

## Patient information factsheet

# Having an ERCP

We have given you this factsheet because your doctor has requested that you have a procedure called endoscopic retrograde cholangio pancreatography (ERCP).

This factsheet explains what an ERCP is, what the procedure involves and what the possible risks are. Please make sure you read this information and follow the instructions carefully. If you have any further questions or concerns, please telephone us to speak to a member of the endoscopy team who will be happy to discuss these with you.

### What is an ERCP?

An ERCP is a procedure which allows the doctor to examine your:

- bile duct (tube that drains bile - fluid that helps with digestion - from the liver into the gut) and/or
- pancreatic duct (tube that drains digestive juices from the pancreas gland)

It is performed using an endoscope, which is a thin, flexible tube with a tiny video camera built into its tip, combined with x-ray.

An ERCP can be used to diagnose and treat disorders of the:

- bile duct
- pancreas
- gallbladder
- liver

### Why am I having an ERCP?

There are a number of reasons why an ERCP may be required. The doctor who requested the test will have explained to you why an ERCP is needed in your case.

Common reasons for having an ERCP are to:

- remove stones or deal with strictures (narrowings) of the bile duct
- place hollow tubes called stents in order to keep the bile flowing

### How to prepare for your ERCP appointment

#### Before your appointment

You must contact the endoscopy department on **023 8120 6066** as soon as you receive your appointment letter if you are unable to keep your appointment, or if you:

- have diabetes
- are pregnant
- take any medicine that thins your blood (please see medications section on page 2)

**This is very important, because if any of these apply to you and you don't let us know in advance, we may need to delay or cancel your procedure on the day.**

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## Blood test

You will usually need to have a blood test a day or two before the ERCP. A doctor or nurse will arrange this.

## On the day of your ERCP

### Eating and drinking

You must not eat or drink anything for 6 hours before your appointment, with the exception of water, which you may drink up to 2 hours before.

### Medication

You may continue taking your usual medication. Please bring a list of the medications you are currently taking to your appointment.

Please contact the endoscopy department on **023 8120 6066** as soon as you receive your appointment letter if you are taking:

- Warfarin
- Clopidogrel
- Edoxaban
- Rivaroxaban
- Apixaban
- Dabigatran

These medications can increase the risk of bleeding during the procedure and it's essential we discuss this with you in advance.

If you are taking any other medicines that you believe may thin your blood, please tell us.

### Diabetes

If you have diabetes you must contact us as soon as you receive your appointment letter. We will arrange for your appointment to take place early in the morning, to ensure there is as little disruption to your diabetic medication regime as possible.

### Consent

The doctor will explain what they are going to do during your procedure, and you will be given the opportunity to ask any questions you may have. You will then be asked to sign a consent form giving your permission for the ERCP.

### Sedation

Most people have sedation (medicine to make you drowsy) before an ERCP. Sedation helps you stay relaxed and pain-free during the procedure. Different levels of sedation are available, depending on the complexity of the procedure and your individual needs. We will discuss this with you. You will then receive an injection via a cannula (small plastic tube placed in your hand or arm) before your procedure starts.

After having sedation, you must have a responsible adult to take you home and stay with you overnight.

<b>For 24 hours after being sedated you must not:</b>	
• drive	• drink alcohol
• operate machinery	• sign important documents

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## General anaesthesia

In a small number of cases, a full general anaesthetic (medicine to make you go to sleep) may be required. If this is the case for you, we will discuss it with you.

## What will happen during the ERCP?

The ERCP is performed in the endoscopy department by a doctor called an endoscopist.

Once the sedative has worked, we will pass the endoscope tube through your mouth, down your throat and into the first part of your stomach and beyond. We will then pass a thinner tube down through the endoscope which can fit into your bile duct or pancreatic duct. We will inject dye (contrast medium) through the tubes into the ducts so they stand out more clearly on the x-ray pictures.

We may take samples of cells (biopsies) during the procedure. These will then be sent to the laboratory for examination under a microscope.

## How long will it take?

It can take from 30 minutes to one hour to perform the ERCP.

## How long will I be in the hospital?

You may be in the department for up to 4 hours. You will usually be admitted to the endoscopy day case unit just before your procedure, and will stay there for a few hours afterwards, to ensure you remain well before getting ready to go home.

It's a good idea to bring a small overnight bag with you in case you need to stay in hospital overnight.

## Risks

ERCP is generally a safe procedure, but as with any medical procedure there are possible risks.

The most common side effect is a sore throat and/or a bloated feeling after the procedure, which can last for a few days.

The sedative may affect your breathing, and there is a small chance that your teeth or mouth may be damaged by this procedure. If you have any breathing problems or loose teeth, please inform the endoscopist before the procedure.

**Inflammation of the pancreas (pancreatitis)** - occasionally when dye is injected into your pancreas it can cause inflammation, abdominal pain, vomiting and fevers. This is called pancreatitis. It occurs in approximately 1 in 33 people having an ERCP. If this happens you would need to stay in hospital for a few days to receive fluids, pain relief and antibiotics.

In order to reduce the chances of this happening you may be treated with an anti-inflammatory suppository (a tablet placed into your back passage) at the end of the procedure. This reduces the chance of pancreatitis by about 50%.

**Bleeding and perforation** - there is a risk of bleeding (one in 50 people) or a tear or small hole in the lining of the bowel (perforation) (one in 50 people) when a cut (sphincterotomy) is

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made into the valve at the bottom of the bile duct. If bleeding or perforation does occur, observation and further treatment in hospital may be necessary. Occasionally, surgery may be required to stop the bleeding or seal the perforation.

To reduce the chance of this happening we will do blood tests before the procedure to check that your blood is clotting normally.

## Symptoms to watch out for after your ERCP

Sometimes complications can occur after you leave the hospital.

If you develop any of the following after your ERCP, you should seek prompt medical attention:

- vomit blood
- pass very black stools
- develop chest or abdominal pain (that is not relieved by passing wind)

## Results

You should receive your results on the day of your procedure. If the endoscopist took a biopsy/samples, these results will take longer to process. We will ensure follow-up arrangements are in place for you.

## Parking

If you are arriving by car, please remember that our car parks can get very busy, so it's a good idea to allow plenty of time to find a space. You may wish to consider getting a lift or coming by public transport.

## Further information

If you have any questions not answered in this factsheet please contact the department before your test, or ask to talk to a nurse when you arrive.

## Contact us

Endoscopy: **023 8120 6066** and then select the relevant option below.

- Option 1 - Booking office
- Option 2 - Nurses
- Option 3 - Reception

Endoscopy Department E Level West Wing  
Southampton General Hospital  
Tremona Road  
Southampton  
SO16 6YD

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**