

Cholangioscopy

This leaflet explains more about your cholangioscopy procedure 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 medications you may need to stop.

Important information about your procedure

- St George's is a University Hospital and a National Training Centre for endoscopy, providing specialist training for qualified doctors and nurses developing skills in endoscopy. As part of this training, supervised specialist trainees may be involved in your care. If you would prefer trainees not to be present, please inform the doctor or nurse when you are admitted.
- It is necessary to have sedation for this procedure, therefore, you will need to arrange for a friend or relative (18+) to escort you home after your appointment and to be with you for at least 12 hours. We kindly ask escorts not to wait in the Endoscopy Unit due to limited space, but we will call when it is completed.
- You may require admission in hospital overnight depending on the reason for your procedure (details under 'What happens after the cholangioscopy'). Please bring an overnight bag if this is the case.
- **STOP EATING SIX HOURS** before your appointment, clear fluids are allowed (**no milk**).
- **STOP DRINKING CLEAR FLUIDS TWO HOURS** before your appointment.
- **IMPORTANT:** If you are taking **GLP-1 and/or GLP-3 and/or GIP blocker medication** e.g. Mounjaro, Wegovy, Ozempic, you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment, and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS TWO HOURS** before your appointment. Please follow the instructions on page 3 of this leaflet, to ensure your stomach is empty.
- We recommend you bring a book or magazine with you to read whilst you are waiting as the mobile phone signal is weak.

Important information about medication

- If you are taking medications for **diabetes** or to **prevent blood clots** such as Warfarin, Apixaban, Edoxaban, Rivaroxaban, Dabigatran, Clopidogrel, Ticagrelor or Prasugrel, please follow the instructions provided by the nurse. If you have not been contacted, please **contact us** on 020 8725 1913.
- If you take **GLP-1 and/or GLP-3 and/or GIP blocker medication** such as Mounjaro, Wegovy, Ozempic, **please inform us**.
- Take other medications as normal.
- Please bring a list of your regular medications and bring any inhalers or sprays with you.
- If you are a diabetic, please bring your medication and a snack to eat after the procedure.

What is cholangioscopy?

ERCP (endoscopic retrograde cholangio-pancreatography) 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. ERCP is a camera examination which involves passing a flexible tube (duodenoscope) via the mouth, to the stomach and into the upper small bowel.

Cholangioscopy (which is often referred to as 'Spyglass') is used to directly visualise the ducts and involves passing a thin camera scope through the duodenoscope into the bile ducts. This also allows biopsies to be taken if necessary and allows larger stones that may be blocking the ducts to be broken up before they are removed. For larger bile duct stones or stones that have been difficult to remove previously, high-energy shock wave treatment (Electrohydraulic Lithotripsy / EHL) can be carried out during the cholangioscopy procedure, using a probe through the cholangioscope to deliver shock waves, to break up the larger stones into smaller ones which can then be more easily removed.

The procedure itself usually takes 30 to 120 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. The ERCP and cholangioscopy will be undertaken by a doctor with specialist training in ERCP and cholangioscopy.

What are the risks?

The procedure is safe and well tolerated under deep 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 risk of this happening is 1 in 20 to 1 in 50 cases and leads to abdominal pain that can take a few days to settle. In rare cases 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 in 2,000 patients undergoing cholangioscopy.
- Bleeding can occur as part of an incision made during the procedure, called a sphincterotomy, which is often required to access and treat the bile duct. Significant bleeding can occur in 1 in 200 cases.
- Perforation, which is a tear in the wall of the upper intestine, is rare (1 in 200 cases). If this happens it would require a stay in hospital including treatment with antibiotics and possibly surgical repair.
- Cholangitis (infection of the bile ducts) can occur following the procedure due to having the cholangioscope in the bile duct, and in particular if undergoing EHL treatment for large bile duct stones. Cholangitis can cause abdominal pain, fever and jaundice. You may require a stay in hospital for antibiotic treatment.

The risks above are the same as for an ERCP, except with a higher risk of infection. Cholangioscopy is only carried out when the doctors have carefully considered the risks of doing this test compared with doing any other test/procedure 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 cholangioscopy they do not allow treatment to be given. Percutaneous transhepatic cholangiogram (PTC) is a procedure that can treat blockages of the bile duct caused by stones or tumours. This is done in the X-Ray department where a wire is passed through the skin into the bile duct. This is associated with a slightly higher complication risk than cholangioscopy but may be necessary in some situations where cholangioscopy is not successful. It requires a short stay in hospital and a temporary bile drainage bag outside of the abdomen.

Asking for your consent

It is important that you feel involved in decisions about your care. The doctor performing the procedure will explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet, before signing the consent form. You can withdraw your consent at any time, even if you have said 'yes' previously.

Advice for patients taking GLP-1, GLP-3 and/or GIP blocker medications e.g. Mounjaro, Wegovy, Ozempic medications e.g. Mounjaro

If you are taking medication such as Semaglutides (e.g. Wegovy, Ozempic, Rybelsus), Tirzepatide (Mounjaro) or Liraglutides, to manage diabetes, cardiovascular disease or weight loss, food moves more slowly through your gut and you therefore need to follow an extended fasting period to ensure your stomach is empty of food.

DO NOT EAT FOOD FOR 24 HOURS BEFORE YOUR APPOINTMENT. During this time, you should **DRINK CLEAR FLUIDS ONLY**. Stop drinking two hours before your appointment time.

Clear fluids include:

Water, fizzy drinks, Lucozade, squash (not red or black current), clear soups, Bovril or broth, black tea and coffee (no milk) and jelly (green and yellow only).

Advice for diabetic patients

The period of starvation prior to the procedure can upset your diabetes temporarily. A nurse will contact you with advice on how to manage your diabetes whilst you are fasting. If you have not been contacted, please contact us on **020 8725 1913**. Alternatively, you may wish to speak to your diabetic nurse for advice.

On arrival at the endoscopy unit

- A nurse will check your details, including health history, medications and allergies
- The procedure will be explained again, and you will be asked to sign a Consent Form
- An intravenous cannula will be inserted and secured before the start of the procedure.
- You may be asked to drink a 50ml solution of Infacol mixed with water before the procedure to help reduce the bubbles in your stomach and to give the endoscopist a clear view during the procedure.

What happens during cholangioscopy?

A local anaesthetic spray is used to numb the back of your throat; this has a slightly bitter taste. The effect will wear off shortly after completion of the procedure. An injection of painkiller and a sedative is given. It makes you relaxed and, in most cases, drowsy or sleepy. It can affect memory of the procedure in some patients. In some cases, general anaesthesia can be required. You may be seen by an anaesthetist to discuss the level of sedation best suited for your procedure.

A tube (duodenoscope) is then 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 will not vomit, as your stomach will be empty. During the procedure, air will be pumped through the duodenoscope to expand the stomach and allow for a clearer view.

It is commonplace for gallstones to be removed from the bile duct during the procedure and to place a stent (a narrow, flexible, plastic hollow tube to allow bile to flow through any blockage) if necessary. 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 also 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 cholangioscopy?

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 something to eat. A nurse will give you a copy of the cholangioscopy report as well as a discharge information leaflet with important advice.

If you undergo gallstone removal or breaking up of stones during the cholangioscopy procedure, then afterwards you will need to be admitted to hospital for 24 hours of intravenous antibiotic

treatment. If antibiotics are required for alternative reasons as listed in the risks above, these may be given orally following cholangioscopy.

You must arrange for somebody to accompany you home. The medication given during the procedure will prohibit you from driving for 24 hours after. Please do not plan to take public transport home unless accompanied. If you are unable to arrange transportation, 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. We would advise that a friend or family member stays overnight with you.

Will I get the results / Will I have a follow-up appointment?

We will give you a copy of the cholangioscopy report and discuss the findings with you before you are discharged. We will be able to tell you of any visual findings, however any samples will be sent to the laboratory for testing. This can take up to six weeks. A copy of the report and any histology results will be sent to your referring doctor and your GP. If required, a follow up appointment will be requested and will be sent to you by post/text/or by phone.

Is there anything I need to watch out for after the procedure?

Minor side effects: It is normal to experience a mild sore throat or difficulty in swallowing for at least 48 hours following the procedure, simple lozenges will help. You may also feel bloated or have mild abdominal (tummy) discomfort. This is normal and should settle within 24 hours.

When to seek urgent medical attention:

For up to one week following your procedure, if you develop any of the symptoms listed below, please seek medical advice **immediately** by EITHER contacting the St George's Endoscopy Unit, Monday to Friday between 9am and 5pm on 0208 725 1491/2310, OR outside of working hours by attending your nearest Emergency Department. Please ensure you **take a copy of your endoscopy report with you**. Additional information will be provided about procedural aftercare on the day of your appointment.

IMPORTANT: These telephone lines are for emergencies only and the staff will not be able to assist you with queries about your procedure, results or appointments.

The symptoms to look out for include:

- Fever (>38°C) / Chills / Rigors
- Severe or worsening abdominal, neck or chest pain
- Persistent nausea or vomiting
- Vomiting blood or 'coffee ground' material
- Black, sticky tar-like poo
- Difficulty breathing / Shortness of breath
- Fainting / Collapse

When can I get back to my normal routine?

You should be able to return to work and all your usual activities within 48 hours. Please be advised you cannot drive, sign legal documents, or drink alcohol for 24 hours following sedation.

Where do I go?

Please attend the Endoscopy Unit, St George's Hospital, First floor, St James' Wing, Blackshaw Road, London, SW17 0QT (scan the QR code at the end of this leaflet for a map).

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.

Contact us

If you have any questions or concerns about your procedure, please contact the Endoscopy Unit on 020 8725 1913 Monday to Friday 8.30am to 3pm.

We are sorry that you may experience a delay when contacting us by telephone. Our team manages more than 300 patient bookings each week and our phone lines can be extremely busy. At peak times, you may wait up to 40 minutes for your call to be answered.

Useful sources of information

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS 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 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.



Scan here for a map on how to find the Endoscopy Unit at St George's Hospital.



Scan here for a digital copy of this leaflet.