

## Patient information factsheet

# Having an ERCP or EUS with RFA

We have given you this factsheet because your doctor has requested that you have a procedure involving radiofrequency ablation (RFA). You will have RFA in combination with either an endoscopic retrograde cholangio pancreatography (ERCP) or an endoscopic ultrasound (EUS).

This factsheet explains what an ERCP or EUS with RFA 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 contact us using the details at the end of this factsheet.

### What are ERCP and EUS?

ERCP and EUS are both medical techniques that are used to examine parts of your gastrointestinal tract (a very long tube that stretches from the back of your mouth to your anus). They are relatively similar, as both are endoscopic procedures, meaning that they are tests that look inside your body.

Both procedures are commonly used to examine your:

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

They can also be used to diagnose and treat disorders of the:

- bile duct
- pancreas
- gallbladder
- liver

An EUS can also diagnose and treat disorders of other organs that are close to the gastrointestinal tract.

However, there are some differences between the two procedures.

An **ERCP** is performed using x-rays (a procedure that uses radiation to create an image of part of the inside of the body) and an endoscope (a thin, flexible tube with a tiny video camera built into its tip).

An **EUS** is performed using ultrasound (a procedure that uses high-frequency sound waves to create an image of part of the inside of the body) and an echoendoscope (a flexible tube with a camera and ultrasound probe built into its tip).

## What is RFA?

Radiofrequency ablation (RFA) is a treatment that uses heat energy made by radio waves to burn abnormal or diseased tissue.

Whether you are having an ERCP or EUS, we can give RFA as part of the same procedure to treat the area of concern.

## Why am I having an ERCP or EUS with RFA?

There are a number of reasons why an ERCP or EUS with RFA may be needed. The doctor who requested the procedure will have explained to you why it is needed in your case.

Common reasons for having an ERCP or EUS with RFA are to:

- treat biliary strictures (narrowings) of the bile duct
- unblock stents (small flexible plastic or metal tubes) in the bile duct
- treat small focal abnormalities (areas of abnormal tissue), such as:
  - neuroendocrine tumours of the pancreas (rare tumours that affect cells that release hormones into the bloodstream)
  - cysts
  - metastases from other cancers (the spread of cancer cells from the place where they first formed to another part of the body)

## How should I prepare for the procedure?

### Before your appointment

Contact the endoscopy department on **023 8120 3186** (every day, 8am to 6pm) 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 'Medication' section below)

**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.**

### Pre-procedure appointment

We will arrange for you to have a pre-procedure telephone appointment with your doctor. During this appointment, your doctor will explain the procedure to you in detail and answer any questions you may have.

### Blood test

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

## On the day of the procedure

### Eating and drinking

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

### Medication

You can continue to take your usual medications unless a member of your healthcare team has advised you otherwise. Please bring a list of the medications you are currently taking to your appointment.

**If you are taking any anti-diabetic medication**, such as GLP-1 (glucagon-like peptide-1 receptor agonists), you will need to stop taking this before your procedure. Your doctor will discuss this with you at your pre-procedure appointment.

**If you are taking any blood-thinning or anti-platelet medication** (such as warfarin or clopidogrel) and have not been given verbal instructions to either stop or continue these, please contact us before your procedure. We may ask you to stop taking these medications for a few days.

## Consent

The doctor will explain what will happen during your procedure. You will have an opportunity to ask any questions you may have. We will then ask you to sign a consent form giving your permission for the ERCP or EUS with RFA.

## Sedation

Most people have sedation (medicine to make you drowsy) before an ERCP or EUS with RFA. 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.

If you choose to have sedation, a nurse will give you a sedative injection via a cannula (a small plastic tube placed into a vein 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.**

For 24 hours after being sedated you must not:

- drive
- operate machinery
- drink alcohol
- sign important documents

## General anaesthesia

In some cases, you may need to have a full general anaesthetic (medicine to make you go to sleep). If this is the case, we will discuss this with you.

## What will happen during the procedure?

You will have the procedure in the endoscopy department. It will be performed 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 scope channel into your bile duct or pancreatic duct. We will then inject contrast medium (dye) through the tubes into the ducts so that they stand out more clearly on the x-ray pictures. We will then pass an RFA catheter through the scope channel and perform RFA if needed.

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

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## How long will it take?

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

## How long will I be in the hospital?

You may be in the department for up to 4 hours. We will usually move you to the endoscopy day case unit just before your procedure. You will then stay there for a few hours after the procedure. This is to make sure 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 or EUS with RFA 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 contrast medium is injected into the pancreas, it can cause:

- inflammation
- abdominal pain
- vomiting
- fever (a high temperature of 38°C or above)

This is called pancreatitis. It happens in approximately 1 in 20 people having an ERCP and 1 in 100 people having an EUS. If this happens, you will need to stay in hospital for a few days to receive fluids, pain relief medication and antibiotics.

To reduce the chance of this happening, we may give you an anti-inflammatory suppository (a tablet placed into your back passage) at the end of the procedure. This reduces the chance of you getting pancreatitis by about 50%.

## Bleeding and perforation

When a cut is made into the valve at the bottom of the bile duct (sphincterotomy), there is a risk of bleeding (1 in 50 people) or a tear or small hole (perforation) in the lining of the bowel (1 in 50 people). If you do experience bleeding or a tear, we may need you to stay in hospital so that we can observe you and carry out any further treatment if necessary. Sometimes, we may need to perform surgery to stop the bleeding or close up the tear. If this is the case, we will discuss this with you in more detail.

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

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## Symptoms to watch out for after the procedure

Sometimes, complications can occur after you leave hospital.

Call our endoscopy team, your GP, or outside of normal working hours, go to your nearest emergency department immediately if you:

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

## Results

You should receive your results on the day of the procedure. If the endoscopist took any biopsies, the results from these will take longer to process. We will arrange any necessary follow-up appointments for you.

## Important information

### If you have chosen to have sedation

If you have chosen to have sedation for this procedure, you **must not** drive for 24 hours after your procedure. You **must** also arrange for a responsible adult to collect you from the hospital and stay with you overnight after your procedure.

### Parking

As our car parks can get very busy, we recommend either getting a lift by car or coming by public transport to the hospital. Please note that if you get a lift, there is a drop off point outside the main entrance of Southampton General Hospital.

## Contact us

If you have any questions or concerns, please contact us before your procedure or ask to talk to a nurse when you arrive.

Endoscopy unit

Telephone: **07500 761793** (every day, 8am to 6pm)

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalsupport](http://www.uhs.nhs.uk/additionalsupport)**