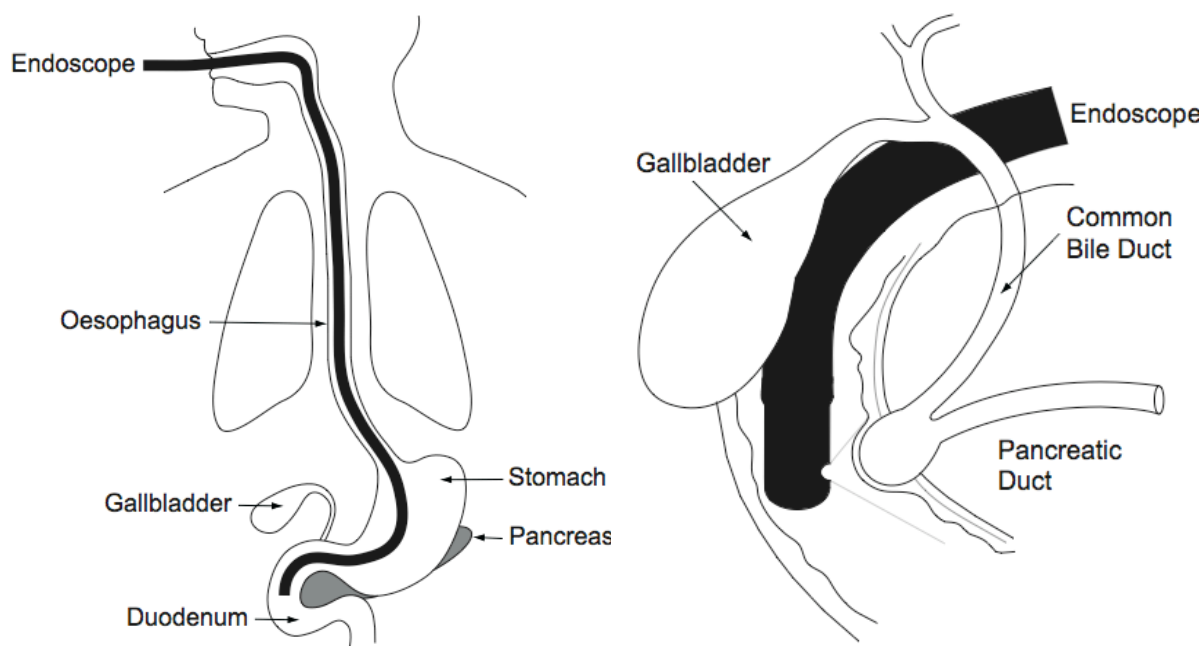


Having an endoscopic retrograde cholangio-pancreatography (ERCP)

Following your recent clinic appointment or visit to the doctor it has been recommended that you have an ERCP (endoscopic retrograde cholangio-pancreatography). This leaflet tells you about the examination and what to expect. Please phone the endoscopy unit if you have any questions.

What is an ERCP?

This procedure enables the doctor to examine the common bile duct and the pancreatic duct. The doctor passes a tiny and flexible tube called an endoscope (or 'scope') through your mouth, stomach and into your small intestine (bowel). Then diagnostic and therapeutic procedures can be performed and tissue or biliary samples obtained to detect infection, obstruction or other abnormality.



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. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

What preparation will I need?

When the appointment is booked, you will get two dates: one for the week before for a pre-assessment clinic, to see the nurse to make sure you have all the relevant blood tests and information with regards to the procedure; and a second date to have the actual procedure, undertaken by the consultant. This procedure must be performed on an empty stomach, so you must not eat or drink for six hours before the procedure.

What should I bring on the day?

Please bring a list of your medication. If you are diabetic please let the unit know; and bring your insulin /tablets with you.

Please bring a dressing gown and an overnight bag in case you need stay in hospital after the test. This will be explained in more detail when seen by the nurse in pre-assessment.

What about my medications?

If you are taking anti-inflammatory tablets (such as nurofen, brufen or voltarol) please stop taking them 5 days before your test.

If you are taking anticoagulants such as warfarin or clopidogrel please contact the endoscopy department for advice. Some procedures may require your medication to be altered or stopped and this can be arranged prior to the procedure by the anticoagulation service.

What happens on the day of the test?

Please book in with the endoscopy reception staff when you arrive. **Please do not have any thing to eat or drink for 6 hours before your appointment time (you can drink water until 3 hours before your appointment time).**

Your personal details will be checked (such as your name and address and GP) and updated accordingly.

We try to ensure that all patients are seen and have their tests soon after arriving in the unit, but occasionally emergencies take precedence and you may have to wait. The endoscopy staff will keep you informed if this happens.

One of the endoscopy nurses then sees you and asks you some questions with regards to your medical history, and checks how you have prepared for the procedure and about your means of transport home.

Then the nurse asks you to get changed into a gown and shows you into the consenting room where the doctor or nurse puts a small needle into the back of your hand.

This is to give you sedation and painkillers. These drugs are used together to reduce any discomfort and to make you a little sleepy. **This is not a general anaesthetic.**

Before you undergo the test, the doctor (endoscopist) doing the procedure will talk you through the consent form and the potential complications. It is important for you to think about these in advance so when you sign the form agreeing to the test you are comfortable that it is a test you really want. Remember, you can change your mind about having the procedure at any time. Please tell the doctor if you have heart valve disease or if you normally are given antibiotics when you visit the dentist. X-rays are taken during this procedure so please tell the doctor if you could be pregnant.

An ERCP usually takes between 30 minutes and 1 hour, depending on what is done. Local anaesthetic is sprayed on to the back of your throat to make it numb.

A plastic mouthpiece is placed between your teeth to keep your mouth slightly open. When the endoscopist gently passes the endoscope through your mouth you may gag slightly - this is quite normal and will not interfere with your breathing. The endoscope is thinner than an index finger.

During the procedure, some air is put into your stomach so that the endoscopist can have a clear view - this may make you burp a little. Some people find this uncomfortable but it does not hurt or affect your breathing. The air is removed at the end of the test. Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped. Throughout the procedure a nurse cares for you and monitors your pulse and oxygen levels and response to your needs.

The procedure itself requires the doctor to pass the endoscope beyond your stomach into the small intestine (bowel). Dye is injected into the bile ducts to allow the doctor to visualize the pancreas and common bile ducts. Photographs or video may be taken, and bile samples, brushings or biopsies (tissue samples) obtained. Often the doctor needs to perform therapeutic interventions like inserting a hollow tube, called a stent, into the bile duct; expanding a narrowed area ('dilating a stricture'); removing gallstones or widening the entrance to the biliary system ('a sphincterotomy').

What are the possible complications of ERCP?

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.

Bleeding, cholangitis (infection of the bile ducts), or a hole (a perforation) occur about 1 in 500 times but are up to 10 times more common if a sphincterotomy is performed. If such a complication occurs, patients usually stay in hospital for a few days.

Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious, but to reduce this we monitor your pulse and oxygen levels at all times throughout the test.

Other rare complications include aspiration pneumonia, damage to loose teeth or to dental bridgework.

The procedure has a 1 in 500 mortality (death) rate.

If you have severe pain, black tarry stools or persistent bleeding, you should contact your nearest A&E department for further advice and also inform us.

What happens after the test?

You are moved to the recovery area where a nurse monitors you for several hours whilst you sleep off the sedation and monitors you for signs of complications. Then the doctor will review you and make a decision about discharging you home or admitting you to a ward.

You will be given fluids via a drip until you are able to eat and drink. You may experience bloating if there is still some air in your stomach, and a sore throat. Both sensations are normal.

You must have a relative or friend to escort you home, and take responsibility for you till the next day. **IF YOU DO NOT HAVE AN ESCORT, WE CANNOT CARRY OUT THE PROCEDURE DUE TO THE SEDATION WE USE.** No escort is required if you are using hospital transport.

Be aware that parking at the hospital is very limited and the nearest entrance to endoscopy is by A&E (lower ground floor).

We strongly advise that you do not drink alcohol, operate machinery, drive or make important decisions for 24 hours after your procedure as sedatives can impair your judgment. You can resume normal activities, work etc the following day.

How will I get the results?

The endoscopist will be able to tell you the results after the procedure. If you had sedation, it is a good idea to have someone with you when this occurs because the sedation can make you forget what is discussed. If samples were taken, you will be told the final diagnosis by the team who requested the ERCP (possibly in the clinic or by letter to you or your GP). These results may take several weeks to come through. A copy of your ERCP report is sent to your GP.

Summary

An ERCP is usually a safe and effective way of finding out and diagnosing your symptoms. However, complications can occur. You do need to know about them to make you aware of the risks and to make a discussion about having an ERCP

This test should help identify the problem causing your symptoms and so enable it to be treated. Your problem is normally identified during the procedure but occasionally the consultant may have to send you for other investigations as well.

Alternative investigations

If the ERCP is unsuccessful, the endoscopist may recommend other methods of examining the bile ducts, pancreas, such as an MRCP scan or MRI. The doctor will inform you if this is the case.

Training

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

Any questions?

Feel free to write down any other questions you may have or contact the endoscopy unit during office hours on 020 7794 0500 ext. 31642. No question is ever too minor if there is anything you wish to know.

If you would like a large print or audio version of this information, please ask a member of staff.

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Patient agreement to investigation or treatment

Patient identifier/label
Special requirements.....
(eg other language/other communication method)
Responsible health professional.....

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Endoscopic-retrograde-cholangio-pancreatography (ERCP) ± Stent ± Sphincterotomy ± Brushing ± Biopsy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:

Serious or frequently occurring risks

There is a 1 to 7 % risk of pancreatitis. Haemorrhage, cholangitis, and perforation occur about 1 in 500 times but are up to 10 x more common if a sphincterotomy is performed. The procedure has a 1 in 500 mortality rate. Other rare complications include aspiration pneumonia and a slight risk to teeth or dental bridgework. Sedation causes breathing problems in about 1 in 200 cases although these are usually mild.

Any extra procedures which may become necessary during the procedure

blood transfusion.....

other procedure (please specify) ***Operation***

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The appropriate Royal Free Hospital endoscopy leaflet has been provided

This procedure will involve:

general and/or regional anaesthesia local anaesthesia sedation

Signed:..... Date

Name (PRINT) Job title

Guidance to health professionals is available within the endoscopy manual

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PRINT)

Copy accepted by patient: yes / no (please ring)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 and 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

.....
.....
.....

Patient's signature Date.....

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT)

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed:..... Date

Name (PRINT) Job title

Important notes: (tick if applicable)

See also advance directive/living will (eg Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign /date here)

Monday - Friday
9.00am - 5.00pm



29938

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