

FOI REF: 23/622

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13<sup>th</sup> October 2023

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## FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

**I am requesting specific information about Endoscopic procedures, patient consent, and related data within your Trust.**

1) **Consent for Day-Case Endoscopy: Kindly clarify the process for obtaining patient consent for day-case endoscopy procedures, including but not limited to Gastroscopies, Colonoscopies, ERCP, Flexi Sigs, and Bronchoscopes. Specifically:**

a) **Are patients consented to within the endoscopy department of the Trust?**

Yes.

b) **If not, please indicate the location or department where this process takes place.**

Not applicable.

**Now, looking at a single endoscopic procedure undertaken with your Trust where variables can be seen between Trusts:**

2) **ERCP-Related Pancreatitis Rates: I request the pancreatic rate for post-ERCP Pancreatitis within the Trust, considering all levels of ERCP ranging from level one to four, without exceptions.**

For information the JAG standard to which we audit against specifies pancreatitis rate of <1:20, we audit 6 monthly and results were as follows for 2021 & 2022:

1st Jan 2021 to 30th June 2021	1:92
1st July 2021 to 31st December 2021	1:65
1st Jan 2022 to 30th June 2022	1:56
1st July 2022 to 31st December 2022	1:173

**3) National Endoscopy Database (NED) Reporting:**

- a) To assess the Trust's compliance with the National Endoscopy Database reporting and the nature of information retained post-procedure, please provide redacted copies (with patient identities concealed) of five ERCP reports before and after the implementation of NED. It would be noteworthy to mention that reports including information within the free-text box are optional for my request.

Please see the attached documents.

**4) ERCP Medication Dose Metrics: Concerning ERCP procedures performed over the last two years (2021,2022):**

- a) Please provide the minimum midazolam and fentanyl doses administered to patients annually.

	2021	2022
Minimum Midazolam	0 mg	1 mg
Minimum Fentanyl	25 mcg	25 mcg

- a) Please provide the maximum midazolam and fentanyl doses administered to patients annually.

	2021	2022
Maximum Midazolam	14 mg	12 mg
Maximum Fentanyl	200 mcg	200 mcg

- b) Please provide the mean midazolam and fentanyl doses administered to patients annually.

	2021	2022
Mean Average Midazolam	4.2 mg	3.8 mg
Maximum Fentanyl	82.8 mcg	85 mcg

- c) When did you routinely start giving Diclofenac for ERCP, If at all?

Diclofenac suppositories have been given as routine for a significant period, definitely from 2015.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department ([esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)  
Corporate Governance Manager  
[esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)

ERCP Report  
Endoscopy CQ Endoscopy  
Department

Examination Details

Examination Date / Time: [REDACTED]  
ERCP:

Location and Priority of Patient  
Patient source: Inpatient, urgent.  
Procedure intention: Therapy.  
Service List (No trainer present).

Examination Details  
Examination Type: ERCP  
Exam Date: [REDACTED]  
Requested By: [REDACTED]  
Indications  
Cholangitis.  
Jaundice.

Medication  
Midazolam - iv: 5 mg.  
Fentanyl - iv: 100 mcg.  
Buscopan - iv: 20 mg.  
Endoscope Details

Report  
Limit of the Examination  
The limit of examination was reached by the independent endoscopist.  
The endoscope was introduced to the papilla.  
The intended extent of examination was achieved.  
Findings  
Major Papilla: Normal major papilla.  
Biliary: There were a few, radiopaque stone(s) (size of the largest stone: 10 mm) completely removed, using a balloon catheter.

Procedures  
A balloon trawl was successfully performed in the common bile duct. The therapeutic procedure was completed by the endoscopist.  
Stone extraction (size of stone 10 mm) from the common bile duct. Complete stone extraction. The therapeutic procedure was completed by the endoscopist.  
8 mm sphincterotomy successfully performed on the papilla. with sphincterotomy knife. The therapeutic procedure was completed by the endoscopist.  
Balloon dilation in the papilla. The procedure was successfully performed. The therapeutic procedure was completed by the endoscopist.  
A diagnostic cholangiogram performed in the common bile duct was successfully completed. The therapeutic procedure was completed by the endoscopist.

# ERCP Report

## Endoscopy CQ Endoscopy Department

Cannulation of the common bile duct successfully performed via the major papilla. The therapeutic procedure was completed by the endoscopist.

ERCP Level  
ERCP Level 2 procedure.

Diagnosis  
Biliary stone(s).  
Complications  
There were no complications during the procedure.  
Exam Duration:

Specimens  
No biopsies taken.

Aftercare  
Patient to fast for 2 hours.  
Routine post ERCP protocol care.  
PR NSAID.  
Interestingly, the wire followed the path that it took on Tuesday on initial cannulation attempt. Adjusting the position, the duct was cannulated and after a sphincterotomy and a 12mm sphincteroplasty, all stones were removed and the duct was clear on 4 subsequent trawls.

NBM 2 hours, then diet and fluids.  
Additional Comments  
Electronically signed by



## ERCP Report



### Referral Details

Patient Category	NHS/Day Case/?
Referral Date	[REDACTED]
Referral Source	GP
Registered GP	[REDACTED]

### Referral Reasons

Reasons	Jaundice stent removal
Co-morbidities	Stent in bile duct
Current Medication	None
WHO Grade	Grade 0

### Procedure Summary

Endoscopist	[REDACTED]
Instrument	2111495 (Olympus)
Medication	Throat Spray 100 mcg Fentanyl 5 mg Midazolam 20 mg Buscopan

### Findings & Procedures

Region: Biliary tree  
**1 - Common bile duct:**  
Stent removed  
Balloon trawl to 12 Mm

### Procedure Comments

straightforward CBD stent removal and balloon trawl revealed clear ducts



### Patient Management & Follow Up

PR volterol NBM one hour  
Return to Referring Consultant



# ERCP Report



### Referral Details

Patient Category	NHS/Day Case/Routine
Referral Date	[Redacted]
Referral Source	Out Patients
Registered GP	[Redacted]
Referring Consultant	[Redacted]

### Referral Reasons

Reasons	Other (Specify=Stent removal)
Co-morbidities	Asthma COPD Hypertension Kidney CA, brain aneurysm
Current Medication	None
WHO Grade	Grade 0

### Procedure Summary

Endoscopist	[Redacted]
Instrument	2111493 (Olympus)
Medication	5 mg Midazolam Throat Spray 100 mcg Fentanyl 20 mg Buscopan

### Findings & Procedures

#### Procedure Comments

Endoscopist assessment of potential risks following procedure: None

The old stent was removed. Unfortunately there was a stone noted within the CBD (post surgery) . Likely passed out into CBD from GB during the surgical procedure. Sphincteroplasty done upto 14mm, but unable to remove the stone as the patient was uncomfortable. 10Fr 50mm pigtail plastic stent was inserted with good effect. I have booked [Redacted] for repeat ERCP to be done under enhanced sedation.



### Patient Management & Follow Up

- NBM 2 hours
- iv fluids
- iv antibiotics
- PR volterol
- Hold off any anticoagulants or antiplatelets for atleast 48 hours post procedure.



# ERCP Report



### Referral Details

Patient Category	NHS/Day Case/Urgent
Referral Date	[Redacted]
Referral Source	Out Patients
Registered GP	[Redacted]
Referring Consultant	[Redacted]

### Referral Reasons

Reasons	Abnormal LFTs Biliary stricture
Co-morbidities	Other respiratory condition (Long term oxygen) Bowel ca, pulmonary fibrosis Previous surgery (Specify=left knee replacement)
Current Medication	None
WHO Grade	Grade 0

### Procedure Summary

Endoscopist	[Redacted]
Instrument	2111493 (Olympus)
Medication	1 mg Midazolam Throat Spray 25 mcg Fentanyl IV fluids Pre-procedure NSAID Antibiotic prophylaxis (Reason: High risk of aspiration pneumonia)

### Findings & Procedures

Region: Biliary tree

**1 - Common bile duct:**  
30 mm Irregular Stricture  
Biliary sphincterotomy (Bleeding: Major, Method: Sphincterotome, Reason: Access to bile duct)

### Procedure Comments

Endoscopist assessment of potential risks following procedure: High risk procedure in view of [Redacted] Chronic lung disease. High risk of aspiration pneumonia

Straightforward CBD cannulation and sphincterotomy. Multiple balloon trawls revealed a mid CBD stricture likely malignant and removed some small stones/sludge. Uncovered metal stent 10fr 60mm was inserted with good effect.

No immediate complications.



### Patient Management & Follow Up

NBM 2 hours  
Iv fluids  
Iv antibiotics  
PR volterol  
Iv vitamin K 5mg stat give - INR was 1.3  
Hold off any anticoagulants or antiplatelets for atleast 48 hours post procedure.  
Patient remains on 28 day pathway





# ERCP Report



### Referral Details

Patient Category	NHS/Day Case/Urgent
Referral Date	[Redacted]
Referral Source	Out Patients
Registered GP	[Redacted]
Referring Consultant	[Redacted]

### Referral Reasons

Reasons	Biliary stone(s)
Co-morbidities	Heart condition (Atrial fibrillation) Diabetes (Type 2)
Current Medication	Dabigatran (Patient stopped taking on=[Redacted])
WHO Grade	Grade 1

### Procedure Summary

Endoscopist	[Redacted]
Instrument	A110370 (Pentax)
Medication	3 mg Midazolam 50 mcg Fentanyl 20 mg Buscopan 1 mg Glucagon

### Findings & Procedures

Region: Pancreatic duct

#### 1 - Main pancreatic duct:

Stent placement (Diameter: fr=5, Length: Xx cm=5, Type: Single pigtail)

### Diagnosis

Biliary - Biliary stone(s)

### Procedure Comments

Ampulla at the edge of a large diverticulum.  
Wire went to PDX3 .  
A 5 fr 5 cm single pigtail PD stent was inserted.  
Prolong trail to stent guided CBD cannulation was successful , however wire fall out of CBD .  
Decided to arrange repeat ERCP .



### Patient Management & Follow Up

Keep NBM for four hours  
IV drip  
Inform doctor if abdominal pain, tachycardia, vomiting, hematemesis ,melena

For repeat ERCP in 1 to 2 weeks time.  
Need to stop dabigatran for three days prior to procedure.

Return to Referring Consultant  
Patient removed from 28 day pathway



ERCP Report  
Endoscopy DGH Endoscopy  
Department

Examination Details

Examination Date / Time: [REDACTED]

ERCP:

Location and Priority of Patient

In-patient - urgent.

Examination Details

Examination Type: ERCP

Exam Date: [REDACTED]

Requested By: [REDACTED]

Indications

Cholangitis.

Medication

Buscopan - iv 20 mg:.

Midazolam - iv 2 mg:.

Fentanyl - iv 50 mcg:.

Endoscope Details

Report

Limit of the Examination

The endoscope was introduced by endoscopist to The intended outcome for this ERCP was not achieved because [REDACTED] has a surgically altered stomach and small bowel.

Findings

Procedures

Diagnosis

Complications

There were no complications during the procedure.

Specimens

No specimens taken.

Aftercare

Return to ward.

Additional Comments

Sadly [REDACTED] has a Bilroth 2 stomach and it was impossible to access [REDACTED] ampulla due to [REDACTED] altered anatomy. If [REDACTED] has recurrent bouts of septicaemia, then referral to UCLH may be appropriate.

Electronically signed by

[REDACTED]

ERCP Report  
Endoscopy DGH Endoscopy  
Department

Examination Details

Examination Date / Time: [REDACTED]

ERCP:

Location and Priority of Patient

Out-patient - urgent.

Examination Details

Examination Type: ERCP

Exam Date: [REDACTED]

Requested By: [REDACTED]

Indications

Established bile duct stones.

Medication

Buscopan - iv 20 mg.

Midazolam - iv 3 mg.

Fentanyl - iv 75 mcg.

Endoscope Details

Report

Limit of the Examination

The endoscope was introduced by endoscopist to the papilla  
The intended outcome for this ERCP was achieved.

Findings

Cannulation of the common bile duct successfully performed via  
the major papilla.

Procedures

9 mm sphincterotomy successfully performed with  
sphincterotomy knife on the papilla.

Complete stone extraction.

Diagnosis

Cholelithiasis.

Complications

There were no complications during the procedure.

Specimens

No specimens taken.

Aftercare

Return to referring Dr.

Additional Comments

Straight forward cannulation of the CBD and stone retrieval.  
NBM 2 hours, then diet and fluids. Voltarol PR given.

Home later if all well.

Electronically signed by

[REDACTED]

ERCP Report  
Endoscopy CQ Endoscopy  
Department

**Examination Details**

Examination Date / Time: [REDACTED]  
ERCP:

Location and Priority of Patient

In-patient - urgent.

Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined.

Procedure intention: Therapy.

Examination Details

Examination Type: ERCP

Exam Date: [REDACTED]

Requested By: [REDACTED]

Indications

Cholangitis.

Jaundice.

Abnormal liver function tests.

Medication

Midazolam - iv 3 mg:.

Fentanyl - iv 50 mcg:.

Buscopan - iv 10 mg:.

Endoscope Details

Report

Limit of the Examination

The endoscope was introduced by endoscopist to the common bile duct Proximal common duct The intended outcome for this ERCP was achieved.

Findings

Large submucosal lesion just below the GO junction measuring around 5cm by 4cm in size. The mucosa looked normal apart from few ulcerations scattered. No bleeding.

I used a gastroscope to assess the lumen. I was able to get through with some difficulty.

I managed to get a duodenoscope as well with some difficulty.

Ampulla was large and swollen possible measuring about 2.5 cm \*2 cm. The mucosa was covered with white necrotic areas (pus) which I was unable to flush at all.

This is very suspicious for an ampullary tumour.

Procedures

Guide-wire placed.

Initial cannulation resulted in PD cannulation first. 0.5ml contrast injected into PD.

Next attempt resulted in CBD cannulation, which was very dilated.

Sphincterotomy done which allowed 9mm balloon with ease.

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## ERCP Report Endoscopy CQ Endoscopy Department

There was some oozing after sphincterotomy and biopsy of the ampulla.

Multiple balloon trawls didnt reveal any stones.

After the initial cut there was pus in the system.

Then after balloon trawl dark bile flow with good effect.

No CBD stricture seen. CBD allowed 12mm balloon with ease through out.

Biliary metal Stent inserted - 10 Fr. / 60 mm. The metal stent was fully covered.

Diagnosis

Complications

There were no complications during the procedure.

Specimens

Ampullary tumour.

Aftercare

Return to referring Dr.

Additional Comments

No CBD stones. Dilated Biliary system. Pus and dark bile. No obvious CBD stricture. Ampullary lesion / biopsied. Plan: High risk for delayed bleeding NBM 4 hours. PPI 40mg bd. Stop rivoraxaban. Can have prophylactic clexane tomorrow. Start therapeutic clexane after 48 hours if no bleeding PR volterol 100mg given.

Team please consider further investigation into GOJ mass.?  
GIST

Electronically signed by



## Examination Details

Examination Date / Time: [REDACTED]  
ERCP:

### Location and Priority of Patient

In-patient - urgent.

Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined.

Procedure intention: Therapy.

### Examination Details

Examination Type: ERCP

Exam Date: [REDACTED]

Requested By: [REDACTED]

### Indications

Cholangitis.

Abdominal pain of biliary origin.

Jaundice.

Abnormal liver function tests.

### Medication

Midazolam - iv 4 mg.

Fentanyl - iv 50 mcg.

Pharyngeal Lignocaine - Topical.

### Endoscope Details

### Report

#### Limit of the Examination

The endoscope was introduced by endoscopist to the common bile duct Proximal common duct The intended outcome for this ERCP was achieved.

#### Findings

#### Procedures

#### Diagnosis

#### Complications

There were no complications during the procedure.

#### Specimens

No specimens taken.

#### Aftercare

Return to referring Dr.

#### Additional Comments

Two duodenal diverticulum.

Papilla was close one of the diverticulum.

First pass CBD cannulation.

Proximal CBD dilated. Distal CBD normal size.

Small stone 5mm removed along with some pus and biliary sludge.

Good size sphincterotomy allowed 9mm balloon with ease.

There was some oozing at the site.

I have placed a covered metal stent 60mm /10 fr for tamponade (prophylaxis to prevent delayed bleeding)

Oozing stopped at the end of the procedure.(Photo-hard copy)

#### Plan:

NBM 2 hours.

ERCP Report  
Endoscopy CQ Endoscopy  
Department

1g iv tranexemic acid stat prescribed.  
Hold off anticoagulants and antiplatelets for 48 hours.

I will book [REDACTED] for repeat ERCP in 6 weeks time for stent removal.

Electronically signed by

[REDACTED]

ERCP Report  
Endoscopy CQ Endoscopy  
Department

**Examination Details**

Examination Date / Time: [REDACTED]

ERCP:

Location and Priority of Patient

In-patient - urgent.

Examination Details

Examination Type: ERCP

Exam Date: [REDACTED]

Requested By: [REDACTED]

Indications

Jaundice.

Cholangitis.

Medication

Buscopan - iv 20 mg.:

Endoscope Details

Report

Limit of the Examination

The endoscope was introduced by endoscopist to the papilla

The intended outcome for this ERCP was achieved.

Findings

Cannulation of the common bile duct successfully performed via the major papilla.

Normal major papilla.

There was a single radiopaque stone(s) (size of the largest stone: 8 mm) located in the common bile duct and Distal common duct. - completely removed using a balloon catheter.

Procedures

8 mm sphincterotomy successfully performed with sphincterotomy knife on the papilla.

Complete stone extraction.

Diagnosis

Choledocholithiasis.

Complications

There were no complications during the procedure.

Specimens

No specimens taken.

Aftercare

Return to ward.

Additional Comments

Straightforward cannulation and stone removal. No bleeding occurred with the sphincterotomy. The duct was clear at multiple trawls thereafter. [REDACTED] has marked gastritis. No voltarol given.

Electronically signed by

[REDACTED]



