

ERCP Pathway

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What is an ERCP?

An ERCP is a procedure used to diagnose and treat disorders of the bile duct, gallbladder, liver and pancreas. The procedure involves passing a thin flexible tube through your mouth and into your stomach and duodenum. A fluid, which shows up on x-ray, is injected into the bile and/or pancreatic duct, giving a picture of the area. Treatment may be performed through the endoscope if required, such as removing a gallstone or relieving a blockage.

The procedure usually takes approximately 45 minutes to complete.

What preparation is required?

It is important for your stomach to be empty during the procedure to give a clear view of your stomach lining. For this reason, you should have nothing solid to eat for six hours before the test but you are allowed to drink clear fluids, such as water, until two hours before.

Please note:

If blood forms are sent with your appointment letter you must attend for these tests.

As x-rays will be used during this test, it is extremely important you tell us if there is any possibility of pregnancy.

If you are taking any of these blood-thinning medications, please contact your GP before your procedure:

- Warfarin
- Clopidogrel
- Rivaroxaban
- Apixaban
- Dabigatran (Pradaxa)

Advice for diabetic patients

- If your procedure is in the morning, please do not take your insulin or have breakfast on the morning of the procedure.
- If your procedure is in the afternoon, you should have a light breakfast before 7am and take your diabetic medication (pills or insulin) as normal. In both cases you should bring your medication and some food with you to the unit.

What are the risks?

Whilst ERCP may be the safest way to treat some disorders of the biliary and pancreatic system there are risks involved.

The overall risk of a complication is more than 10%. This means that on average, more than one in every ten patients undergoing ERCP may have a problem or complication related to the procedure.

Below is a summary of the main complications that sometimes occur.

- **Pancreatitis** - Pancreatitis (inflammation of the pancreatic gland) is the most common complication that arises following an ERCP. The overall risk of developing pancreatitis after an ERCP is between 5-10% and usually develops within 12 hours of the procedure. Symptoms of pancreatitis include abdominal pain and vomiting. Most cases of pancreatitis are mild and are treated with bowel rest. On very rare occasions pancreatitis related to ERCP can be severe and require a prolonged admission to hospital.
- **Bleeding** – Bleeding can occur at ERCP especially after a cut is made into the bile or pancreatic duct to enlarge its opening (a 'sphincterotomy'). The overall risk of significant bleeding is 1%.
- **Tear or Perforation** - A tear in the oesophagus, stomach or duodenum is an uncommon complication related to ERCP. The risk of a perforation is 1%.
- **Sedation and medications** - There is a small risk that sedation or the medication administered during the procedure may affect your breathing, particularly for older people or

those who have breathing or heart problems. To reduce the risk of complications, extra oxygen will be given during the procedure. We aim to reduce this risk by assessing your general health before the endoscopy and you will be closely monitored by qualified nurses during and after the examination.

- **Inability to complete the procedure** – You should be aware that no test is 100% accurate and abnormalities may be missed. Regardless, an ERCP procedure is successful more than 90% of the time. If the procedure cannot be completed as planned the doctor will decide whether a repeat attempt at ERCP is advisable or whether a different technique is required instead.
- **Please note:** Because of the drugs used for sedation, for your own safety, you must be escorted home by someone over sixteen (16) years of age. It is the policy of Barts Health NHS Trust not to allow patients to have any procedure with sedation, unless they are escorted.

Your test will be cancelled unless you have an escort. If you have any questions about this, please contact the dept.

Frequently asked questions

1. How long will the procedure take?

The procedure usually takes approximately 45 minute to complete, however, this can vary, and can take longer.

2. Does it hurt?

You may feel some bloating or stomach cramps because of the air that is put into your stomach during the procedure. This discomfort should begin to settle once the procedure is finished. You may also feel some discomfort at the back of your throat, but this too, should also subside within 24 hours.

3. Will I be asleep for the ERCP?

Normally the procedure will be performed under deep conscious sedation. At the beginning of the procedure you will be given an injection of a sedative drug similar to Valium in combination with an intravenous painkiller similar to morphine. In some situations, a full general anaesthetic may be used.

4. What happens after the procedure?

You will be taken back to the theatre recovery area.

Because you have had sedation you will need to stay in the ward for about one to two hours to allow the sedation to wear off.

After the test, I will discuss the ERCP findings with you. If biopsies have been taken these will normally take at least 1 week to be analyzed in the laboratory.
you.

Once you are ready to be discharged, a member of the nursing staff will come and discharge you. Once home, you should rest and have someone to look after you if possible.

When you have sedation you must have an escort to take you home. You must not:

- Drive yourself home or travel home on public transport
- Operate machinery for 24 hours after the test
- Sign legal documents for 24 hours
- Drink alcohol for 24 hours
- Return to work for 24 hours after the test

You can eat and drink as normal, and take your medication as normal

5. How long will I be in the unit for?

You should put aside the whole morning or afternoon for your appointment.

6. Will I feel anything after the test?

It is normal to experience one or more of the following symptoms after the procedure:

- Some mild abdominal discomfort (wind pain)
- Sore throat

7. Will I be given any other medications?

You will normally be given a suppository of diclofenac after the procedure as this can reduce the

risk of pancreatitis.

Intravenous antibiotics may be administered after the procedure and you may be asked to take a course of antibiotics following the procedure.

If after discharge you have any of the following symptoms you need to seek advice immediately the nearest accident and emergency department:

- Chest Pain or severe neck pain radiating down into your arm
- Difficulty in breathing in or out
- Sudden shortness of breath
- Severe abdominal pain increasing in severity
- Vomiting with severe abdominal pain, or vomiting blood
- Fevers and chills
- Large blood loss from back passage as either fresh blood or black, tarry, sticky stool

