



Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Information for patients

You have been advised to have an ERCP (Endoscopic Retrograde Cholangio-Pancreatography). This procedure allows the doctor to take detailed x-rays of the bile duct and/or pancreas.

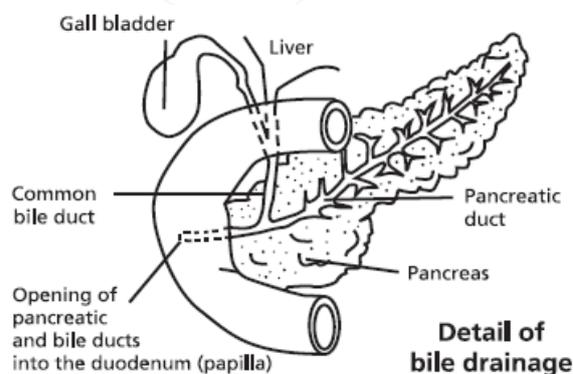
What is ERCP?

An ERCP is an x-ray examination which uses an endoscope to examine the bile or pancreatic duct, which are located in the small bowel. These ducts will be located with x-ray dye.

An endoscope is a narrow flexible tube (about the thickness of your little finger) compiled of thousands of fine glass bundles which allows the reflection of light to occur. A lens is connected to the end of the endoscope. When this is connected to a processor it allows the endoscopist to view the gastrointestinal tract on the TV monitor.

Why do I need an ERCP?

This procedure can help your doctor to identify any abnormalities in the biliary system (liver, gall bladder and pancreas). Stones in the bile duct or blockages can also be treated during an ERCP. In most cases you will be admitted to hospital the day of the procedure.





What are the benefits of an ERCP?

The benefits are that it is a non-surgical procedure offering treatment, without the need for an operation.

Alternatives

An alternative procedure to the ERCP is a MRCP (Magnetic Resonance Cholangio-Pancreatography). This procedure, however, is only a diagnostic test and unlike the ERCP, is unable to offer treatment or cure.

Before the test

To allow a clear view with the endoscope, the stomach must be empty. You will therefore be asked not to eat or drink for at least six hours before your procedure. It will also be necessary to remove any false teeth or contact lenses.

Medication

Please bring any medication that you are taking, in their original packets, with you when you come to the hospital. If you are diabetic, asthmatic or currently taking Warfarin, Clopidogrel or Aspirin please telephone the Endoscopy Unit for advice (as soon as possible).

Consent

Before your surgery / operation / procedure you will be asked to give your consent. It is important to understand what the operation/procedure is likely to involve together with the risks, benefits and alternatives before you sign the consent form. Staff will explain these to you but please do not hesitate to ask if anything is unclear or you have any further questions.

What happens during the examination?

The procedure is performed in the x-ray department. You will be asked to lie on your left side on an x-ray table. A probe will then be attached to your finger to monitor your oxygen levels and pulse rate. A soft tube will be placed into your nostrils to give you oxygen. A mouth guard will be placed in your mouth between your teeth and you will be given sedation, usually by injection in the back of your hand or arm, this will make you very relaxed and sleepy. Sedation is not a general anaesthetic; therefore you may recall some aspects of the procedure.



Once you are sufficiently relaxed, the endoscope will be passed through your mouth, down the gullet, into your stomach and into the small intestine (duodenum) where the entrance to the bile and pancreatic duct is located.

X-ray dye is then injected to outline the pancreas and bile duct and an x-ray is taken. This will determine how the ERCP proceeds. A number of things may happen:

- A biopsy (tissue sample) may be taken. The sample can be looked at under a microscope to check for abnormal tissue and cells.
- If the x-rays show a gallstone is stuck in the duct, the doctor may make a very small cut at the entrance of the bile duct with a heated wire, which is guided down the endoscope. You will not be able to feel this. The stones can then be removed.
- If the x-rays show a blockage or narrowing in the bile duct they can be treated by putting a small, hollow tube (called a stent) inside the duct. This will allow the bile to drain into the small intestine in the normal way and can help relieve the jaundice (yellow tinge to the skin) that you have. You will not be aware of the stent, which can remain in place permanently.

How long does it take?

It can take anything from 15 minutes to over an hour, depending on what is done.

After the examination

Once the examination is finished you will be transferred back to the ward. When you return to the ward, you will still feel sleepy. You will need to stay in hospital overnight. The effects of the sedative can last up to 24 hours so you must not drive, operate machinery or drink alcohol in that time. The nurses on the ward will tell you when you are able to eat and drink.

Possible risks and complications

Most ERCP's are done without problems and are safe which is why they are used instead of surgery. However, complications can occur. An operation may be needed to treat a complication, but this is very rare.



Complications may include:

- Inflammation of the pancreas (pancreatitis) 2-4%
- Infection in the bile duct (cholangitis). This is usually treated with antibiotics, but occasionally can be serious.
- A hole may be made in the bowel (perforation) and if this happens surgery may be necessary.
- Bleeding may result from the ECRP, which will usually stop quickly by itself. In severe cases, a blood transfusion or operation may be needed to control the bleeding.

If you have any concerns, please do not hesitate to discuss these with a senior member of staff before ERCP.

Questions or problems

If you have any concerns or problems please contact the Endoscopy Unit:
Open between 8.30am – 5pm
Monday to Friday
Tel: 01895 279214

Who to contact out of hours

If you develop any urgent problems following your discharge and you feel that they cannot wait until the Endoscopy Unit is next open, then please contact your GP or NHS Direct who will advise you.

Further information:

NHS Direct
Tel: 0845 46 47
www.nhsdirect.nhs.uk



Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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pracownika oddzialu o kontakt pod numerem telefonu: 01895 279973

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系：01895 279973

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