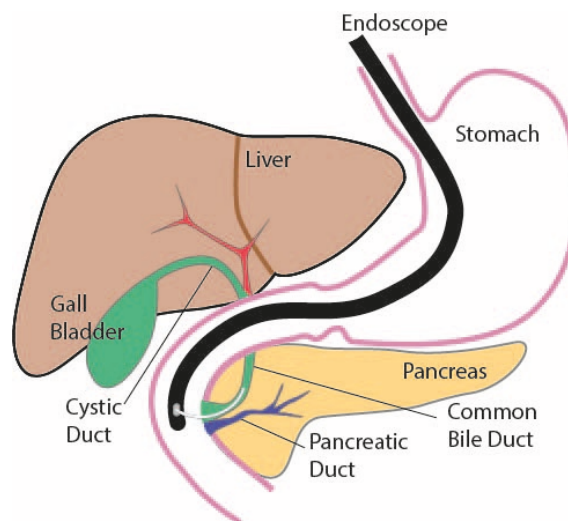


Having an Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

What is an ERCP?

Endoscopic Retrograde Cholangio-Pancreatography is a procedure that combines the use of endoscopy and x-ray guidance, to examine and/or treat problems with the bile ducts, gallbladder, liver and pancreas. During an ERCP your endoscopist passes a long flexible tube containing a camera and light through your mouth, over the back of your tongue, down your oesophagus (gullet), into your stomach to the first part of the small bowel (duodenum). Through the endoscope, the endoscopist can view the opening (ampulla) where the bile duct drains into the bowel and enables injection of contrast dye into the ducts in the biliary tree so they can be seen on x-ray and treatment performed through the endoscope.



Why would I need this procedure?

An ERCP is indicated for:

- Treating gallstones in the bile duct
- Relieving obstructive jaundice from a blockage to the bile duct
- Taking samples of tissue where necessary

What should I do before I come into hospital?

If you are an **outpatient** you may be pre-assessment before the procedure by a doctor or nurse either face to face or alternatively, you may receive a telephone call, depending on whether a blood test is required.

If you are an **inpatient**, a nurse and/or doctor will see you on the ward before your ERCP.

Please let the nurse/doctor know if:

- You have a **heart condition, artificial heart valve, a pacemaker or an implanted defibrillator**
- You are **diabetic**
- You are taking **warfarin** or any drugs to thin your blood
- You have any **allergies**

For women of childbearing age it is important that you are not pregnant as x-rays can harm an unborn child. You will be asked to have a pregnancy test. The nurse will explain the procedure and answer any questions you may have.

What are the potential risks and side effects?

There are possible complications to this procedure, risks include:

- **Pancreatitis**- pancreatitis is inflammation of the pancreas and causes acute pain, it is a serious side effect and occurs in 5-8% of cases.
 - **Perforation** – can occur in approximately 1 in every 50 procedures. It is possible to damage the lining of the upper gastrointestinal tract and make a hole.
 - **Bleeding** – approximately 1 in every 50 procedures may experience bleeding following a procedure.
 - **Unsuccessful procedure**
 - **Infection** – it is possible to develop infection within the liver, bile duct or abdomen.
 - **Adverse effects of medications**- this can usually be reversed with medication.
- Other Procedures;**
- **Haemostasis therapies** - treatments used to stop bleeding.

Will I need sedation?

You will be given analgesia (pain killer) and conscious sedation injection for this procedure; the medications are given through a cannula that will be inserted in your arm. The conscious sedation will make you feel relaxed and drowsy, but it is not like having a general anaesthetic. You will be able to hear and understand what is being said to you, although it is common to experience an amnesic effect from the medication.

Do I need to prepare for the test?

For the ERCP to be successful your stomach needs to be empty, it is important that you do not have anything to eat for at least 6 hours before the procedure and only drink water until 2 hours before your appointment time.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic and have any concerns regarding the management of your diabetes, please contact our Endoscopy Unit. If you are taking any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs prior to your procedure.

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595
- Email both departments at esht.endoscopypreassessment@nhs.net

Opening hours: Monday to Friday 8.00am to 6.00pm (except bank holidays).

What do I need to bring with me?

- A list of all your medications and any allergies you may have.
- The name and telephone number of the person who will be taking you home. A responsible adult will need to stay with you for 12 hours following conscious sedation.
- Reading glasses.

Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

What will happen when I arrive at the hospital for my ERCP?

A trained nurse will review your medical history, medications and any allergies. Your temperature, blood pressure, pulse and oxygen saturations will be taken. You will be asked to wear a hospital gown, and a small plastic tube (cannula) will be inserted into a vein in your arm so that you can be given a conscious sedative injection and any other medication required for the procedure.

You will meet the endoscopist who will discuss the procedure and the possible risks with you and answer any questions you may have, if you agree to proceed with the procedure, you will be asked to sign a consent form if you haven't already done so in the clinic.

Your ERCP procedure is carried out in the radiology department, and takes approximately an hour, you will be taken there on a trolley. You may have to wait outside the x-ray room until the endoscopy staff are ready to perform your procedure.

Any dentures and glasses will need removing before you lie down on the x-ray table.

What happens during the ERCP?

A nurse will monitor your blood pressure, pulse and oxygen saturation. The other nurses will assist the endoscopist with the procedure.

A plastic mouthpiece will be placed between your teeth before the procedure starts. You will be given conscious sedation and painkilling injection to make you feel drowsy and relaxed. The endoscopist may also use a local anaesthetic throat spray, which numbs the back of your throat making the procedure more comfortable.

If your procedure is being performed to remove stones from the bile or pancreatic duct, a small cut (sphincterotomy) may be made in the lower end of the bile duct to allow a small basket or balloon to be inserted to remove stones and any future stones may pass into the intestine. Specimens may be taken from the bile ducts using a small brush or forceps, and a plastic or metal tube (stent) may be inserted to help with the drainage of bile or pancreatic fluid.

What happens after the test?

After the procedure you will return to the Endoscopy Unit. You may remain drowsy for a while and need to rest for a few hours. A nurse will monitor your blood pressure and pulse and advise you when you can eat and drink. When you do start to eat and drink you should keep to simple meals and low in fat for two days. Later that afternoon once you have recovered sufficiently the results of your test will be explained before you are discharged home. You will receive a copy of your ERCP report, and one will be sent to your GP.

How will I feel afterwards?

You may have a sore throat caused by the endoscope and you may also have mild abdominal discomfort and feel bloated due to the air that has been passed through the endoscope into your stomach during the procedure.

If there is any concern regarding how you are feeling after the procedure, then it may be that we will admit you to observe for longer.

What can I expect following conscious sedation?

The effects of sedation may make you feel tired and can last up to 24 hours. We advise you to go home and rest.

- You will need a responsible adult (aged 18+) to collect you from the Endoscopy Unit and stay with you for at least 12 hours after your test.
- You must not drive a car/ motorbike, operate machinery (including using your cooker), drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- You can eat a light diet, drink as normal, although ensure low in fat.
- You can take your usual medication.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following have been consulted and agreed this patient information:
Consultant Gastroenterologists: Clinical Lead Mrs. A. Morris, Dr A. Jeevagan, Dr Absar Qurishi

The clinical specialty/unit that has agreed this patient information leaflet:
Medicine

Next review date: October 2026
Responsible clinician/author: JAG Lead Nurse T. Holmes-Ling

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