

a short plastic tube (endoprosthesis) in the bile duct.

Occasionally it may be necessary to replace the tube some months later if it becomes blocked.

Please remember that these procedures and the risks are much safer than the only other option which is to have a full operation.

Going home

Once the examination has finished, You will return the ward feeling sleepy. The nurses will advise you when you can eat and drink and you will be told the results of the test and what treatment the doctor has given you.

Overall this is a very safe procedure and most patients go home the same day. **It is essential that someone comes to the ward to collect you and stays overnight with you.**

If there are any concerns at all about your condition after the procedure we will then keep you in hospital overnight to monitor your condition closely.

Once home it is important to rest quietly for the remainder of the day, the sedation lasts longer than you might think you should not drive a car, operate machinery or drink any alcohol for **24 hours after the examination.**

Concerns

If you have any queries regarding the procedure, you should contact the endoscopy unit between 8am and 6pm Monday to Friday and the nursing staff will be happy to give you information or advice. Outside these hours you should contact your own GP, or speak to the accident and emergency department at Bedford Hospital. Alternatively you can contact NHS Direct and nursing staff there should be able to help you with any queries.

Contact us

Bedford Hospital: 01234 355122

Endoscopy unit: 01234 792269

NHS Direct: 0845 4647

This leaflet was produced by the endoscopy department at Bedford Hospital with information from the endoscopy unit at Mayday Healthcare, Royal Free Hampstead and St Georges Hospital.

Endoscopy Having an ERCP



This leaflet provides information about your procedure, why you have been recommended to have an ERCP and what you can expect before, during and after the procedure.

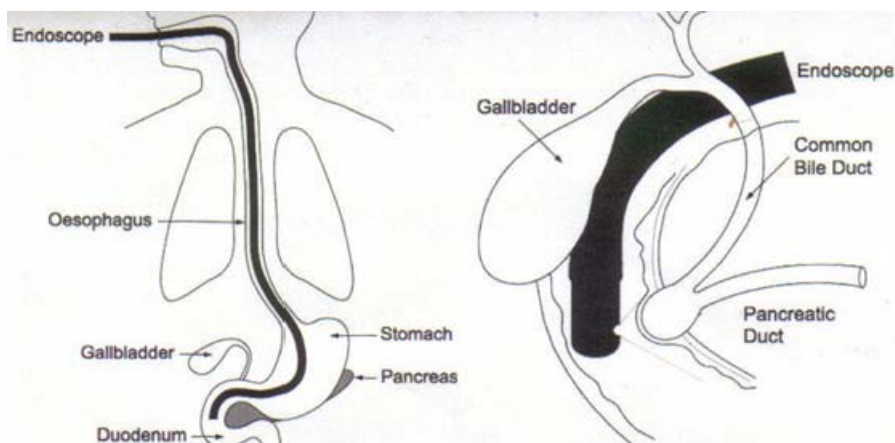
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Your doctor has recommended that you undergo a procedure known as an ERCP. This leaflet will explain why ERCP is carried out and what you can expect from the procedure. It may not cover everything, if you have any questions please ask.

ERCP stands for Endoscopic Retrograde Cholangio Pancreatography. This procedure enables the doctor to examine the common bile duct and the pancreatic duct. ERCP combines the use of x-rays and an endoscope which is a long, flexible tube with a light and a camera on the end.



ERCP is used mostly to diagnose and treat conditions of the bile ducts and pancreas. This will benefit you by providing a clear diagnoses.

Before the examination

- To allow a clear view into your stomach and small intestine (Duodenum) they must be empty, so it is important not to eat or drink for six hours before your procedure.
- **You may have a light breakfast before 8am but please do not eat after this.**
- On admission please tell the nurse or doctor if you have had any reactions to drugs and any allergies you may have.
- You will need to remove any false teeth or contact lenses. Jewellery or metal objects must also be removed as they interfere with x-rays.

- One of the doctors will ask you to sign a consent form. This confirms that you understand the examination and agree to go ahead with it.
- Antibiotics shall be given orally or by injection before the procedure.
- The staff want you to be as relaxed as possible and will not mind answering your queries.

What the examination involves

You will be asked to lie on your stomach with your left arm down your side and your right arm up by your head, you will need to turn your head to face the right side. A small clip will be placed on your finger to monitor your pulse rate and oxygen levels during the procedure.

A small sponge will be placed just inside your nose to give you oxygen throughout the procedure and a mouth guard will be placed in your mouth to protect your mouth/ teeth.

To ensure that you are relaxed and pain free you will receive a sedative injection which will make you sleepy

The endoscope will be passed through your mouth down into the stomach and the first part of your small bowel (the duodenum) at which the bile duct and pancreatic duct drain into the small bowel. X-ray dye is injected via a small tube, passed through the endoscope into the bile duct and/ or the pancreatic duct so x-rays can be taken. If everything is normal the endoscope is removed and the test is complete. The dye passes from your body harmlessly.

Risks

If an ERCP is carried out purely for diagnosis it carries very little risk. Injection of dye into the pancreatic duct can occasionally cause inflammation of the pancreas known as pancreatitis. The risk of this occurring is approximately 5%

If the x-rays show a gallstone the doctor will enlarge the opening of the bile duct (Sphincterotomy). This is done with an electrically heated wire (diathermy) which you will not feel. This procedure carries a 1% risk of significant bleeding but this risk is minimised by us checking your blood clots correctly before the procedure. If bleeding occurs, you may need a blood transfusion and very occasionally an operation to stop the bleeding.

If sphincterotomy is performed pancreatitis may also occur, again with a risk of approximately 5%. If a narrowing is found, bile can be drained by leaving