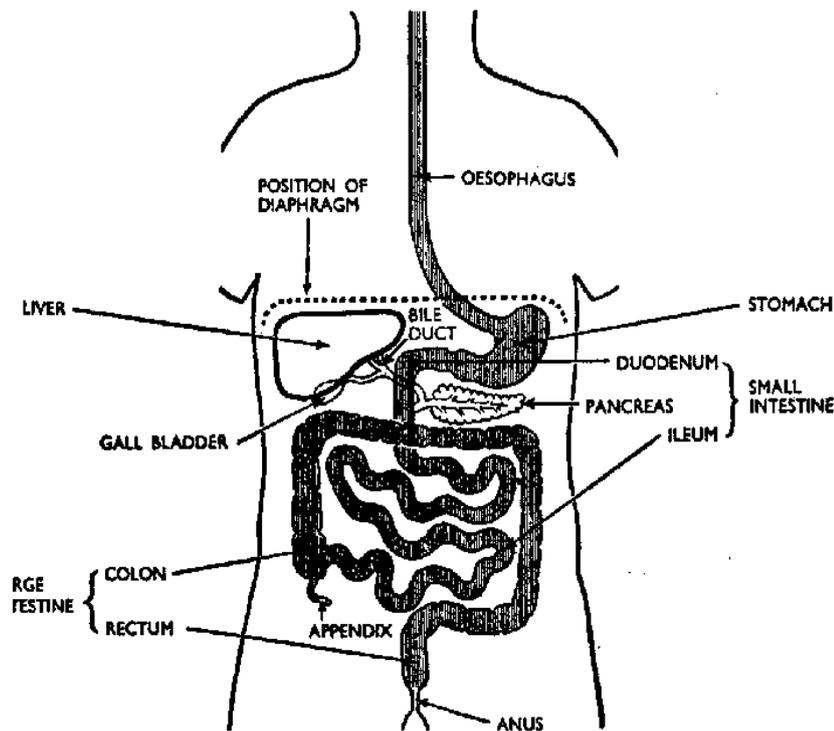


Having an ERCP (Endoscopic Retrograde Cholangio Pancreatography)

Following your recent clinic appointment or visit to the doctor it has been recommended that you have an ERCP (endoscopic retrograde cholangiopancreatography). This leaflet tells you about the examination and what to expect.

Why am I having the procedure?

ERCP allows us to establish reasons for jaundice (yellow skin), abnormal liver function (from the blood tests you have had), gallstones, biliary and pancreatic inflammation. This will benefit you by providing a clear diagnosis. Sometimes doctors will first perform an MRI scan of the bile ducts and pancreas called an MRCP.



What is an ERCP?

ERCP is a technique to show the shape and contents of the ducts (tubes) leading from the liver and pancreas into the intestine to help find out what is causing your problems.

It also allows samples of tissue (biopsy) to be taken painlessly for testing later and for small tubes (stents) to be inserted. A minor operation to cut the wall of the intestine (sphincterotomy) can also be performed where necessary to remove stones and place stents.

The endoscope is a thin, flexible tube with a bright light on the end that is passed through the mouth and down into the first part of the intestine called the duodenum. It is here that the ducts or tubes from the liver and pancreas drain through a small nipple called the ampulla. A fine plastic tube is placed inside the ampulla and liquid (X ray contrast) is injected into these tubes and X rays are taken. If necessary to remove stones or place a tube through a narrowing in these ducts a small cut can be made by an electrically heated wire. A video recording and /or photographs may be taken for your records.

What are the possible complications of ERCP?

- Bloating and abdominal discomfort is not unusual for a few hours
- You may have a sore throat for 24 hours.

Information for Patients

- About 1 in 20 patients suffer from inflammation of the pancreas (called pancreatitis) after the procedure. This usually requires admission to hospital for several days, but occasionally may require longer stays.
- Perforation of the oesophagus or duodenum is a rare complication and would mean a stay in hospital and you may require an operation to repair the damage.
- Bleeding is a recognised problem when a cut is necessary occurring in about five percent. In rare cases an operation is required to stop bleeding. Blood transfusion may be necessary and a stay in hospital at least overnight would be expected.
- Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious.
- Other rare complications include aspiration pneumonia, damage to loose teeth or to dental bridgework.
- In about ten percent the procedure is technically unsuccessful and alternatives are required.
- No test is 100% accurate and abnormalities may be missed, including cancers.
- The procedure has a less than 1 in 1000 mortality (death) rate.
- Damage to dental work.

The person doing the test will discuss any questions you have about the risks associated with this procedure.

What are the benefits of this procedure?

The procedure is to help diagnose and treat your problem and before the test is performed you will already have had simpler tests including an ultrasound scan. The procedure is to help diagnose your problem. Like all tests, this is not guaranteed to demonstrate all abnormalities and on rare occasions conditions are not identified.

What are the alternatives?

The same information can be gained by putting a needle into the liver to inject x-ray contrast but this has higher risks and is more uncomfortable. Magnetic resonance scans can also show much of the necessary information without discomfort, but no treatment can be applied.

Preparing for a ERCP

Please read the information enclosed carefully. If you have any queries or worries, contact the unit where you will be having your procedure. Also enclosed is a consent form, again please read this carefully but do not fill in the details but please bring it with you to your appointment.

If you are **diabetic, on warfarin or clopidogrel** please contact the unit as soon as possible as you may need further information. Please bring any medication you are currently taking e.g. inhalers, insulin with you to your appointment. If you are taking a number of tablets, please bring your repeat prescription sheet with you.

Information for Patients

To allow a clear view the stomach must be empty, so please follow these instructions:

- Do not have anything to eat for at least **four hours** before the test
- Do not drink milk for **four hours** before your test. Milk will line the stomach and not allow a clear view of the lining
- You may drink clear fluids (water, black tea or black coffee) up to **two hours** before the time of the appointment
- You may take medication for heart conditions, high blood pressure or asthma with a small sip of water.

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area. Please be aware the appointment time you have been given, will be your admission time.

Your procedure will be carried out as near to this time as possible however on occasions due to emergency patients being seen, this may be delayed.

- Please do not bring any valuables to the hospital with you
- Please do not wear any nail varnish, lipstick or jewellery (tongue studs must be removed)
- Please bring slippers and a dressing gown.
- Please bring a contact number of a relative or friend with you

A nurse will then explain the procedure to you, to make sure you understand the benefits, possible risks and its implications. The staff will want you to be as relaxed as possible for the test, and will not mind answering your questions. Provided you are happy for the procedure to be performed, you will be asked to sign the consent form (which has been sent with this information) to confirm your understanding of the procedure. You will be offered a copy of this.

This form also asks for your consent to further procedures that may be necessary during the procedure, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research but you can request that no removed samples be used for this purpose on your consent form.

Just before the procedure you will also see the person who will be performing the test and they will ask you to confirm your agreement and they will also sign your consent form.

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact the unit where you will be having the test, as soon as possible.

Please note relatives/friends or children should not be used as interpreters when you are required to sign your consent form. You should contact the Endoscopy Unit who will arrange for an interpreter to be present.

Privacy & Dignity

Delivering same-sex accommodation is a long standing commitment in the NHS as part of the drive to deliver the best possible experience for all patients (DOH 2007). Endoscopy Units within the Heart of England NHS Foundation Trust, maintain these standards either by operating single sex areas or single sex days.

Information for Patients

Eliminating mixed sex accommodation is our priority except where it is in the overall best interests of the patient, i.e. in an emergency (they have a life threatening condition) or where delays to that patient's treatment would mean deterioration in their condition. Should a patient of the opposite sex require such urgent care during your visit, we will ensure your privacy and dignity is maintained by screening off the patient of the opposite sex.

On occasions medications are used during this procedure, which are known as 'off shelf'. This means medicines that are used for clinical situations which fall outside of the terms of their Summary of Products Characteristics. The use of medicines in this way is seen as a legitimate aspect of clinical practice and is often necessary in many areas of medicine. For further information concerning the use of 'off shelf' drugs, please log onto the Medicines and Healthcare product Regulatory Agency (MHRA) website.

During the test

You will not have to get undressed but we will give you a gown to wear, you will have to remove dentures, glasses, contact lenses and loosen any tight clothing around the neck. In the examination room you will be made comfortable on the couch, resting on your left side with your left arm behind your back. A nurse will stay with you throughout the procedure. To keep your mouth slightly apart, a plastic mouthpiece will be put gently between your teeth or gums. When the person doing the test passes the endoscope into your stomach it will not cause pain, nor will it interfere with your breathing. The whole examination usually takes less than 40 minutes. During the procedure you will be rolled onto your stomach and sometimes onto your back.

Sedation

The procedure is normally done with sedation and a painkilling injection is also often used. If you know of drugs that you do not tolerate, please tell the person doing the test. Sedation will be given through a small needle in the back of your hand or in your arm.

Sedation will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. That means that although drowsy you will still hear what is said to you and therefore will be able to follow simple instructions during the procedure. You will be given oxygen through small tubes placed gently in your nostrils or through the plastic guard in your mouth.

A clip will be attached to a finger or ear-lobe so that the levels of oxygen in the blood can be monitored. Your blood pressure may also be measured automatically during the procedure using a cuff around your arm.

Please note that we will not be able to give you sedation if you do not have a responsible adult to collect you and stay with you for 24 hours following your procedure.

After the test you will remain in the unit to rest for a while (about three hours).

Occasionally an x-ray of the abdomen will be taken before you are allowed to drink or sent back to your ward. You may not be able to have a drink for up to two hours.

Further information

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to

Information for Patients

be involved in the formal training of medical and other students - this won't affect your care and treatment.

Going home

It is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi – **public transport is not suitable**. Please note the unit closes at 6pm. Your relative/friend should arrive no later than 5.30pm to collect you.

When you arrive home, it is important to rest quietly for the remainder of the day, with someone to look after you for 24 hours. It is advisable to have the following day off work.

For the first 24 hours following sedation **DO NOT**:

- Drive a car
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items, even a kettle
- Sign any legally binding documents
- Work at heights (including climbing ladders or onto chairs)

Sedation can impair your reflexes and judgement. The effect of the sedation will have worn off by the next day and most patients will be able to resume normal activities.

You will be able to eat and drink normally.

When will I know the results?

Before discharge from the unit, the nurse who has been looking after you will be able to give you a brief outline of the test results. A copy of the report will be sent to your GP, or the doctor who referred you for the procedure. If a biopsy has been taken, the laboratory results will take longer, about 10 – 14 days. You will be given a Patient Centred Report with the outcome of your test written on it.

To contact us by telephone before your appointment:

Solihull Endoscopy Unit

Monday to Friday 8.30am to 5.30pm. Excluding Bank holidays.

An answer phone is available on **0121 424 5394** for you to leave your name, telephone number and message. We will return your call.

Heartlands Endoscopy Unit

Monday to Friday 8:30am to 5.30pm. Excluding Bank holidays.

Nursing/Medical enquiries **0121 424 0438**
Booking enquiries **0121 424 0430**

Good Hope Hospital - Scoping Suite Treatment Centre

Monday to Friday 8:30am to 5.30pm. Excluding Bank holidays.

Telephone: 0121 424 7155

Diabetic/Warfarin patients please contact 0121 424 9506.

Information for Patients

For non urgent messages an out of hours answerphone is available. If you leave a message and your contact details a member of staff will contact you when the department re-opens.

If you are unable to keep your appointment please telephone the appropriate number as soon as possible so the appointment can be allocated to another patient.

Please keep this information safe in case you wish to refer to it in the future.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will always ask you for your consent if we need to use information that identifies you. We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946 or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you liked and suggestions for how things could be improved at this hospital. If you would like to tell us and others about your experience please make your comments through one of the following sites:-

- NHS Choice:- www.nhs.uk
- Patient Opinion:- www.patientopinion.org.uk
- I want great care:- www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about this hospital or how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the NHS Choice or Patient Opinion sites.

If you have any questions you may want to ask about your condition or treatment, or anything you do not understand or wish to know more about, write them down and your doctor will be more than happy to try and answer them for you.