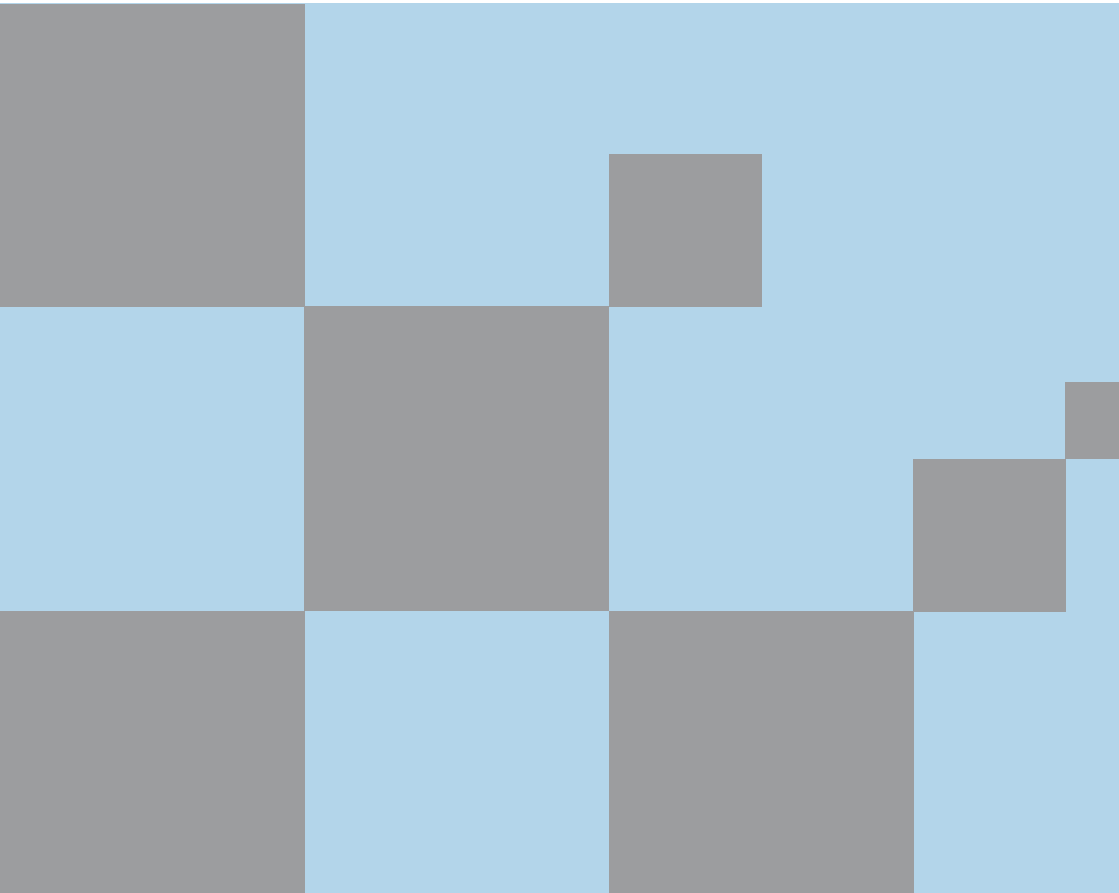


Endoscopic Retrograde Cholangio-pancreatography (ERCP)

Examination of the bile duct and pancreas

**Consent booklet and
Information for patients**



Your appointment

An appointment for your ERCP (examination of the bile duct and pancreas) has been arranged at:

John Radcliffe Hospital:

Day and date:

Time:

Place: Jewell Day Case Unit, Level 5 (outside ward 5F)

Please telephone the Endoscopy Unit on 01865 221466 if this appointment time is not convenient for you or if you are unable to keep your appointment. This will enable staff to arrange another date and time for you and to give your appointment to someone else.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

Introduction

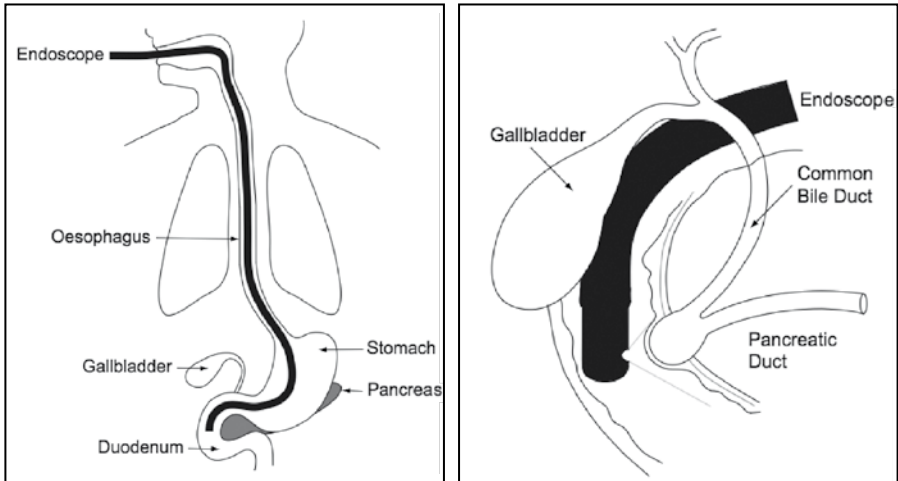
You have been advised by your hospital doctor to have an ERCP. This is an examination of the bile duct and/or pancreas. **Your formal consent is required before we can carry out this examination.** This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision in agreeing to the examination. The consent form is at the front of the booklet.

If there is anything you do not understand, or anything you wish to discuss further – but still wish to attend for the appointment, do not sign the consent form. Instead, bring it with you and you can sign it after you have spoken to one of our doctors.

The consent form is a legal document – please read it carefully. Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. You will notice that the consent form is carbonised, allowing you to keep a copy for your records. **Please complete the form while it is still attached to booklet and bring it with you.**

What is an ERCP?

The examination you will be having is called an ERCP (Endoscopic Retrograde Cholangiopancreatography). This is an examination of the bile duct which drains bile from your liver into the small bowel. Sometimes the pancreatic duct which drains digestive juices from the pancreas into the small bowel is also examined. The examination is carried out by a specially trained doctor called an endoscopist.



How long will I be in the hospital?

The procedure usually takes between 30 minutes and 1 hour. However, you should expect to be in the department for most of the day. The Unit also deals with emergencies and these can take priority over people with scheduled appointments. Depending on your health condition or the treatment or procedure, you might be admitted overnight.

Why do I need an ERCP?

An ERCP may be advised for a number of reasons including to:

- aid diagnosis
- treat jaundice caused by gall stones or a narrowing of the bile ducts
- remove stones from the bile ducts or pancreatic duct
- insert a plastic or metal tube to drain the bile (or the pancreatic juices)
- clear blockage of the bile flow.

What are the alternatives?

Computed tomography (CT) and magnetic resonance imaging (MRI) can also provide pictures of the internal organs and gastrointestinal wall, but no treatment can be given during these procedures.

ERCP is a safe procedure and complications are uncommon. That is why it is used instead of surgery, where the risks are greater.

Sedation

The sedative is injected into a vein in your hand or arm and will make you drowsy and relaxed but is not the same as a general anaesthetic. The purpose is to make sure that the procedure is well tolerated and to avoid discomfort. It is unlikely that you will remember anything about the examination afterwards. We will monitor your breathing and heart rate during the examination and you will be able to breathe quite normally throughout.

After you have sedation you will not be permitted to drive home or use public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that s/he can contact them when you are ready for discharge.

Preparation

Eating and Drinking

You must not eat or drink anything for at least 6 hours before your ERCP because food can stop the endoscopist getting a clear view of the inside of your stomach. It also increases the risk of inhaling the contents of your stomach into your lungs, which can cause severe pneumonia. If you do eat something, your test will need to be cancelled for your own safety.

What about my medicines?

You should continue to take any routine medicines. Please bring a list of any medicines you are taking with you.

Patients with diabetes

If you have diabetes controlled by insulin or tablets, please telephone the Endoscopy Unit for advice at least 1 week before your endoscopy appointment.

Anticoagulants

Please telephone the Endoscopy Unit at least 2 weeks before your endoscopy appointment if you are taking anticoagulants, e.g. warfarin or Clopidogrel.

What happens when I arrive at the day case unit?

When you arrive you will be met by a nurse who will ask you a few questions about your medical condition and any past surgery or illness. This is to confirm that you are fit enough to undergo the ERCP examination. If you have not had a blood test in the previous 5 days, we will take a blood sample. The nurse will record your heart rate and blood pressure, and if you are diabetic, also your blood glucose.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the doctor will be

able to answer any questions you still have or talk to you about any concerns before the examination.

You will be asked to remove all your clothes and to put on a hospital gown. You will also need to remove any false teeth or contact lenses. Jewellery or metal objects should also be removed because they interfere with X-rays and a special instrument called a diathermy. Please leave valuables at home.

An intravenous cannula (plastic tube) will be placed in your right arm to give you a sedative during the procedure.

We will give you an antibiotic tablet before the procedure to reduce the chance of infection.

Please bring a dressing gown and an overnight bag in case you need to stay in hospital after the examination.

Please note that this is a specialist Unit and you will be cared for by staff regardless of their gender, race or faith.

What happens during the ERCP examination?

You will be moved to the examination room in the radiology department where the endoscopist and the nurses will introduce themselves. The doctor will explain the planned procedures to you and you will have the opportunity to ask any final questions. A qualified endoscopist or a trainee endoscopist under direct supervision will perform your examination. A qualified nurse will remain with you throughout the procedure.

We will give you a small plastic mouth guard to put between your teeth to protect them during the examination. (If you have any dentures you will be asked to remove them first.) The nurse will then ask you to lie on the X-ray table and will place a probe on your finger to monitor your oxygen levels.

The sedative will be injected and you will quickly become sleepy. A small plastic suction tube, rather like the one used at the dentist, will be placed in your mouth to remove any saliva or other secretions produced during the examination.

The endoscopist will put the endoscope into your mouth and pass it gently down your oesophagus into your stomach and then into your duodenum (upper part of the small bowel). You will be able to breath normally through your nose. The endoscope allows the doctor to see pictures of the inside of the intestine on a TV screen. A small amount of air is blown into your gut to help the endoscopist to see what's going on.

The doctor will find the position of the valve where the pancreatic and bile ducts enter the duodenum. A very thin plastic tube is then inserted down the endoscope into the bile or pancreatic duct to inject X-ray dye so that the pancreatic and bile ducts can be seen on X-ray films. The dye is later passed out of your body harmlessly.

The doctor will then carry out any treatments that are required (as described on page 5). Samples may be taken for analysis under a microscope in our laboratories. These samples will be kept.

If the X-rays show gall stones in the bile ducts, the doctor may enlarge the opening of the bile duct (sphincterotomy) using an electrically heated wire (diathermy). You will not feel anything. The doctor then removes the gall stones using a special balloon or 'basket'.

If there is a narrowing (stricture) of the bile duct, a short plastic or metal tube called a stent is placed across the narrowing to drain the bile. You will not be aware of the presence of the tube, which may remain in place permanently. Occasionally the stent becomes blocked after a few months. In this case it may be necessary to replace the stent by performing another ERCP.

X-ray films and/or photographs may be taken for your health record and documentation purposes.

Extra procedures that might become necessary during the ERCP include:

- Biopsy (sample of tissue) or aspiration of bile
- Sphincterotomy (making a cut to open the bile duct)
- Dilatation of the bile duct (by a stent or balloon)
- Insertion of a stent (drainage tube)

What are the risks and complications?

Sometimes patients may experience discomfort and/or a sore throat for a few days. This can be relieved by painkillers such as paracetamol.

Problems which can occur are:

- **Acute pancreatitis**

This is an inflammation of the pancreas which can cause abdominal pain, which often extends into the back, and affects about 1 in 20 patients. Patients with certain conditions such as Sphincter Oddi Dysfunction are at a slightly higher risk, with 1 in 5 patients being affected. Acute pancreatitis can be a severe complication which may require hospital admission for several days, sometimes longer.

- **Bleeding**

This can occur in 1 in 500 patients but is 10 times more frequent (10 in 500) if a cut has been made (sphincterotomy) to remove stones or to insert a stent. Bleeding can cause vomiting of blood which may be black, or the passing of dark black stools. The bleeding can often be stopped using an endoscope. Very rarely a blood transfusion or surgery are needed.

- **Perforation**

A tear in the gastrointestinal wall or bile system occurs very rarely (1 in 1000 patients), but might require surgery.

- There is a risk that small **abnormalities may be missed**.
- **Adverse reaction to the sedation or the X-ray dye.**
- Problems **with breathing, heart rate and blood pressure**— but such problems are normally short lived. We will monitor you carefully so that if any problems occur they can be treated quickly.
- **Damage to teeth, crowns or bridgework** is rare.

If you have any problems after ERCP which you feel may be related to the test, please inform your doctor or hospital staff immediately. An operation may be necessary to treat a complication, but this is very rare. Please do not hesitate to discuss possible complications or risks with hospital staff before your ERCP.

After the examination

You are taken back to the Day Unit where a nurse monitors you for several hours while you sleep off the sedation. You might experience a sore throat and bloating if there is still some air in your stomach. Both of these are normal.

You might be given fluids via a drip until the nurse tells you that you can eat and drink again.

The doctor will review you and decide whether to discharge you home or admit you to a ward. The doctor will explain the results of the ERCP and what treatment has been given or is planned. Sedation can make you forgetful. It is therefore a good idea to have a member of your family or a friend with you when you are given the results of your examination.

A copy of the ERCP report will be sent to your GP. We will also give you a copy.

Going home

If you are having an ERCP without any additional treatment it is likely that you will be allowed home after the test, but **you must have a relative or friend to escort you home, stay with you overnight, and take responsibility for you till the next day.** Once home, it is important to rest quietly for the remainder of the day and have only small light meals. Sedation lasts longer than you think.

You should not:

- drive a car
- operate machinery
- drink alcohol
- sign any legal documents
- be left alone to care for children

The effects of the test and sedation should have worn off by the next day, when most patients are able to resume normal activities. Most patients feel perfectly back to normal after 24 hours. If you still feel drowsy, you should wait a further 24 hrs before driving.

After you go home

If you have any problems with persistent abdominal pain, fever or bleeding in the period up to 48 hours after your ERCP, please contact the department where you had your appointment between **8am and 6pm Monday – Friday:**

**John Radcliffe Hospital, Endoscopy Unit
Tel: Oxford (01865) 221466**

Outside these times please contact:
John Radcliffe, Ward 5F: Tel: 01865 221185

If you are unable to keep your appointment please help us by notifying the Endoscopy Unit as soon as possible. Your appointment slot can then be given to someone else, and you will be offered an alternative date and time.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473**. When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

Approved by Dr Jane Collier, Consultant Hepatology
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