



Information for
patients and
carers

**Endoscopic Retrograde
Cholangiopancreatography**

(ERCP)

What is an ERCP?

An endoscopic retrograde cholangiopancreatography (ERCP) is a procedure which allows examination of your bile duct which drains bile from your liver. The procedure will be carried out by a specialist doctor, called an endoscopist. The endoscopist will pass a flexible endoscope (camera) down your oesophagus (gullet), into your stomach and then into the first part of your small bowel where the opening to your bile duct is. The endoscopist will then use x-ray and a contrast agent, a form of x-ray dye, to visualise your bile duct.

Please inform us before you attend:

- If you are or think you may be pregnant
- If you are breast/chest feeding
- If you weigh over 28 stone/178kg
- If you require the use of a hoist
- If you require an interpreter – please inform us as soon as you receive your appointment letter, and we will arrange an official interpreter for you

Preparation for the scan

An ERCP is carried out under sedation; this means you will be relaxed but not completely asleep during the procedure. As you are having sedation, please ensure someone is available to drive you home once you have recovered from the procedure and that someone is able to stay with you at home for 24 hours.

Your stomach must be empty before the procedure. Therefore, we ask that you do not eat from midnight the night before and you only drink clear fluids until 6am on the morning of your procedure.

Please bring an up-to-date list of all your medications and bring any medications you may require for after the procedure.

Can I bring a relative or friend with me?

Anyone can accompany you to the hospital. In compliance with hospital policy, the Interventional Radiology Day Unit (IRDU) operates a single sex policy for all patients attending for day procedures. It is with regret that we are unable to facilitate relatives wishing to stay in the unit during your visit. This is to protect the privacy and dignity wishes of all our patients. However, relatives are welcome to wait in the general x-ray waiting room.

What happens when I arrive at the x-ray department?

When you arrive at the x-ray department, please book in at the reception desk and take a seat in the waiting area.

You will then be shown through to our radiology day-case unit.

Before your procedure you will be asked several questions about your medical history and a small cannula will be placed into a vein.

You will also be asked to change into a hospital gown.

The endoscopist will discuss the procedure with you to ensure that you understand what the procedure is likely to involve; they will outline the benefits and the risks of the procedure and will be able to answer any questions you may have.

When you feel comfortable and understand the procedure the endoscopist will ask you to sign a consent form. Once this is complete the endoscopy nurses will take you to the procedure room.



What happens during the examination?

Before the procedure begins, a nurse will attach a blood pressure cuff to one of your upper arms and a pulse oximeter to one of your fingers; these allow the nurse to check your blood pressure and oxygen levels throughout the procedure.

You may then have an anaesthetic spray applied to the back of your throat which should make your mouth, tongue and throat feel numb.

Following this you will be asked to lie on your left-hand side with your left arm behind you.

A suppository, containing an anti-inflammatory medication, may be given to guard you against pancreatitis – the endoscopist will discuss this with you before the procedure.

A mouth guard will also be placed between your teeth which helps keep your mouth open during the procedure.

The endoscopist will then give you sedation and pain relief through your cannula.

When the sedation has taken effect the endoscopist will pass the endoscope through your mouth, down your gullet, into your stomach and small intestine (duodenum) to where the entrance to your bile duct is located.

Air is introduced into your stomach during the procedure so the endoscopist can see your stomach and duodenum clearly.



Once at the opening of your bile duct x-rays are then used to guide a small catheter (a plastic tube) into the bile duct.

When the catheter is in place the x-ray contrast agent can be injected through this catheter to outline the bile duct.

Depending on why you are having the procedure, the endoscopist can then perform several procedures on your bile duct, including:

- Making a small incision at the entrance of your bile duct to make it larger
- Using a balloon or other extraction device to remove stones which are lodged within your bile duct
- Inserting a stent to allow bile to drain freely from your bile duct
- Using a dilatation balloon to stretch the opening of your bile duct

What happens after the examination?

After the procedure you will be transferred back to the radiology day-case unit on a trolley. You may feel tired for a short time after the procedure due to the sedation. You will have your pulse, oxygen and blood pressure monitored by the radiology nurses on the unit.

The nurses will inform you when you can eat and drink and take your medications after the procedure. **The effects of the sedation can last up to 24 hours so you must not drive, operate machinery or drink alcohol in that time.**

Are there any risks?

A very small number of patients may have an allergic reaction to the x-ray contrast agent. Before your procedure begins the nurses will ask you a series of questions about your medical history, including any allergies you may have. This will help us assess if you are at risk of an allergic reaction.

There are some small risks involved with x-rays but only the minimum amount of radiation is used to produce the images required. We use the smallest dose possible, in line with national regulations, to provide as much information as we can during your procedure. This allows the endoscopist make accurate decisions, therefore the benefits of having the examination far outweigh the radiation dose you will receive.

The vast majority of people who undergo an ERCP have no serious complications.

The main side effect is mild abdominal discomfort because of the air that has been introduced into your stomach. Other potential side effects may include:

- **Pancreatitis** – resulting from inflammation of the pancreas. In rare, severe cases you may be required to stay in hospital
- **Bleeding** – this may arise due to the small cut which may be made to enlarge the opening of your bile duct
- **Cholangitis** – this is inflammation of the bile ducts which may occur after ERCP. This requires treatment with antibiotics

Contact details

Should you require further advice or information please contact Royal Preston Hospital X-ray Department on **01772 522096**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یی چھپا یں ییہ ابی دست ہو یسکت ہے برا ئے مہر یان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأ حروف كبير ة و بلغات إذا كنت تر يد مسا عدة في فهم هذه لمعلومات يُر جى أن تطلب أخرى بملكن تو فسير هذه المعلوما ت

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Division: Diagnostics and Clinical Support
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