

*Where quality matters*Endoscopy Unit  
Elective Care Centre  
Lower Lane  
Liverpool L9 7AL  
Tel:0151-529-0604

## Endoscopic retrograde cholangio pancreatography (ERCP)

An appointment for your ERCP has been arranged at University Hospital Aintree. This booklet will answer many of your questions about your ERCP. Please read it carefully. However, if you would like to speak to somebody about the procedure please contact the Endoscopy Unit on the number above

Please telephone the Endoscopy Department as soon as possible on the numbers below.

Endoscopy Administration Office 0151- 529- 0604 Mon – Fri 9-5pm

### Checklist of items to bring with you:

- Booklet
- List of current medication
- Dressing gown
- Details and contact number for the person who will be collecting you and escorting you home

### General point to remember

- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the Endoscopy Unit is very busy and your investigation may be delayed. If emergencies occur, these patients will be given priority.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

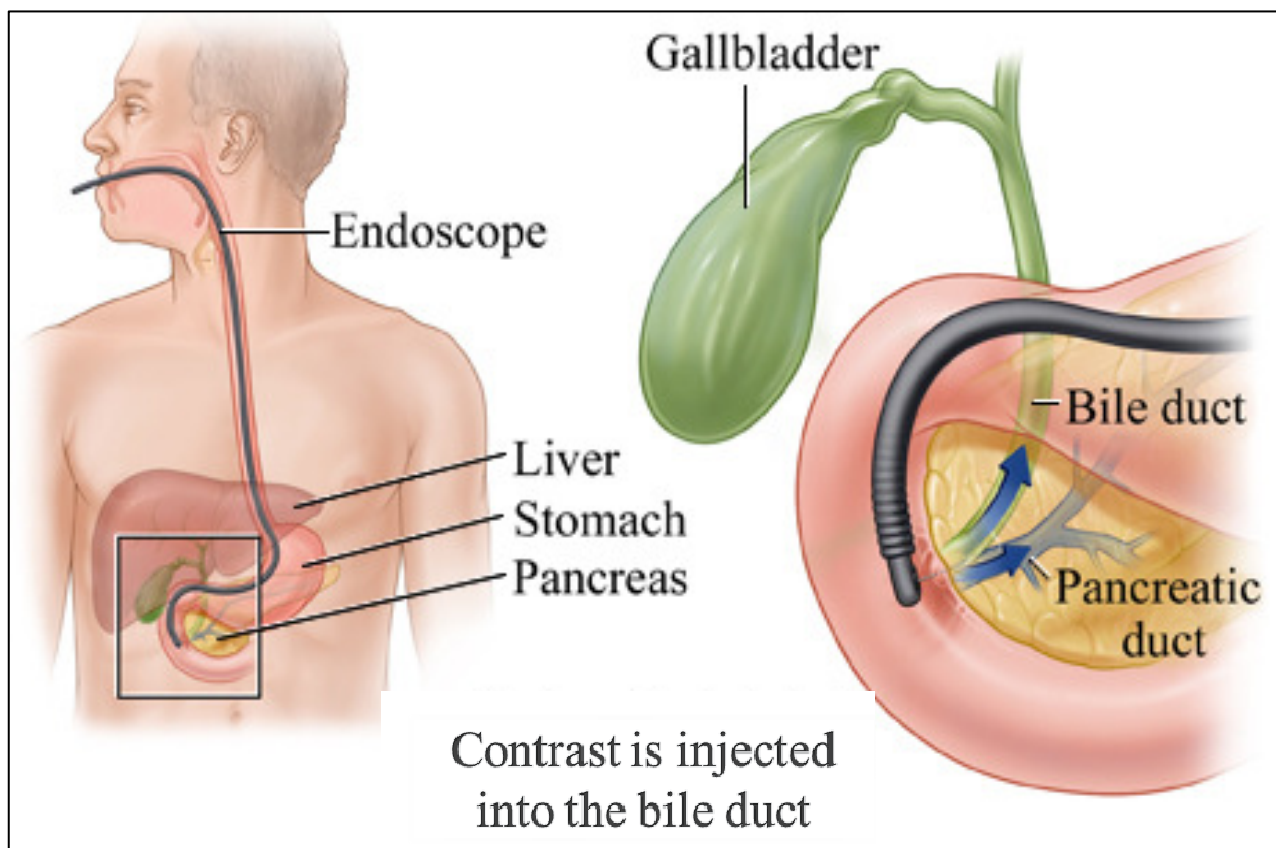
## What is an ERCP?

ERCP is a procedure that allows the endoscopist to examine the tubes (ducts) that drain bile from your liver and gallbladder and digestive juices from the pancreas.

To do this a flexible endoscope is passed into the mouth, through the oesophagus (gullet), stomach to the duodenum (small bowel) to find the small opening (ampulla) that connects the bile duct to the small bowel where the bile and digestive juices drain into the small bowel. A thin tube is then passed through the endoscope and up into the ampulla so that dye can be injected and X-Rays are then taken.

In most cases we need to make a small incision in the ampulla to help relieve an obstruction in the ducts. This is called a sphincterotomy. In other cases we need to put a tube called a stent into an area where the bile duct is blocked to allow the bile to drain.

Biopsy (small sample of tissue) of the ducts is sometimes also required. Any samples taken will be sent to the laboratory for analysis. An ERCP usually takes 30-40 minutes but times vary considerably.



## Why do I need to have an ERCP?

The gallbladder lies under the liver on the right side of the upper abdomen. It stores bile between meals. It contracts (squeezes) when you eat, emptying stored bile back into the bile duct. The pancreas is a large gland that makes enzymes (chemicals) which are vital to digest food.

Jaundice is yellowing of the skin and urine and occurs when the tubes draining the bile become blocked. In most cases ERCP is performed to try and relieve obstruction in the ducts either due to gallstones or narrowing of the ducts.

## What are the risks of ERCP?

The doctor who has requested the procedure will have considered and discussed this with you. The risks should be weighed against the benefit of having the procedure carried out. This procedure involves X-rays a machine directs a beam of X rays through the part of the body that is being examined. A picture is produced of the structures the X rays have passed through in your body; if you are pregnant, you should not have this procedure unless it is absolutely necessary.

As with all medical procedures there are some risks involved. The doctor who has requested the test will have considered these risks and compared them to the benefit of having the procedures carried out.

### The main risks are:

- Pancreatitis Inflammation of the pancreas gland. Pancreatitis is painful and would require admission to hospital for treatment. The severity of this condition is variable. The risk of pancreatitis is 5%.
- Infection in the bile ducts. An infection in the biliary tree would require admission into hospital for treatment with fluids and antibiotics. The risk of infection is 2%.
- Bleeding may occur at the site of the small cut at the junction of the bile duct and small bowel It can usually be controlled by treatment through the endoscope. A blood transfusion may be required occasionally. The risk of bleeding is 2%.
- Perforation (tear) of the lining of the digestive tract. A perforation would require admission to hospital for treatment with fluids and antibiotics and might require surgery to repair the tear. The risk of perforation is 1%.
- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained Endoscopy Nurse ensures that any potential problems can be identified and treated rapidly.
- Mechanical damage to teeth or bridgework

**It is important for you to appreciate that a serious complication could prove to be fatal (resulting in death).**

## **Preparing for your ERCP**

### **Eating and drinking**

It is important to have clear views during the ERCP, and for this the stomach must be empty.

If your appointment is in the **morning**, have no food after midnight. You can continue taking water only until 7am

If your appointment is in the **afternoon**, you can have a light breakfast (tea & toast) no later than 8am and sips of water only until 11am.

### **Pre procedure assessment**

The day before the procedure you will be asked to attend a pre procedure clinic. At this clinic the necessary bloods will be done that are required for the procedure. Please bring with you a list of medications you take.

You should follow any specific advice you have been given with regard to your regular medications.

Medications that you may have been asked to temporarily discontinue include:

Warfarin  
Asprin  
Dipyridamole  
Clopidogrel.

Please contact the Endoscopy department for advice on 0151 529 0303 if you are taking any of the medications listed above

If you have not received specific advice regarding your regular medications then you should continue to take them as normal.

If you experience problems, advice from a healthcare professional is available on 0151 529

0423 between 9-10am & 1-2pm: **please do not ring for advice outside these hours.**

## **On the day of ERCP**

### **How long will I be in the endoscopy department?**

You should expect to be in the department up to 5 hours, but this depends on how quickly you recover from the sedation and how busy the department is.

### **What happens when I arrive?**

When you arrive in the department, you will book in at the Endoscopy reception. The receptionist will check that your personal details and current GP details are correct. Your escort will then be asked to leave and collect you later from the Endoscopy discharge lounge.

**Your escort will not be allowed onto the unit.**

**You are having sedation for the procedure; you are advised not to drive or travel home alone.**

You will be called by a qualified nurse or health care assistant. They will ask you some questions, one of which concerns your arrangements for getting home. They will discuss the ERCP with you and answer any other questions you may have.

You will then have an assessment by an endoscopy nurse who will ask you some questions about any surgery or illnesses you have had to confirm that you are fit to have the ERCP

You will have your blood pressure, pulse, breathing rate and oxygen levels checked. If you are diabetic you will have your blood glucose level checked.

The nurse will then escort you to a changing area and you will be asked to put on a hospital gown.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

## The ERCP procedure

- You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.
- If you have any dentures you will be asked to remove them at this point, any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.
- The nurse looking after you will ask you to lie flat on your stomach with your left arm by your side and right arm on the pillow. Whilst you are sedated, we will monitor your breathing, heart rate and oxygen levels. This is done by means of a probe attached to your finger. Your blood pressure may also be recorded during the procedure using a cuff which will inflate on your arm from time to time. You will also have ECG monitoring during the procedure to monitor your heart.
- The sedative drug and painkiller will be administered into a cannula (tube) in your vein which will make you relaxed and drowsy but not unconscious. This means that although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Some patients experience amnesia with the sedation so that afterwards they remember very little of the procedure but this does not always happen.
- Any saliva or other secretions produced during the investigation will be removed using a small suction tube rather like the one used at the dentist.
- The endoscopist will introduce the endoscope into your mouth down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing will be unhindered.
- Air is gently passed into the upper digestive tract during the investigation to facilitate the duodenoscopy.
- During the ERCP the therapy required will be carried out. Any samples taken from the lining of the upper digestive tract will be sent for analysis in our laboratories.

## **What will happen after the procedure?**

You will be taken to the recovery area. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. We will continue to monitor your breathing and oxygen will be administered in the recovery room. Once you are awake and have recovered from the initial effects of the sedation a blood sample will be taken. You will be offered a drink of water and when the blood result is back a pack lunch will be provided.

Before you leave the department, the nurse or endoscopist will discuss the results of the procedure with you. He or she will also inform you if you require further appointments. A copy of the report will be given to you.

The nursing staff will telephone the person collecting you when you are ready for discharge. Your escort will collect you from the discharge lounge on the Endoscopy Unit of the Elective Care Centre (ECC).

**If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, and tell them that you have had an endoscopy.**

**If you are unable to contact or speak to your doctor, you must go immediately to the casualty department.**

Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.



## If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact the Customer Services Department on:

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根據需要，這個專單可以加大列印，添加盲文，其他語言，  
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Vous pouvez obtenir, sur demande, ce prospectus imprimé en grands caractères, en Braille, en livre audio (cassette ou disque compact) ou dans une autre langue. Veuillez contacter le service clientèle au:

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529 2523



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529 2019

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