

# ERCP

(Endoscopic Retrograde  
Cholangio – Pancreatography)  
including sphincterotomy and  
insertion of stent

The James Cook University Hospital

Endoscopy Unit  
Patient Information



Please note that although we do our best to work to appointment times the variable nature of the procedures undertaken in the endoscopy unit mean that you may experience a delay.

- This leaflet describes the purpose of your test and what is involved for you.
- Please read this carefully before coming for the test so that you can ask for more explanation or reassurance when you attend. Once read it also forms part of the consent process.
- If you have any major concerns before then, please contact pre-assessment unit via surgical admissions unit (SAU) on 01609 764847.

### How may an 'E.R.C.P.' help?

You have probably been complaining of pain or jaundice. This may be due to disease of the pancreas gland or in the pipe that takes bile from the liver to the bowel. This test provides x-ray pictures of these areas to give the diagnosis. It is usually possible to carry on and treat the problem at the same time.

### Endoscopy:

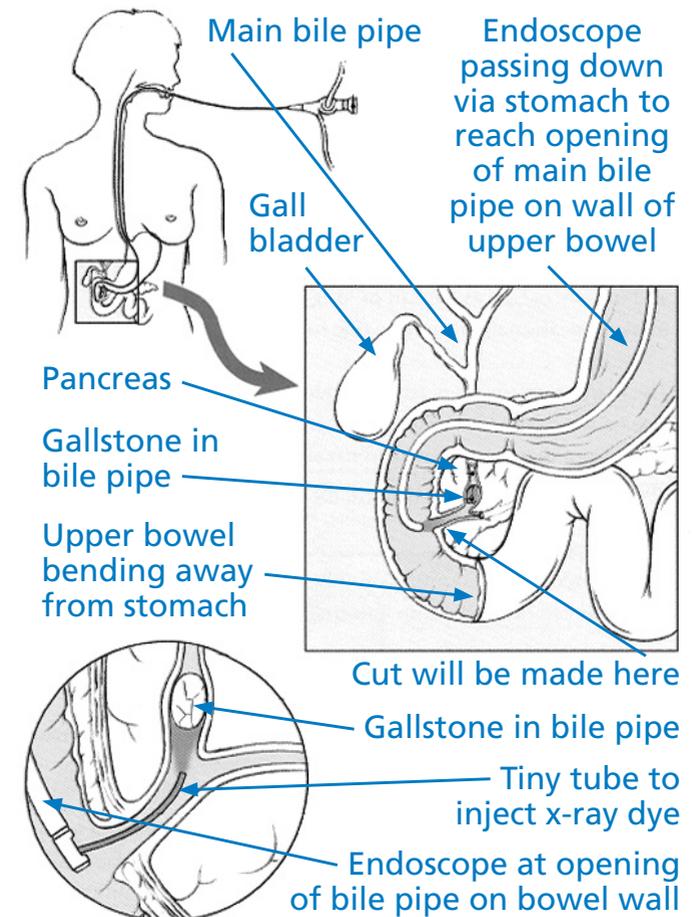
This test relies on a flexible tube (endoscope) being passed down, over the back of the tongue, through the gullet and stomach. It is about as thick as your index finger. **You can breathe normally throughout.**

### Sphincterotomy (or cut):

If the cause is a gallstone, stuck in the bile pipe, it can be removed. However, a short internal cut, where the bile pipe joins the bowel, needs to be made first. This is done via the endoscope.

### Drainage tube (or stent):

If the cause is a narrowing or blockage of the bile pipe, a small tube can be pushed up into the pipe to hold it open and allow the bile to flow normally. These stents last for an average of four months before becoming blocked by silting up but it is usually a simple matter to replace one, by performing another E.R.C.P.



## Benefits

This procedure and treatment allows the doctor or nurse to obtain a very clear and thorough inspection of your system of pipes that collect bile from the liver and drain it to the bowel (and your pancreas gland, if appropriate).

Your problem (usually pain or jaundice) can then be overcome, without a full surgical operation, by removing a gall stone internally or inserting a drainage stent, accurately into the correct position.

## Is there an alternative?

### For diagnosis:

Your consultant will not have selected this procedure for you unless there is strong evidence that you require a sphincterotomy (internal cut), or a drainage stent. This will come from your pattern of symptoms, blood tests and results from other tests – usually ultrasound, C.T. or M.R.C.P. scans.

### Surgery:

A stone in the main bile pipe can be removed surgically. This is major surgery, involving significant risk and recovery time. Most E.R.C.P. patients can expect to go home the next day with minimal recovery time.

You may be advised to have surgical removal of your gall bladder at a later date, even if a stone is removed from your main bile pipe by E.R.C.P. This is less urgent and the surgery is more straightforward.

Other causes of blockage can also be treated by surgery but this is usually a very major undertaking. Your consultant will have considered this possibility for you and decided that this is not appropriate in your case because of your age, general health or findings from other tests – such as scans.

## Prior to admission

You will be seen by the doctor in clinic approximately one week before coming in for your E.R.C.P.

At your clinic appointment you will be given a prescription for some antibiotics which you will need to take on the morning of your procedure. You will also have an appointment on the surgical assessment unit (SAU) for a pre assessment, this is often done straight after your clinic appointment. At this pre assessment the nurse will complete a health questionnaire, take some observations and a blood sample will also need to be taken. The procedure will be explained to you and any questions you may have will be answered.

## On the day of your ERCP

To allow a clear view, the gullet, stomach and duodenum must be completely empty. This also makes sure that you do not vomit.

This means that you should not have any food for at least six hours before your admission time. Clear fluids such as black tea/ coffee, diluted squash or water can be taken until two hours before your admission time. After this you must be nil by mouth. This includes no chewing gum.

- If you are a diabetic on treatment or taking any medication to thin your blood, then the nurse at your pre assessment will advise you what to do.
- All other essential prescribed medication should be taken as normal, this includes the antibiotic you were prescribed at clinic.

## What happens in the endoscopy unit

On the day of your procedure, you will be shown to your bed, and asked to change into a gown, dressing gown (we do have some available) and some slippers. **As there may be some time to wait before your procedure, please be patient and bring something to occupy yourself during this time.**

Your admission paperwork will be completed by a nurse. You will then be seen by the doctor who will discuss the test allowing time for you to express any worries or questions you may have, then ensuring you fully understand the test you are about to undergo, he/she will ask you to sign a consent form, giving the doctor permission to perform the test. He will also prescribe some anti-inflammatory (diclofenac) suppositories, which will be given to you prior to your procedure.

You will have **intravenous sedation**, which is an injection into the back of your hand or arm. **This will make you more relaxed but not unconscious.** You will be in a state called conscious sedation. This means that although you may be drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the test. Sedation may make it difficult for you to recall the test accurately.

## Your procedure

You will be taken from the ward into the procedure room. A nurse will remain with you throughout the procedure. If you have any dentures you will be asked to remove them at this point, any remaining teeth will be protected by a small plastic mouth guard which will be inserted just before the test begins. You will be asked to lie on your left hand side

During the procedure, oxygen will be administered, your blood pressure recorded and a small probe will be placed on your finger to monitor your pulse.

The endoscopist will give the sedation and painkiller at this point. The endoscopist will then start the test. During the test any saliva or secretions produced during the procedure will be removed using a small suction tube. Your windpipe is avoided throughout the test and you will be able to breathe as normal. When the test is completed you will then be transferred back to the ward for observation.

## After your E.R.C.P.

Extra oxygen will be administered until you are fully awake. The nurses on the unit will continue to monitor, your temperature, pulse, blood pressure and oxygen levels. You will need to remain nil by mouth, usually for two hours, you will then start with fluids and progress to food. Dependent on what you have had done during your E.R.C.P. you should be able to return home the same day, **however, if you have had a sphincterotomy (small cut), or insertion of a stent (drainage tube), you may need to stay in hospital overnight for observation afterwards. Please bring an overnight bag with you.**

## Are there any risks?

E.R.C.P. can cause pancreatitis (an inflammation of the pancreas gland). This seldom means more than some abdominal pain for 24 - 48 hours (about 1 in 20 cases) but can be prolonged and severe (less than 1 in 250 cases).

A cut can produce a small leak in the wall of the bowel that might require an operation to mend it. It can also result in some bleeding that usually settles quickly but could require a blood transfusion or an operation. Infection of the bile drainage system can also occur. The risk for each of these is less than 1 in every 100 cases.

Remember that the most probable alternative to this procedure would be an operation anyway.

## Discharge advice

### Pain:

It is not uncommon to experience some discomfort or pain immediately following E.R.C.P. This is usually mild and will soon pass with the help of warm drinks, walking around or taking peppermint water or sweets. Very rarely more severe abdominal pain, sickness and a temperature may occur due to an inflammation of the pancreas. This is called pancreatitis and it is unlikely that this will happen. If your procedure is being performed as a day case and pain develops later, consult your doctor or contact the endoscopy unit. This might necessitate staying in hospital for a few days to receive pain relief and antibiotics until it settles.

## Follow-up:

Follow up arrangements (if any) will be as mentioned in the E.R.C.P. report.

## When to seek medical assistance:

Call your doctor or go to accident and emergency right away if you have any of the following:

- Trouble swallowing or worsening throat pain
- Chest pain or severe abdominal pain
- Fever above 100 F / 38 C or chills / shaking attacks (rigors)
- Nausea and vomiting
- Black or tarry stools

## Food and drink:

Avoid large meals following your procedure for that day. Light meals are advisable. Some people prefer to take fluids only for the first four to six hours after the test before eating. Any particular advice will be given to you on discharge by the unit staff.

## Other advice:

Limit activity and heavy lifting for two to three days. It is common for you to have a sore throat for one to two days after the procedure. Use lozenges or saltwater gargles for your sore throat. If you feel bloated or have excessive gas, use a heating pad on your abdomen to help reduce the discomfort.

## Medications:

You may need to temporarily stop certain medications like Clopidogrel, Warfarin, Aspirin and other blood-thinning medications. You will be advised of any changes to these by the unit staff on discharge. You may resume all other normal medication immediately after your E.R.C.P.

**Following sedation you will not be able to drive for 24 hours and then only if you can safely control your vehicle.** (Ultimate responsibility for re-commencing driving lies with you the patient – if in any doubt please consult your GP /MO)

**Following sedation you must have a responsible adult with you for 12 hours.**

For the next **24 hours**, you must not:

- Operate machinery / electrical equipment
- Make any 'important' legal decisions
- Look after any dependants
- Drink alcohol
- Take sleeping tablets

## Questions or experiencing any problems?

**Please contact the Endoscopy Unit between 7.30am - 8pm, (Monday to Friday) on 01642 854845 or Ward 6 out of these hours on 01642 854506.**

In the case of an emergency or out of these hours please contact your out of hours GP, Accident and Emergency or 111.

Also, we would be pleased to hear any comments that you may have on this leaflet.

## Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

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

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