Advice for patients and carers about having a 
Endoscopic Retrograde Cholangiopancreatography (ERCP)

This booklet is designed to be practical and informative. Please read all of the information or you may miss important instructions.

If you have any questions regarding the information or instructions in this booklet, please call the Endoscopy Department on the number below, and a member of staff will be pleased to help you.

Endoscopy Department: 01202 704668 or 01202 704908 (Monday to Friday, 7.30am to 7pm)

If you cannot attend your appointment it is important that you telephone as soon as possible so that we may offer it to another patient. The number to call is:

Endoscopy Deputy Sisters’ Office: 01202 704665 (Monday to Friday, 7.30am to 7pm)

If you would like to look around the Endoscopy Department before you come for your procedure, you can do so by appointment. Please contact the Endoscopy Department as above to arrange this.

If you have internet access, there are several videos about the Department and the procedures that we carry out which you can view. This may help to answer many of your questions and make you feel more familiar and at ease when you visit us.

The website address below will take you to the homepage for Royal Bournemouth Hospital. Please search for “endoscopy”. This will take you to a link for Bournemouth Digestive Diseases Centre, where you can view the videos.

Website: www.rbch.nhs.uk

How do I prepare for endoscopic retrograde pancreatography (ERCP)?

1. Read this booklet before you attend your appointment
2. Inform the Endoscopy Department if you take anticoagulant medication
3. Do not have anything to eat or drink for at least six hours before the procedure
4. Arrange for someone to collect and accompany you for at least 24 hours after the procedure (you will not be able to drive or work for 24 hours afterwards)
5. Attend your pre-assessment appointment if advised to do so.
What is an ERCP?
ERCP stands for Endoscopic Retrograde Cholangio-pancreatography. It allows the doctor to see into your bile duct by using an endoscope, which is a long, thin, flexible tube with a tiny camera on the end. When the endoscope is inside you x-rays will be taken. An ERCP can take anything from 20 minutes to over an hour.

Why has my doctor recommended that I have an ERCP?
There are several reasons why you may need an ERCP, which usually follows blood tests and an ultrasound scan. Your doctor will explain specifically why you are having the procedure, but common examples are for:
- Jaundice (yellow skin and eyes)
- Pain in your abdomen in the region of your pancreas or liver.
- Abnormal blood results.
- Gallstones or other blockages in the bile duct.
The bile ducts and nearby structures

Bile is made in the liver, which is in the upper right part of the abdomen. The bile constantly drips down a tube called the common bile duct, through an opening called the papilla, into the duodenum (the first part of the gut after the stomach). The gallbladder is like a pouch which comes off the common bile duct. It stores bile and releases it when you eat, to help you digest food, particularly fatty food. The pancreas is a gland that is joined to the common bile duct and makes enzymes (chemicals), which are vital to digest food. (It also makes hormones such as insulin).

Are there any alternatives to this procedure?

You will usually have been referred for ERCP after having undergone a range of other investigations. The suitability of alternatives will depend on the reason for your referral; it is advisable to speak to the doctor who has referred you for this procedure.

Can I seek a second opinion?

Yes, at any stage. This can be arranged through your GP or consultant.

Can I change my mind?

You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the test with your family, friends, GP or consultant. If you decide not to go ahead with your ERCP, please let us know in good time.

Before the procedure

If you are having an ERCP as an outpatient then you will be pre-assessed by one of our Liver Nurses. They will assess your suitability for an ERCP, general anaesthetic and possibility of it being a day case procedure. You may undergo a physical examination, blood tests and an electrocardiogram (ECG). These tests are essential to ensure it is safe to proceed with the procedure. You will have the opportunity to ask questions. (If you are having an ERCP as an inpatient, this preparation will be carried out during the course of your stay in hospital).

If you are taking warfarin, or similar medication to prevent clotting (e.g. Apixaban, Clopidogrel, Dabigatran, Dipyridamole, Prasugrel, Rivaroxaban, Ticagrelor, Warfarin or Sinthrome) you will normally need to stop taking these at least 5 days before your procedure. You will be given advice on this during your pre-assessment.

It is important that your stomach is empty for the procedure. Therefore, you must not have anything to eat or drink at least 6 hours prior to the procedure.
What will happen on the day?

On the day of the ERCP you will be admitted to the Endoscopy Department by the nurses and a small needle placed in your hand or arm for the administration of medication during the procedure. An anaesthetist will see you to discuss the anaesthetic, and a doctor will sign a consent form with you for the ERCP.

Please tell us if you are allergic to anything and bring a list of your current medications with you.

If you have any communication difficulties, or require a translation service, please let the nursing staff know on the day and they will ensure that you have the support you require.

Who will be in the procedure room with me?

You will be accompanied into the procedure room by a nurse and healthcare assistant who will assist the endoscopist with equipment and the collection of samples. Also present will be a radiographer who will assist with x-ray equipment as required. Nursing students and medical staff in training may be present in the room to observe the procedure.

The procedure will be performed by a consultant endoscopist. An experienced doctor who is completing their training in advanced endoscopy may be present, assisting with or learning to perform ERCP under the direct, expert supervision of the consultant. If you would prefer not to have your ERCP performed by someone who is training, you will have the opportunity to make this known before entering the procedure room.

What will happen during the procedure?

A nurse will stay with you throughout your procedure. You will be asked to remove any false teeth, spectacles or contact lenses. You will be asked to lie on your back on the x-ray table. A probe will be put onto one of your fingers to monitor the amount of oxygen in your bloodstream and an oxygen mask placed over your nose and mouth.

In most cases, a general anaesthetic is required. Alternatively, you may be given a combination of a sedative to make you sleepy, a painkiller to keep you comfortable, and a muscle relaxant to help control the movement of the gut. This does not make you unconscious, although many patients are very sleepy within a few minutes, and do not remember anything else about the procedure.

Once you are asleep, a mouth guard will be placed between your teeth and gums to protect them and to prevent damage to the endoscope. Then the doctor will pass the endoscope through your mouth, down into your stomach and then into your small bowel (duodenum). A fine tube is then passed down the endoscope and inserted into your bile duct. Dye is injected through this tube and x-rays are taken. The dye passes out of your body harmlessly.

If the x-rays show any gallstones stuck in the bile duct, the doctor can enlarge the opening of the duct (papilla), by making a cut with an electrically heated wire (diathermy). This is called a sphincterotomy. You will not feel this. Stones might then be pulled out with a small balloon and/or crushed with a small basket device and pulled into the duodenum through the widened opening. The stones will be passed naturally in the faeces (motions).
What will happen during the procedure?

Occasionally, it may not be possible to remove the stone/s from the duct and you may have to come back in about 2 or 3 months for a further attempt. If this is the case, a small plastic tube called a stent will be placed so that it bypasses the stone/s and allows bile to flow freely from the liver into the duodenum, temporarily.

If the x-rays show a narrowing or blockage in the bile duct, the doctor can put a plastic or wire mesh stent inside to open it wider and allow the bile to flow. You will not be able to feel the stent inside you. Occasionally, small samples may be taken from the bile duct or near the opening of it.

What are the risks of having an ERCP?

The majority of people who have an ERCP have no serious complications and 90% of procedures are successful. As with all medical procedures, there are some side-effects and risks. Some people experience some abdominal discomfort after, because of the air that has been put into the stomach. This usually settles by itself within a few hours.

Sedation / Anaesthesia

There is a slight risk of developing a chest infection following an ERCP. As a consequence of sedation / general anesthetic there is a small chance of heart and lung problems during or after the procedure. The risk of complications is higher if you are already in poor general health. Your doctors will have carefully weighed up the benefit from this procedure against the small risk of complications.

Pancreatitis

Inflammation of the pancreas sometimes occurs after an ERCP as the bile duct is next to the pancreas. It can be minor or severe and can be very painful. It usually requires some days in hospital for intravenous fluids and painkillers. The risk of pancreatitis from having an ERCP varies from person to person and typically occurs in 1 in 50 cases. An anti-inflammatory suppository (a medicine inserted into your back passage) can reduce the risk of complications developing. This is usually administered whilst you are still under general anaesthetic or sedation.

Bleeding

If a cut is made into the opening of the bile duct (sphincterotomy) to remove a stone, there is a risk of bleeding in 1 in 100 cases. This usually settles by itself. Rarely, a blood transfusion or surgery may be required.

Infection

Infection of the bile duct (cholangitis) may occur after an ERCP in 2 in 100 cases. This requires treatment with antibiotics.

Perforation

Rarely, a small tear (perforation) may be made in the gut lining. Internal audit of data for the department shows that risk of perforation during ERCP is 1 in 200 cases. It can be treated by resting the gut and giving intravenous fluids. Very rarely, surgery may be required.

Serious complications

Life threatening complications are uncommon, but do occur. The risk of death following an ERCP is 1 in 300 cases, however this tends to be patients who are elderly or have poor health prior to the procedure. Due to the risks we monitor you closely after your ERCP. If complications did arise then you would be reviewed by a doctor and you may have to stay in hospital.
What are the risks of having an ERCP (continued)?

**Failure**
There is 1 in 10 chance that the procedure will be unsuccessful. If this is the case, your doctors will discuss any further treatment or options with you. It may be necessary to repeat the procedure.

**What happens after the procedure?**
You will be taken on a trolley to the recovery area in the Endoscopy Department, where you will be monitored closely until you are fully awake. You may sleep for about an hour after the procedure, and then feel drowsy for a few hours. Because of the sedative or general anaesthetic, most people remember very little about the procedure. The effects of the medication may vary slightly from person to person. If all is well, you will normally be allowed to drink clear fluids after 2 hours and start eating a light diet after a further 2 hours if no problems arise. The endoscopist may alter these directions depending on the outcome of your ERCP.

You will be told the result of the ERCP and what treatment has been given. If you have any questions, do not hesitate to ask your doctors or the nursing staff.

It is essential that you are observed for 24 hours after a general anaesthetic. Many people stay in hospital overnight after an ERCP for observation, however there may be an opportunity for you to be discharged on the same day if you recover well from the ERCP and if there is someone to accompany you home and to stay with you overnight.

**For 24 hours after sedation or general anaesthetic you must not drive any motor vehicle, work, operate heavy machinery, sign anything legally binding, drink alcohol or take sedative medication, or look after babies or young children. You are advised to rest.**

In the majority of patients who have an ERCP a return to work 24 hours after the procedure would be anticipated, however this depends upon the complexity of the procedure. If you are unsure of when to return to work, please ask medical staff before you are discharged home post ERCP.

As part of our department’s ongoing commitment to maintaining standards and providing quality healthcare you may be contacted after your procedure and asked to complete a questionnaire. You do not have to complete the questionnaire, but the more people who answer the better.

**If you have had a stent put in your bile duct:**
This is the drainage tube which allows bile to flow away from your liver freely. Some of these stents have a limited life and can block after a few months or sooner. The symptoms of this can be:

- Jaundice (yellow skin and eyes)
- Pale stool (faeces, motions)
- Dark urine
- Itching
- Fever (raised temperature)

If you get any of these symptoms, you must contact your GP or phone the number given to you at the time of discharge (see below for a list of contact numbers). Arrangements may then be made to bring you into hospital urgently for the stent to be replaced.
What if I feel unwell after discharge?
If any of the following occur within 48 hours after having the ERCP, you must contact a doctor or attend the Emergency Department immediately:

- Severe pain in your tummy. (In particular, if it becomes gradually worse)
- Fever (raised temperature)
- Difficulty breathing
- Vomiting blood or passing black motions

Taking a copy of your discharge advice can help to ensure that you receive prompt investigation and treatment.

You can also call the following numbers for advice:

**Endoscopy Department 01202 704668 or 01202 704908** (Monday to Friday, 7.30am to 7pm)
**Ward 1 01202 704995** (24 hours)

**Where is the Endoscopy Department?**
The Endoscopy Department is on the Ground Floor next to Ward 1, in the West Wing of the Royal Bournemouth Hospital. A map of the hospital is included below.
Car Parking Facilities:
The Hospital’s public car parks are clearly sign-posted and shown on the map on the previous page. The car parking area nearest to Endoscopy is car park B. You can also use car parks A, C, D, F, H and I. Please note that at certain times the car parks can get very busy and spaces can be limited. The car parks operate a ticket and barrier system, and are not ‘pay-and-display’. You will be issued with a ticket when you enter the car park. Please keep this ticket with you and do not leave it in your car. Upon leaving the Hospital, you will find the Pay Stations located near the building at each exit. The payment machines accept coins, notes and cards. Charges range from £1 to £7. Disabled parking spaces are available.

Public Transport:
Bus services are available to and from the hospital.

Wilts & Dorset Buses   www.morebus.co.uk   0845 0727 093
Yellow Buses         www.bybus.co.uk     0871 200 22 33

Bournemouth Railway Station is approximately 5 miles from the hospital. Buses and taxis are available from the station to the hospital.

Traveline (South West)   www.travelinesw.com

For further advice or information please contact:
Endoscopy Department 01202 704668 or 01202 704908 (Monday to Friday, 7.30am to 7pm)

Additional contacts:
Ward 12 01202 704767 / 704765
Ward 17 01202 704081
Main Switchboard 01202 303626

Please don’t be a DNA!
A DNA is someone who Did Not Attend for a hospital appointment and did not advise us beforehand. Many appointments each year are wasted in this way. If you cannot attend, or need to rearrange your appointment, please telephone the number on your appointment letter.