GIG CYMRU NHS WALES

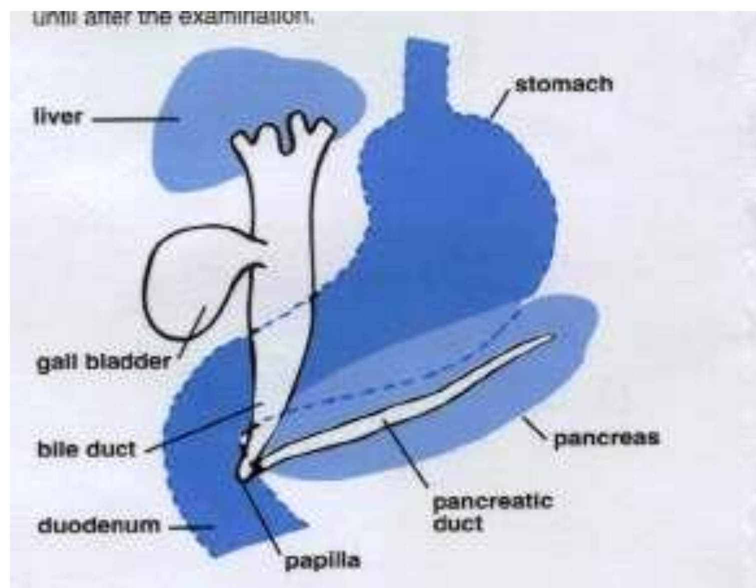
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Patient Information

Having an ERCP

Endoscopy Unit

As a result of your tests, we have advised you to have an examination of your pancreas and bile ducts (see diagram below). This test is called ERCP (Endoscopic Retrograde Cholangio-Pancreatography). For most patients this is more than a test; it is a procedure because it allows treatment of problems of the bile duct or pancreas. This document will give you information on the procedure and its potential benefits and risks, allowing you to decide whether you agree to have this done.



What do I need to do before the procedure?

Please inform the healthcare team if you take insulin or tablets for diabetes. You may require insulin and glucose given by vein to cover the procedure. You should not take your diabetes tablets on the morning of the procedure, but they may be given in the evening after the procedure if you are ready to eat and drink again.

Please inform the doctors if you take treatment to thin the blood such as Warfarin, Clopidogrel, Tigacrelor or Prasugrel. These need to be stopped five to seven days beforehand. Direct anticoagulants such as Dabigatran or Rivaroxaban should be stopped 2-3 days beforehand. If you are receiving injectable low molecular weight heparin (Clexane, Daltaparin) this needs to be omitted for the 24hr before the procedure.

Women aged less than 55 years may be asked to undergo a pregnancy test, because x-rays are used during the procedure.

Please do not eat for at least six hours or drink for at least four hours beforehand.

We will explain the procedure and ask you to sign a consent form. This is to ensure you understand the procedure and possible risks. Please tell the nurse or doctor if you have had any previous endoscopic examinations, or reactions to drugs or any allergies, especially any problems from iodine. In some situations, antibiotics are given by injection before or after the procedure. If you have any questions please ask the staff. They will be happy to help you.

There is evidence that a single suppository of Diclofenac, an anti-inflammatory drug (given via the back passage one hour before the procedure) can reduce the risk of the complication pancreatitis in some patients. Please let us know if you have had asthma or are allergic to Diclofenac (Voltarol).

What happens during the procedure?

You may have your throat sprayed with a local anaesthetic to reduce the sensation of the endoscope moving whilst you are sedated. We will ask you to lie more or less flat on your chest on an x-ray table. We will place a fine soft tube into your nostrils to give you a slow supply of extra oxygen during the test and you will receive an injection into your vein which will make you very sleepy. You will not be given a general anaesthetic, so you may remember parts of the procedure. The endoscopist can “top up” the sedation as needed during the procedure. Once you are sleepy, we will pass an examining instrument called an endoscope through your mouth down to your stomach and the upper part of your small intestine (duodenum). We use a special dye to do an x-ray of your pancreas and bile ducts.

If the x-rays show gallstones in the main bile duct the doctor will make the opening of the bile duct bigger by means of an electrically heated wire. Do not worry because you will not feel this happening. Any stones will either be collected into a tiny basket or trawled out with a balloon and left to pass in the intestine. Sometimes the stone is too large to be removed has to be crushed with a basket first.   If it is not possible to remove all stones a plastic tube (stent) is placed in the bile duct to allow the bile to drain and prevent the stone from lodging in the duct. Sometimes stents are left in the duct long term or alternatively until further procedures are carried out. Some patients need two (or even three) procedures to clear the bile duct completely, but these extra procedures allow most patients to avoid open surgery.

If a narrowing is found, samples can be taken from this area and bile can be drained by leaving a short plastic tube (stent) in the bile duct. You will not be aware of this tube which can remain in place indefinitely. However occasionally it may be necessary to replace the tube some months later if it becomes blocked. If you are yellow (jaundiced), it may take several days for your colour to improve following the procedure.

The procedure is not normally painful, but may be a little uncomfortable at the beginning whilst the endoscope is being positioned in the duodenum. Rarely patients experience very short bursts of discomfort if stones are being trawled out of the bile ducts or a balloon is being used to widen the passage at the lower end of the bile ducts.

What happens after the procedure?

A nurse will take you back to the ward. We will let you know when you can eat and drink. You will be informed of the results of the procedure and the treatment you had.

When can I go home?

It is important that you are monitored after the procedure to see if there are any signs of complications (see below).

Some patients are brought in for the day for the procedure with the aim being for them to be discharged in the late afternoon. For this to apply to you your general health needs to be good and a reliable adult would need to accompany you home by car or taxi. It is important that somebody takes you home because of the effects of the sedation you had. If you live alone an adult with access to a telephone would need to stay with you overnight. Planned day patients are allowed home 6 hours after the procedure if all is well.

When you arrive home it is important to rest quietly for the remainder of the day and evening. You should not drive, operate machinery or drink alcohol on the day of the procedure or on the following day.
The effects of the procedure and sedation should have worn off by the next day when most patients are able to resume normal activities.
If you are required to stay in hospital the average length of stay is between one to three days. However, if further investigations or procedures are necessary, or if problems arise, you may need to stay longer.

What are the risks and complications?
ERCP therapy for bile duct stones and blockage is much safer than surgery, and in 95% of cases is carried out without complication. It is very important to note that complications can occur and if you have any further questions or concerns that you discuss them with the ward doctors or the doctor carrying out the procedure. Complications such as infection, bleeding and inflammation of the pancreas (pancreatitis) usually settle within a few days and are very rarely serious enough to need an emergency operation or intensive care. Some complications can even lead to death (overall risk one in every 250 procedures) but this risk is much greater in patients who have other major medical problems.

In a further one patient in 50 the procedure triggers an attack of pain similar to that caused by stones in the duct. This usually occurs within 6 hours of the procedure, and very occasionally later, and may result in you needing to stay in hospital so that painkillers can be administered. More rarely, bleeding can occur where the duct has been opened, or the duct can be infected. Again it may be necessary to stay in hospital for treatment if this occurs, and a further endoscopy (and/or treatment via the arteries in the X-ray department) might be necessary to stop the bleeding. Very unusually patients may require surgery if the basket used to crush a particularly large stone gets stuck or if a hole is made in the small bowel during the procedure.

Very occasionally bleeding can occur up to two weeks after the procedure. This normally causes the bowel motions to become black and tarry (or like redcurrant jelly). Occasionally patients feel faint from bleeding. If any of these happen you need to proceed directly to the hospital's Accident and Emergency Department. If you have queries please contact: The Royal Gwent Hospital Endoscopy Unit on:-
01633 -234225 or Llanwenarth Suite, Nevill Hall Hospital on:-
01873 - 732668/9.

For the first day you may feel soreness at the back of the throat and you may also have some bloating if air has remained in your intestine. It is important that you inform the staff if you have any pain, fever, fainting attacks, black or redcurrant colour stools during the days following the procedure.

In about one case in 15 the procedure is not successful – reasons for this include that the operator has not been able to find the opening to the bile duct or is unable to access the bile duct due to previous surgery or a narrowing or polyp.