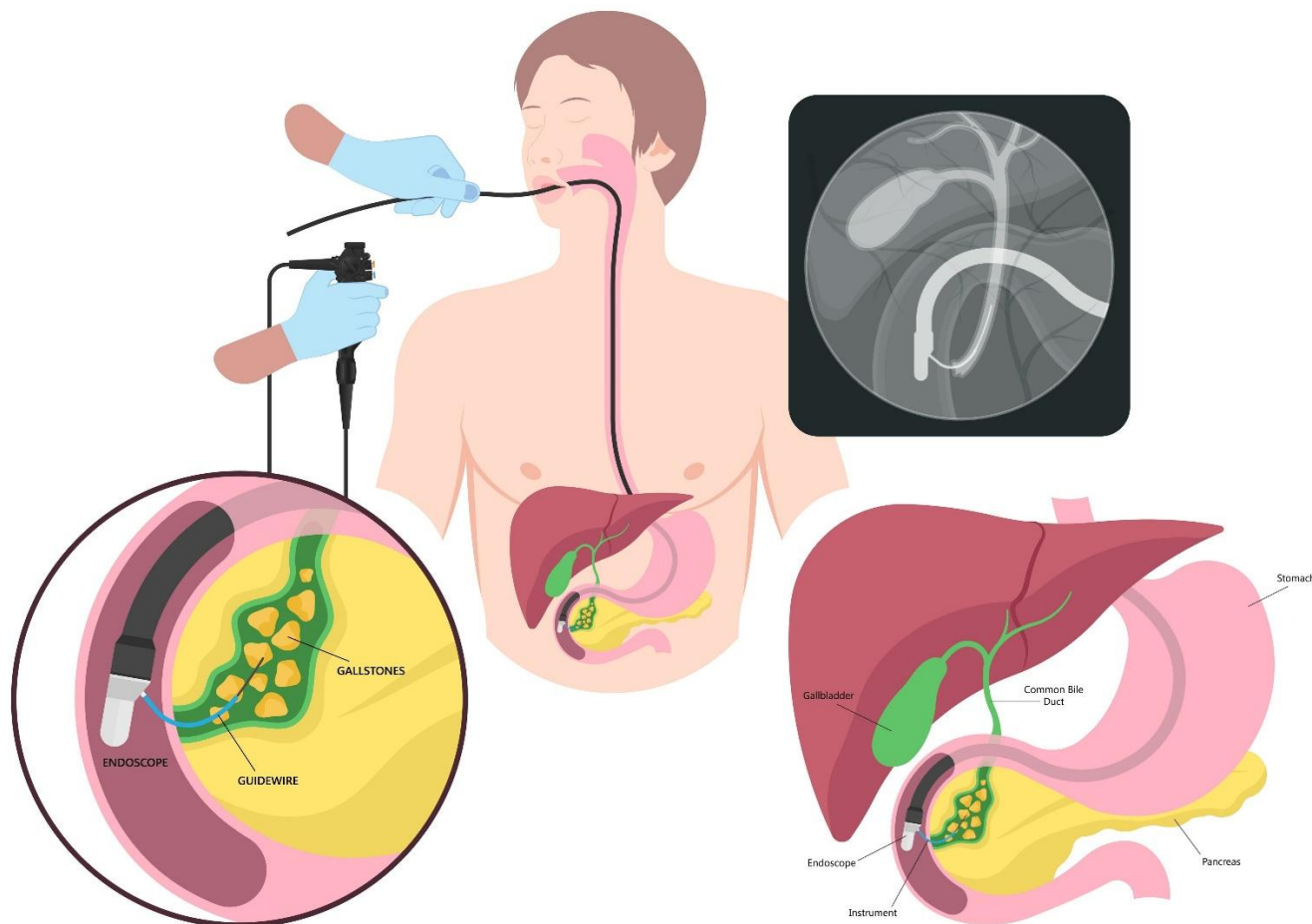
Important information

Please make sure you read and follow the instructions in the following sections on pages 6 to 7:

- Do I need to prepare for the procedure?
- Do I need to stop taking my medicine?
- What will I need on the day of the procedure?
- Things to remember

Failure to follow this advice will result in your appointment being cancelled.

What is an endoscopic retrograde cholangio pancreatogram (ERCP)?



An ERCP 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 a duodenoscope into your mouth and pass it down into your stomach and the small bowel next to your pancreas. The duodenoscope has a camera in its tip that sends video images to a monitor screen.

Often, the muscle which sits at the opening of the bile duct or pancreatic duct will need to be cut to help relieve blockages.

Why do I need this procedure?

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

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.

Tissue biopsies or fluid samples can help us make a diagnosis. 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.

- **Discomfort.** You might get discomfort in the tummy or a sore throat, which can last a few days. You can take throat lozenges to ease the discomfort. Please see the section 'Will it hurt?' on page 5.
- **Dislodged teeth, crowns or bridgework.** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, please inform the anesthetist beforehand.
- **Bleeding.** You can have bleeding after an ERCP, particularly after a sphincterotomy (see further under 'What happens during the procedure?' on page 8). The risk is less than 1 case in 50. Usually, you do not need more treatment. If the bleeding is severe you may need another endoscopy to find and treat its source.
- **Pancreatitis** (inflammation of the pancreas) affects about 1 in 20 patients after an ERCP. This is usually very mild and you can ease it with over the counter painkillers. 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.
- **Cholangitis** – infection in the bile ducts. The risk of cholangitis is between 1% to 5%. The risk is higher in patients with biliary disease or who have had a liver transplant. Those patients will all receive antibiotics before and after an ERCP
- **Perforation.** There is a 1 in 50 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** (inflammation or swelling of the lung tissue). If you are very frail, you may get pneumonia after the ERCP. The risk is approximately 1 case in 500. There is also an increased risk if you have very severe breathing problems such as COPD (bronchitis or emphysema).
- **Drug reactions** may occur very rarely. The anaesthetist giving you the general anaesthetic will discuss this with you before the procedure.
- **Failure to complete examination.** In some cases, the doctor cannot get to the bile ducts or pancreatic ducts to do the ERCP. Your endoscopist will explain the reason why and how this will be managed.
- **Death.** The risk of death directly related to ERCP is less than 1 case in 100.

If any of the above complications take place, you may be admitted to the hospital for observation or further treatment.

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.

The other alternative is not to have the procedure at all. This would result in no diagnosis being made or treatment performed. If you have concerns, speak with your endoscopist before signing the consent form.

Do I need to have a general anaesthetic?

All ERCPs at King's College Hospital, Denmark Hill are performed under general anaesthetic (GA). An anaesthetic assessment will be performed before your ERCP. You will be unconscious during the test and you will have a thin tube inserted into your lungs to help you breathe.

Someone must come to collect you and take you home afterwards. You must not travel home in a taxi alone. We cannot give you a GA unless you arrange someone to collect you. 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.

Some patients may need to be admitted overnight for observation. This will be discussed with you during your pre-assessment.

Will it hurt?

This procedure will be performed under general anaesthetic (GA) so you will not experience pain or discomfort. After the procedure, you may experience a sore throat or other pain (see 'Pancreatitis' under 'What are the risks?' on page 4).

Do I need to prepare for the procedure?

- If you are expecting to go home after your procedure, you must arrange for someone to collect you from the department and stay with you for at least the first 24 hours. We cannot give you a general anaesthetic unless you arrange this.
 - See 'Do I need to have a general anaesthetic?' on page 5.
 - See 'Advice after having a general anaesthetic' on page 8 for advice about things you should not do during the first 24 hours after having a general anaesthetic.
- Some patients may need to be admitted overnight for observation. This will be discussed with you during your pre-assessment.
- You must have a nursing pre-assessment before the date of your procedure. If we are unable to contact you for your pre-assessment, we will not be able to advise you how to prepare for your procedure. Therefore, the procedure may be cancelled on the day.
- Your stomach must be empty to allow us clear views and reduce the risk of pneumonia (please see 'Pneumonia' under 'What are the risks?' on page 8), therefore:
 - **you must not have anything to eat for 6 hours before your procedure time**
 - **you may continue to drink clear fluids up to two hours before your procedure time**

Do I need to stop taking my medicine?

If you are taking any medicine which you have been told may thin your blood, inform the nurse during your pre-assessment. You may need to stop taking this for a short time.

If you are taking any other medicines, including for diabetes, discuss these with the pre-assessment nurse, they may need to be stopped before the procedure.

What will I need on the day of the procedure?

- Please wear comfortable, loose clothing.
- Please bring a list of any medicines that you are currently taking.
- Please your reading glasses as you will need to read and sign your consent form.
- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- You will need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a re-usable bag to put your belongings in while you are having your test or procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use a NIPPY ventilator at home for sleep apnoea, please remember to bring it with you.

- There is no general public car parking at our King's College Hospital, Denmark Hill site. Please see the following website for further information:
<https://www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking>

Things to remember

- **Your appointment time is the time you are expected to arrive in the department.**
- If you are not staying in hospital overnight, then you should plan to be in the Endoscopy Unit for the whole day. The department has 5 rooms running at the same time and also accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- 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 at all times (on a shelf on the examination trolley).
- The waiting room has limited seating, please be aware that only one person can remain in the waiting room throughout your stay. They will not be allowed into clinical areas.

What happens when I arrive for my procedure?

A nurse will complete the health 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.

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.

What happens before the procedure?

We will ask you to put a hospital gown on in a changing cubicle and then make you comfortable while you wait for your procedure.

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 any medicine needed. You will then be taken to the endoscopy room.

A nurse will attach you to a monitor so your vital signs can be measured during the procedure. Once the anaesthetic is working, the anaesthetist will gently push a breathing tube into your throat. The procedure will start once the anaesthetist is satisfied the general anaesthetic has taken full effect.

What happens during the procedure?

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.
- Photographs, videos and x-ray images will be taken during the procedure so we can add clinical information to your medical notes. Additional consent is needed for these images to be used for any other purpose.
- Trainees often attend the department to gain skilled supervised training. You have the right to refuse being treated by a trainee. Your treatment will not be affected by your decision.

How long does the procedure take?

It usually takes 60 to 90 minutes.

What happens after the procedure?

You should plan to be in the Endoscopy Unit for the whole day. This is to give you time to recover and allow for any delays. You will need to stay until the effects of the GA have reduced.

If you are staying overnight, a nurse will escort you to your allocated ward once you have recovered from the anaesthetic.

Advice after having a general anaesthetic

After a general anaesthetic, you may feel tired, dizzy or weak, so if you are going home after the procedure, you must have someone to collect you from the Endoscopy Unit and stay with you for at least the first 24 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.

What happens when I go home?

Please contact your GP if you have any of the following symptoms:

- severe or continuous pain in your neck, chest or abdomen
- persistent nausea or vomiting
- pooing black (tarry) stools
- temperature of 37.4°C and higher
- chills

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 medicine, before or after your test, contact the Endoscopy Unit from 9am to 5pm, Monday to Sunday:

Pre-assessment Clinic: 020 3299 2775

Nurses' Station: 020 3299 4079

If you want to change your appointment or need another information leaflet, contact the Endoscopy Unit Reception on **020 3299 3599**.

Outside of the hours above, for urgent worries or queries, you may contact NHS Direct on 111 or go to your nearest Emergency (A&E) Department and take a copy of your test report with you.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please see www.kch.nhs.uk/services/services-a-to-z/endoscopy/

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. To find out more visit www.kch.nhs.uk/mychart

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely

and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

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) is a service that 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. They can also pass on praise or thanks to our teams.

Tel: 020 3299 4618

Email: kings.pals@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net