

## E04 ERCP

### What is an ERCP?

An ERCP (endoscopic retrograde cholangio-pancreatogram) is a procedure to look for any problems in your bile duct or pancreatic duct using a flexible telescope and x-ray dye.

Your doctor has recommended an ERCP. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the healthcare team.

### Why do I need an ERCP?

Your doctor is concerned that you may have a problem in your bile duct or pancreatic duct. Gallstones in the bile duct or a narrowing of the bile duct are common problems, both of which can cause jaundice (the skin turning yellow in colour). If the endoscopist (the person doing the ERCP) finds a problem, they may be able to treat it during the procedure.

### Are there any alternatives to an ERCP?

There are other ways of looking at the bile duct, such as a scan called an MRCP, or a technique called endoscopic ultrasound. These other investigations have fewer complications but cannot be used to treat a problem, which an ERCP is often able to do. You may already have had one of these tests. If you have a problem in your bile duct, an operation may be an alternative to an ERCP.

If you want more information about these alternatives, you can discuss them with your doctor.

### What will happen if I decide not to have an ERCP?

Your doctor may not be able to confirm the cause of the problem.

If you decide not to have an ERCP, you should discuss this carefully with your doctor.

### What does the procedure involve?

#### • Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your endoscopist and the healthcare team your name and the procedure you are having.

A member of the healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

You should not eat or drink anything for six hours before the procedure. This is to make sure your stomach is empty so the endoscopist can have a clear view of your stomach. It will also make the procedure more comfortable for you. However, if you have diabetes, you will need special advice depending on the treatment you receive for your diabetes. If you have diabetes and take metformin or Avandamet, you will need to stop taking it on the day of your procedure and for the next two days. Let a member of the healthcare team know as soon as possible if you have diabetes.

The procedure may involve injecting you with a drug called Buscopan to relax your bowel and make the procedure more comfortable. Buscopan can affect the pressure in your eyes, so let your doctor know if you suffer from glaucoma.

To reduce the risk of infection, they will normally give you an antibiotic drug through a needle in the back of your hand.

## • In the endoscopy room

The endoscopist will give you a sedative to help you relax. They will give it to you through a small needle in your arm or the back of your hand.

You will not be given a general anaesthetic so you may remember parts of the procedure.

Once you have removed any false teeth or plates, they will usually spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

The endoscopist will ask you to lie face down or on your side and will place a plastic mouthpiece in your mouth.

A member of the endoscopy team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, they will give it to you through a small tube placed in your nose.

## • The procedure

An ERCP usually takes between half an hour and three-quarters of an hour. The procedure involves placing a flexible telescope (endoscope) into the back of your throat. You may be asked to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into the oesophagus and down into your stomach. From here the endoscope will pass into your duodenum.

The endoscope is then positioned to look at the papilla (see figure 1). The papilla is a small circle of muscle that controls what goes through it.

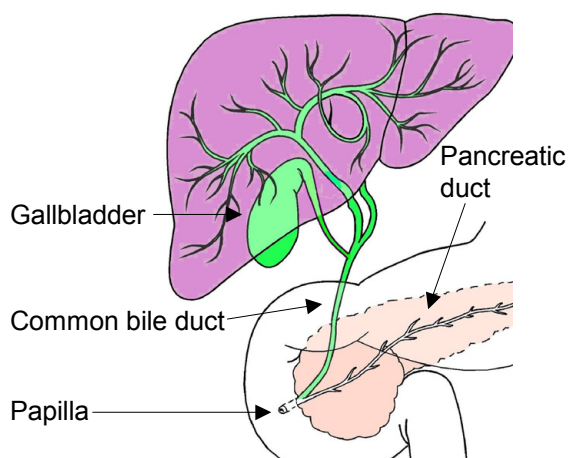


Figure 1

The bile duct system and pancreatic duct

A fine tube is placed through the endoscope and into the bile duct or pancreatic duct through the papilla. X-ray dye is injected into the ducts and x-ray pictures are taken that show the ducts.

If there are gallstones in the bile duct, they can usually be removed using a sphincterotomy (a cut in the papilla). If the gallstones are large, the endoscopist can insert a tube called a stent to help relieve jaundice. They can also insert a stent to relieve jaundice caused by a narrowing of the bile duct. The endoscopist can carry out these steps using the endoscope and you will not need an operation involving a bigger cut.

## What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: less than 1 in 200).

The possible complications of an ERCP are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- **Infection of the bile duct (cholangitis)** (risk: less than 1 in 100). You will usually be given further antibiotics to reduce the risk of a severe infection.
- **Making a hole in the oesophagus, stomach or duodenum**, particularly if a sphincterotomy is performed (risk: 1 in 200). If a hole is made, you may need further treatment.
- **Bleeding**, which usually stops on its own. Bleeding is more common if you have a sphincterotomy (risk: 3 in 100). You may need surgery if the bleeding continues. Let the endoscopist know if you are on warfarin, clopidogrel or other blood-thinning drugs.
- **Damage to teeth or bridgework**. A plastic mouthpiece will be placed in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.

- **Allergic reaction** to the equipment, materials or sedative. The endoscopy team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any drugs or tests in the past.

- **Breathing difficulties or heart irregularities**, as a result of reacting to the sedation or inhaling secretions such as saliva. To help prevent this from happening, your oxygen levels will be monitored and a suction device will be used to clear any secretions.

- **Inflammation of the pancreas** (pancreatitis), which causes abdominal pain and nausea (risk: 3 in 100). It usually settles in a few days but occasionally it can develop into severe pancreatitis.

- **Incomplete procedure.** This can happen due to a technical difficulty, food or blockage in the upper digestive system, complications during the procedure, or discomfort. Your doctor may recommend another ERCP, a different test or an operation.

You should discuss these possible complications with your doctor if there is anything you do not understand.

### **How soon will I recover?**

After the procedure you will be transferred to the recovery area where you can rest.

If you were given a sedative, you will normally recover in about an hour. However, this depends on how much sedation you were given. Once you are awake enough and able to swallow properly you will be given a drink. You may feel a bit bloated for a few hours but this will pass.

You may be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you were given a sedative and go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

A member of the team will tell you what was found during the ERCP and will discuss with you any treatment or follow-up you need.

If your treatment is for jaundice, it usually takes several days for the jaundice to disappear.

You may have some abdominal pain over the next day or two. If this becomes worse and you start to vomit, you develop fever and chills, your jaundice gets worse, you start to feel weak and breathless, or your bowel movements turn black, contact the endoscopy unit or your GP. If your symptoms are severe, go to your nearest Accident and Emergency department or call an ambulance.

You should be able to go back to work two days after the ERCP unless you are told otherwise.

### **• Lifestyle changes**

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

For help and advice on stopping smoking, go to [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk).

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to [www.eatwell.gov.uk](http://www.eatwell.gov.uk).

## • Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should improve your long-term health.

For information on how exercise can help you, go to [www.eidoactive.co.uk](http://www.eidoactive.co.uk).

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

## Summary

An ERCP is usually a safe and effective way of finding out if you have a problem with your bile duct or pancreatic duct and treating your symptoms. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

## Further information

- NHS smoking helpline on 0800 022 4332 and at [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)
- [www.eatwell.gov.uk](http://www.eatwell.gov.uk) – for advice on maintaining a healthy weight
- [www.eidoactive.co.uk](http://www.eidoactive.co.uk) – for information on how exercise can help you
- [www.aboutmyhealth.org](http://www.aboutmyhealth.org) – for support and information you can trust
- British Society of Gastroenterology at [www.bsg.org.uk](http://www.bsg.org.uk)
- Digestive Disorders Foundation at [www.digestivedisorders.org.uk](http://www.digestivedisorders.org.uk)
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

## Acknowledgements

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## Paying for your operation

ERCP costs are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

## Local information

You can get information locally from your BMI Hospital.

**Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)**

**This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.**

E04

Issued November 2009

Expires end of December 2010



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