

# Patient information

## Post Procedure Advice following an ERCP (Endoscopic Retrograde Cholangio- Pancreatography)

Following your examination today you are advised to go home and rest.

Your procedure will normally have been carried out with a conscious sedative injection or a general anaesthetic, therefore it is important for the next 24 hours **you do not:**

**Drive a car/motorbike or ride a bicycle**  
**Operate any domestic appliances or machinery**  
**Look after young children alone**

**Sign any legal documents**  
**Drink alcohol**  
**Take sleeping tablets**

One of the effects of sedation is that you may not remember having the procedure, this is normal.

A responsible adult must collect you from the Endoscopy Unit, the same adult or another responsible adult should stay with you for the next 12 hours.

### What can I eat?

You can drink and have a light diet low in fat from 2 hours after the procedure. A full diet which is low in fat is advised the next day. You should follow the low-fat diet for a minimum of 48 hours. Please review the low fat dietary advice on page 3.

### How will I feel after the procedure?

The back of your throat may feel sore for the rest of the day, and you may still feel a little bloated.

### When should I seek help/advice?

Acute pancreatitis is a serious side effect that can occur because of an ERCP. The pancreas is a gland that is located behind the stomach. It has two main functions:

1. It produces enzymes, which help to break down and digest the food we eat.
2. It produces hormones, including insulin, which enables our body to use the glucose (sugar) that is produced from the digestion of certain foods.

Acute pancreatitis occurs when the pancreas suddenly becomes inflamed.

If any of the following occur within 48 hours after an ERCP, consult a doctor immediately:

<b>Vomiting blood</b>	<b>Nausea/Vomiting</b>
<b>Severe abdominal pain</b>	<b>Difficulty breathing</b>
<b>Severe bloating</b>	<b>Fever/ Shivering</b>
<b>Chest Pains</b>	<b>Trouble swallowing</b>
<b>Passing blood from back passage or bowel motions turn black</b>	

**Conquest Hospital contact numbers:**

Endoscopy Unit – Tel: 0300 131 5297 – Monday to Friday 8:00am to 6:00pm (except bank holidays).

### **Eastbourne District General Hospital contact numbers:**

Endoscopy Unit – Tel: 0300 131 4595 – Monday to Friday 8:00am to 6:00pm (except bank holidays).

Alternatively, after 6:00pm and at weekends please contact attend your nearest Accident and Emergency Department.

## **Sources of information**

[www.nhs.uk](http://www.nhs.uk)

Milton Keynes University Hospital NHS Trust Patient Leaflet, Dietary Advice for Acute Pancreatitis

## **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](mailto: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](mailto: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.

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## **Reference**

The following clinicians have been consulted and agreed this patient information:  
Gastroenterologists Dr A Jeevagan & Dr Absar Qurishi

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

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Responsible clinician/author: T. Holmes-Ling  
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Post ERCP low fat dietary advice

Food Group	Suitable low fat options	Higher fat options to AVOID
Meat	Chicken/turkey (no skin), lean red meat, gammon.	Deep fried/fatty meats, lamb, goose, duck, sausage, burgers, corned beef, pork pie, bacon rashers, salami.
Fish	Tinned fish in brine or tomato sauce, white fish (e.g. cod/plaice)	Very oily fish, deep fried fish in batter/breadcrumbs, tinned fish in oil.
Milk/diary	Semi-skimmed or skimmed milk, low fat yogurts, low fat cheese, reduced fat cheese spread, quark.	Butter, full cream/whole milk, cream, condensed/evaporated milk, full fat /creamy yogurts, full fat cheese e.g., brie, stilton, cheddar.
Eggs	Plain scrambled, poached, boiled.	Fried eggs, scotch eggs.
Lentils/pulses	All lentils, beans, pulses.	Avoid if in a creamy sauce.
Fruit	All dried, tinned, and fresh fruit.	Avocado
Vegetables/salad	All vegetables and salad.	Roasted vegetables, battered vegetables.
Potatoes	Oven chips, jacket potato (low fat spread) plain mashed potato, boiled potatoes.	Deep fried chips, waffles, croquettes, crisps, potato salad with mayonnaise, mashed potato with added cream/butter/cheese etc.
Rice/pasta	Boiled rice, pasta, noodles.	Fried rice and noodles.
Cereals/bread	All flour, cereals and most breads.	Naan, croissant, Italian bread
Fats, oils and dressings	Low fat spread, tomato ketchup, barbeque sauce, salsa, tomato-based sauces, pickle, soya sauce, instant gravy.	Oil, lard, ghee, suet, mayonnaise, salad cream, oil dressings, hummus, tartare sauce, curry sauce, gravy made with dripping
Snacks	Plain popcorn, rice cakes, crackers, plain pretzels, reduced fat crisps e.g. Quavers & Skips	Onion bhajis, samosas, nuts, crisps, spring rolls, pastries, sausage rolls.
Sweets	Pastilles. Fruit gums, boiled/jelly sweets, liquorice, marshmallows.	Chocolate, fudge.
Puddings, cakes and pastries	Jelly, sorbet, meringue, iced buns, rich tea biscuits.	Ice-cream, custard tarts, gateau, cheesecake, doughnuts, scones, digestives, shortcake, cream filled/chocolate biscuits, flapjacks, pasties, pastries.
Sugar, spreads & preserves	Sugar/sweeteners, lemon curd, honey, syrup, treacle, yeast extracts.	Peanut butter, chocolate spreads.
Ready-made meals	Choose reduced fat options	Curries, masalas, lasagne, pizza, quiche, pies chicken Kiev.
Drinks	Water, tea, fruit juice, squash, fizzy drinks.	Full fat milky drinks, smoothies with full fat milk/yogurt, alcoholic drinks.

## Endoscopy Discharge Report:

- ☐ You will be sent an outpatient appointment.

- ☐ You will be sent an appointment to have this procedure again in approximately..... weeks.
- ☐ Biopsies/ brushings have been taken which will take approximately .....weeks to be analysed by the histopathology department. Results will be sent to your consultant who will contact you or arrange a follow up appointment.
- ☐ You have been given an information leaflet.
- ☐ You have been spoken to by an endoscopist/nurse regarding the results of your procedure.
- ☐ You can begin to eat and drink as per post ERCP low fat dietary advice above from .....
- ☐ Insertion of a plastic pancreatic duct stent was performed today. This stent is used in most cases to reduce the risk of you developing pancreatitis post procedure. The stent will usually be passed out spontaneously, but to confirm that the stent is no longer in place you will have an abdominal x-ray around 2-4 weeks post procedure. Results of your x-ray will be reviewed and in most cases the stent will have been passed and no further action is required. In a few cases the pancreatic duct stent may remain, and a further endoscopy procedure will need to be undertaken to remove the stent.
- ☐ Insertion of a plastic common bile duct stent was performed today, this stent will remain in place for ..... A further procedure will be required to remove the stent, you will be contacted in due course by our booking team to arrange a date for this.
- ☐ Insertion of a covered metal common bile duct stent was performed today. This stent will remain in place for ..... A further procedure will be required to remove the stent, you will be contacted in due course by our booking team to arrange a date for this.
- ☐ Insertion of an uncovered metal stent into the common bile duct was performed today. This stent will remain in place permanently, your medical team will be in contact regarding ongoing management and care.

If you have any further questions, please ask a member of the nursing staff who will be happy to explain anything you are unclear about.

Completed by:

Print Name: ..... Designation: .....

Signature: ..... Date: .....



View hospital appointments, clinical letters and pathology results using our secure online system - [www.esht.nhs.uk/mhcr](http://www.esht.nhs.uk/mhcr)

