

ERCP Patient Information

This leaflet explains more about your ERCP and what you can expect when you come to hospital. It also details the instructions on how to prepare for this procedure, including when to stop eating and what tablets you may need to stop.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is ERCP?

ERCP stands for endoscopic retrograde cholangiopancreatogram. This is a type of endoscopy designed to treat diseases affecting the bile or pancreatic ducts. These ducts drain the liver and gall bladder and the pancreatic fluid from the pancreas into the small bowel.

The ERCP is a camera examination with an endoscope, via the mouth, to reach these ducts.

The procedure itself takes 15 to 45 minutes, but please allow up to four hours in the hospital for the whole process to be completed. It is necessary for sedation to be used for this procedure so please carefully read the section below: “What happens after ERCP?”

What are the risks?

The procedure is safe and well tolerated under sedation, but rarely there can be a problem, for example:

- The sedative can affect your breathing making it slow and shallow.
- Inflammation of the pancreas called “pancreatitis.” This happens in 1:50 cases and leads to abdominal pain that can take a few days to settle. Even more rarely it can be severe requiring admission to hospital for a week or more. Fatal cases have been

known but this is extremely rare occurring in less than 1:2,000 patients undergoing ERCP.

- Bleeding can rarely occur as part of an incision, called a sphincterotomy, which is often required to access and treat the bile duct
- Perforation, which is a tear in the wall of the upper intestine is rare (< 1:500 risk). If this happens it would require a stay in hospital including treatment with antibiotics and possibly surgical repair.

Although ERCP carries risks, it is only carried out when the doctors have carefully considered the risks of doing this test compared with doing any other test or operation and the risk of doing nothing. Your doctor will be happy to discuss this with you further.

Are there any alternatives?

Scans with ultrasound, CT or MRI are often undertaken but unlike ERCP they do not allow treatment to be given. Percutaneous transhepatic cholangiogram (PTC) can treat blockages of the bile duct caused by stones or tumours. This is associated with a slightly higher complication risk than ERCP but may be necessary in some situations where ERCP is not successful. It requires a short stay in hospital and a temporary bile drainage bag outside of the abdomen.

If my symptoms have stopped should I still come for the test?

Yes. It is important that you still come for the ERCP. Your doctor has organised this test to ensure you receive adequate treatment for your condition. Although the symptoms may have gone, it remains important to perform the examination.

How can I prepare for ERCP?

- A clear view of the stomach is required for this examination to be successful and so it must be as empty as possible. It is vitally important to follow the advice given about preparation. This is detailed below.

- **PLEASE DO NOT EAT FOR SIX HOURS BEFORE THE TEST.**
You are allowed to drink clear fluids (no milk) up until two hours before the procedure.
- If you are diabetic or taking warfarin or blood thinning medications such as apixaban, rivaroxaban, dabigatran, clopidogrel, ticagrelor or prasugrel, please call 020 8725 1913 for advice.
- Take other medications as normal.
- Please bring a list of your regular medications and any inhalers or sprays with you.

Advice for diabetic patients

The period of starvation can upset your diabetes temporarily. Please contact us on 020 8725 1913 for further specific advice about your diabetes. Alternatively you may wish to contact your diabetic nurse.

On arrival at the endoscopy unit

- A nurse will check your details, including medications and allergies
- The test will be explained again and you will be asked to sign a consent form
- St George's is a national training centre for endoscopy. Students and qualified trainees may be involved in your care. If you do not want students to be present please inform the doctor or nurse in charge.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during ERCP?

- A local anaesthetic spray is used to numb the back of your throat; this has a slightly bitter taste. The effect lasts approximately 30 minutes.
- A sedative injection is given. It makes you relaxed and in most cases drowsy or sleepy.
It can affect memory of the procedure in some patients.
- The ERCP endoscope is gently inserted via your mouth into your stomach. This is not painful and will not make breathing or swallowing difficult. The nurse may need to clear saliva from your mouth using a small suction tube. If you gag you won't vomit as your stomach will be empty. The test takes approximately 15 to 45 minutes.
- It is commonplace to remove gallstones from the bile duct during the procedure and to place a stent (a small hollow tube to allow bile to flow through any blockage). The stents are not designed for long term use and arrangements will be made to remove them after a certain time period, usually three to six months.
- Biopsy samples are often taken to help diagnosis and treatment.

Will I feel any pain?

You may feel some discomfort from the air that is pumped into the stomach. Abdominal pain can occur after the procedure but usually passes quickly. More long lasting pain can indicate the onset of pancreatitis. You will often be given a rectal suppository of an anti-inflammatory painkiller (diclofenac) during the procedure to lessen the risk of pancreatitis.

What happens after the ERCP?

Following the procedure you will be taken to the recovery area and you will be monitored for approximately one hour. After this you will usually be able to get dressed and have refreshments.

You must arrange for somebody to accompany you home. The medication given during the test will prohibit you from driving for 24 hours after the examination. If you are unable to arrange transportation or do not wish to take public transport we can arrange a taxi to take you home, however you are responsible for the fare. You will need a responsible adult at home for at least 12 hours. A nurse will give you a copy of the endoscopy report as well as some important discharge advice.

Where do I go?

Please attend the Endoscopy Unit, St George's Hospital, First floor, St James' Wing, Blackshaw Road, London, SW17 0QT.

Is there parking at the hospital?

There is a car park with the entrance located on Blackshaw Road. Please ensure you check the rates before parking.

Results / Will I have a follow-up appointment?

Upon completion of the ERCP the findings will be discussed with you. We will be able to tell you of any visual findings, however any samples will be sent to the laboratory for testing. The results of these can take up to three weeks. The report will be sent to your referring doctor and your GP. If required, a follow up appointment will be sent to you through the post.

Useful sources of information

<https://patient.info/digestive-health/gallstones-and-bile/ercp-endoscopic-retrograde-cholangiopancreatography>

Contact us

If you have any questions or concerns about your gastroscopy, you can call the Endoscopy department on **020 8725 1913 / 1491** Monday to Friday 9 am to 5pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer). **Tel:** 020 8725 2453
Email: pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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