










Patient Information and Consent to: ERCP (Endoscopic Retrograde Cholangio Pancreatography)





Information pack code:

(Department – 1st3 letters / Procedure – 3 letters / month & date for review – 4 numbers e.g. ORT THR 0714)

A	About ERCP
	<p>ERCP stands for 'endoscopic retrograde cholangio-pancreatography'. It is a procedure that allows the endoscopist to examine the tubes that drain bile from your liver and gall bladder and digestive juices from the pancreas.</p> <p>Bile is made in the liver, which is in the upper right part of the abdomen. Bile passes from liver cells into tiny tubes called bile ducts, these join together like the branches of a tree. Bile constantly drips down the bile duct into the duodenum (the first part of the gut after the stomach). Bile helps to digest food, particularly fatty foods.</p> <p>The gallbladder lies under the liver on the right side of the upper abdomen. It is like a pouch which comes off the bile duct. It is a 'reservoir' which stores bile between meals. It contracts (squeezes) when you eat, emptying stored bile back into the bile duct.</p> <p>The pancreas is a large gland that makes enzymes (chemicals), these enzymes flow into the duodenum. The pancreatic enzymes are vital to digest food.</p> <p>Jaundice, which is yellowing of the skin and urine, occurs when the tubes draining the bile become blocked. ERCP procedures are undertaken to relieve this condition.</p> <p>A duodenoscope is used, this is a flexible tube thinner than your index finger, with a light at the end. It is passed into the mouth, through the stomach to the duodenum to find the small opening (called Ampulla of Vater) where the bile and digestive juices drain into the intestine. A tube is passed through the duodenoscope and up into the Ampulla so that contrast (dye that can be seen on an x-ray) can be injected. X-rays are then taken.</p> <p>Sometimes we need to make a small cut in the Ampulla so that gallstones which are stuck in the bile duct can be removed, this is called a sphincterotomy and is painless.</p> <p>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.</p> <p>Sometimes it is helpful to take a biopsy - sample of the lining of the ducts. This is done by passing a small instrument called forceps through the duodenoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis.</p>
B	Intended Benefits
	<p>ERCP is used to examine the tubes that drain bile from your liver and gall bladder and digestive juices from the pancreas.</p> <p>It is also used to relieve the symptoms of Jaudice.</p>
C	Who will perform my procedure / treatment?

	<p>Your procedure will be carried out by a consultant who is qualified to perform ERCP. All trainees are supervised by a competent consultant who is trained to teach the procedure.</p>
<p>D</p>	<p>Alternative procedures or treatments that are available</p>
	
<p>E</p>	<p>Significant, unavoidable or frequently occurring risks of this procedure / treatment</p>
	<p>This procedure involves x-rays; if you are pregnant, you should not have this procedure. ERCP procedures carry a very small risk (5 in 1000 cases) of haemorrhage (bleeding) or perforation (tear). If a cut is made into the bile duct there is a risk of 1 in 50 of significant bleeding. This can be treated straight away through the duodenoscope and rarely is a major complication, however if it is severe sometimes blood transfusion or surgery is needed. Occasionally inflammation of the pancreas (pancreatitis) may develop (1 in 50 – 100), it can be painful and usually requires you to stay in hospital for a few more days for intravenous fluids and painkillers. On very rare occasions, it may be more severe than this. There may be a slight risk to crowned teeth or dental bridgework and you should tell the endoscopist if you have any of these. Another rare complication is an adverse reaction to the intravenous sedative and antibiotic drugs. You can be reassured that your doctors will only have recommended ERCP if the benefit to you from the procedure clearly outweighs these small risks.</p>
<p>F</p>	<p>What will happen before your procedure</p>
	<p>Wear loose fitting washable clothing and leave valuables at home. On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.</p>
	<p>Smokers are strongly advised to stop smoking before this procedure. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169</p>
<p>G</p>	<p>What will happen during your procedure</p>
	<p>For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove false teeth and glass, and made comfortable on the x-ray table lying on your left side slightly angled onto your stomach with your left arm behind your back. The endoscopist will give you the sedative injection. So that you do not bite the duodenoscope during the procedure, a plastic mouth guard will be put gently between your teeth. You will be given oxygen through a</p>

	<p>nasel canula, and a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.</p> <p>As the tube is gently passed through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure some air will be put in to your stomach so that the endoscopist will have a clear view. This may make you burp and belch a little, some people find this uncomfortable. The air is removed at the end and when the procedure is finished, the duodenoscope is removed quickly and easily.</p> <p>Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.</p>
H	What will happen after the procedure
	<p>Following the procedure, you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you will be given a drink before getting dressed. You can then go home; this may be up to two hours following the procedure. The consultant may request that a blood test is completed following the procedure.</p> <p>The back of your throat may feel sore for the rest of the day. You may also feel bloated if some air remains in your stomach. Both these discomforts will pass and need no medication.</p>
	Eating and drinking
	<p>When you are sufficiently awake we will get you a drink and something to eat. You may on occasion need to wait for the blood test results prior to commencing diet and fluids. Once discharged you can eat and drink as normal.</p>
	Getting about after the procedure
	<p>Due to the sedation we advise that you take the lift down to the lower floor as due to the medication you may feel slightly dizzy and have reduced awareness.</p>
	Leaving Hospital
	<p>Due to the sedation it is essential that you are escorted home by a responsible adult who will need to attend the unit to collect you, unless you are on hospital transport.</p>
	Resuming normal activities including work
	<p>Due to the sedation we advise that you refrain from normal activities for 24 hours after the procedure due to the medication.</p>
	Special measures after the procedure
	<p>As sedation is given for this procedure we advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours.</p> <p>If you experience any of the following please contact your GP, the Endoscopy Department 01553 613760 within working hours 0800-1800 or the Emergency Department for further advice:</p> <ul style="list-style-type: none"> • severe pain • black tarry stools

	<ul style="list-style-type: none"> • persistent bleeding
N	Anticoagulant –Blood thinning medications
	<p>Oral Anticoagulants include: Warfarin, Apixaban-(Eliquis), Dabigatran-(Pradaxa) and Rivaroxiban-(Xarelto) or similar Anticoagulant drugs.</p> <p>Antiplatelet Drugs include: Aspirin, Clopidigrel-(Plavix), Ticagrelor-(Brilique), Prasugrel-(Efiect), Dipyridamole-(Persantin) and Tirofiban-(Aggrastat) or similar Antiplatelet drugs.</p> <p>If you are on any anticoagulation and or antiplatelet medications please: advise the endoscopy unit on 01553 613192. Your consultant will advise the coagulation team if the Warfarin or other medication needs to be stopped and the clinic will be in touch to arrange this. Instructions will be given regarding the starting of the medications after the procedure by the coagulation team and your consultant.</p>
	Check-ups and results
	<p>Where possible all results will be given on the day of your procedure, however if biopsies are taken these can take up to a week for results. You will be notified by letter or at an out patients appointment of the results. All follow up appointments will be sent through the post.</p>
	Information and Support
	<p>Please feel free to speak to a member of staff if you have any questions or anxieties. If you have special needs such as learning disability or cognitive impairment we have specialist staff that can support you. Please let us know</p> <p>PATIENT ADVICE AND LIAISON SERVICE If you have any concerns or queries about the hospital, your treatment or need support or assistance, please contact our Patient Advice and Liaison Service. They are here to help. Tel: 01553 613351 Email: pals@qehkl.nhs.uk</p> <p>FURTHER INFORMATION can be Obtained from these websites:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>www.dvtsafetyzone.co.uk/ www.nice.org.uk/ www.patient.co.uk/</p> </div>
	Privacy and Dignity
	<p>We will always do our best to respect your privacy and dignity, such as the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.</p>

Help with this leaflet or communicating with staff	
?	If you would like help with this or any other information; in large print , in audio format or need assistance with translation / language services please ask the department staff
	References: Addenbrookes Gastroscopy patient leaflet