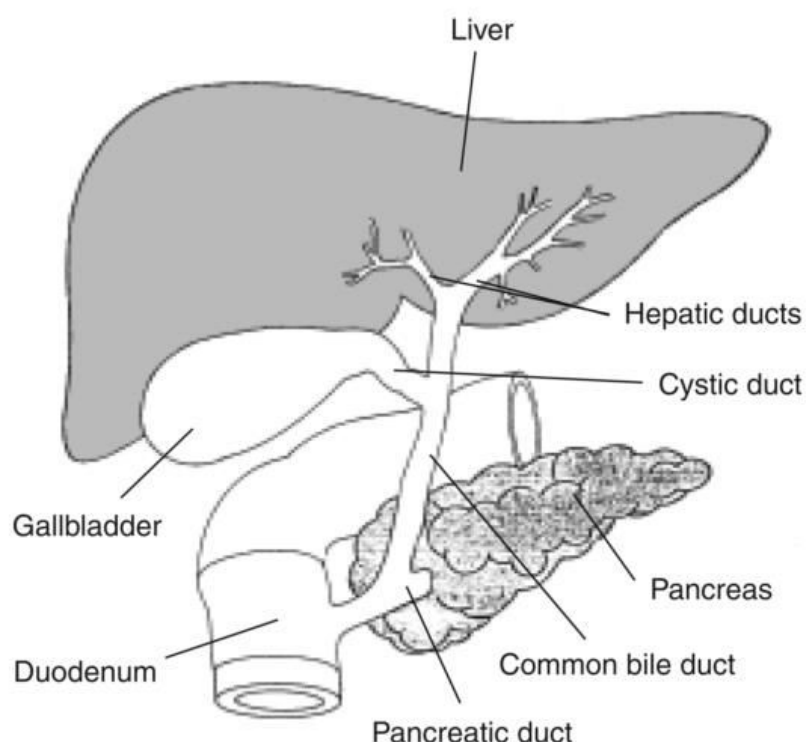


Information for Patients

ERCP Endoscopic Retrograde Cholangio Pancreatography



Please Note:

Your test may be carried out at any of the endoscopy sites across Manchester NHS Foundation Trust. Please check your appointment letter to make sure you attend the right unit.

You may need to start preparing for your test up to one week before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

Introduction

Your doctor has advised you to have a test called an ERCP. This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please ask. There is a phone number on your appointment letter.

What is an ERCP?

This procedure is used to diagnose and treat problems with the pancreatic and bile ducts. ERCP combines the use of a special camera called a duodenoscope and the use of X-rays to take pictures of the pancreas and/or the bile duct. As the use of X-rays are necessary, there is a lot of machinery in the room where the procedure takes place. This is necessary so please don't be alarmed.

Why do I need an ERCP?

Your doctor has referred you for this procedure because previous investigations have led the doctors to believe you need treatment to your pancreatic and/or bile duct.

Most people only need a single visit but this depends on the reason for the procedure. If a stent has been placed in either the bile or pancreatic duct a further procedure will probably be necessary at a later date to remove it.

Preparation for the test

It is important that your stomach is empty for the test to be successful. Therefore-

- You must not have anything to eat or drink for at least 6 hours before your test.
- You may then have small sips of water only, up to 2 hours before your test.

Should I take my usual tablets or medications?

Blood Thinning Tablets

Before stopping any of the below medications please seek advice from your GP or Consultant to ensure that it is safe to do so.

Tablet Name	Advice
Warfarin Synthron	Should be stopped for 5 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Apixiban Edoxaban Fondaparinux Rivaroxaban Dabigatran	Should be stopped for 3 days before the test. Patients with a coronary stent may need to take Aspirin. If you require further advice, or have been told not to stop these medications, please call us.
Asasantin Clopidogrel Dipyridamole Ticagrelor Prasugrel	Should be stopped for 7 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Clexane Dalteparin Enoxaparin Inhixa	Please call us. We may need to speak to your doctor for advice.

Aspirin does not need to be stopped.

If you are a diabetic treated with insulin or tablets:

- You will need an early morning appointment. If you have been given a later appointment, please contact us.
- You will need to contact your diabetes specialist (E.g. Diabetes clinic, GP, Practice Nurse) for advice on how to manage your diabetes.
- On the morning of your test, do not take your insulin or diabetic tablets.

All other medication normally taken in the morning may be taken as follows:

- Morning appointments - take your medication before 7am or bring it with you to take after your test.
- Afternoon appointments - take your medication before 10am.

Medical History

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please contact the unit using the phone number on your appointment letter. Please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Are pregnant or breast feeding
- Have had any surgery (including eye surgery) in the past 6 weeks
- Have had a heart attack within the last six weeks
- Are waiting for heart surgery
- Are waiting for coronary angioplasty
- Have a tracheostomy or laryngectomy.
- Are on peritoneal dialysis

Will I need sedation?

Yes, all ERCP procedures are performed under sedation. You may have had a normal gastroscopy without sedation in the past, but this particular test takes much longer so you will need sedation.

Sedation and a pain relief drug can be given as an injection into a vein in your hand or arm. The sedation will make you feel relaxed and less anxious but won't make you go to sleep. You will be awake and will still be able to communicate with us. Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for 24 hours after having sedation. You will need to be collected from the Endoscopy Department directly. Do not travel home on public transport.

After having sedation you will be drowsy and small amounts of medication will remain in your body for up to 24 hours. During this period, although you may feel wide awake, you will still be under the influence of the sedation. Your concentration and co-ordination may be impaired and you may feel light-headed, faint or become forgetful. Due to this you must NOT do the following for 24hrs:

- Drive (you will not be covered by your insurance)
- Operate any machinery or electrical items such as kitchen appliances
- Drink alcohol, take recreational drugs, sedative drugs or sleeping tablets (the sedation may mean that the effects are greater)
- Sign any legally binding documents or make life changing decisions
- Return to work
- Be responsible for anyone else including children or elderly relatives

Throat spray

Before your test your throat will be sprayed to make it numb. Afterwards, the nurse will advise when it is safe to eat and drink.

How long will I be in hospital?

Once you have recovered from the procedure you will be transferred to a ward for an overnight stay where the nurses will continue to monitor your observations and pain levels. Depending on the indications of the procedure some patients may be able to go home the same day. You should expect to be in the department for 6 – 8 hours if your procedure is performed as a day case.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. We will endeavour to keep you informed of any major

delays.

Do I need to bring anything with me?

Please bring:

- An overnight bag if you have been informed you require an inpatient stay.
- Your medication.
- A book or magazine to read whilst you are waiting.
- You may wish to bring a dressing gown and slippers.

Please do not bring any valuables with you. We cannot be responsible for loss or damage to personal property.

Visitors

Our Endoscopy Units are very busy and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the department. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has specific additional needs or requirements
- The patient is 16 to 18 years of age
- The patient requires support with communication needs

During your test, friends and relatives can make use of on-site facilities for refreshments. If you are having sedation you will need to be collected from the department. Staff will contact friends and relatives by phone when you are ready if necessary.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Department.

What happens when I arrive?

The receptionist will ask you a few questions and ask you to take a seat in the waiting room.

A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained and your questions answered.
- Arrangements for going home and aftercare will be checked. If the person that is collecting you is not present, we will need to call them to confirm they are available to collect you.
- You will be shown to a changing room and asked to undress and put on a hospital gown. Wearing a gown assists the nurses in placing some of the monitoring equipment. Belts with buckles on and under wired bras are required to be removed as these items interfere with the quality of the X-ray image.
- Depending on your appointment time and where you live we will either arrange for you to have blood tests on a day before the procedure, or else the nurse will take blood samples from you when you arrive. Once they have been sent to the laboratory the results will be available within a few hours.
- A needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation or a medicine to relax the bowel during the test.
- If you are a diabetic your blood sugar level will be checked before and after your test.

- You will be asked to take a seat in the sub-waiting area. Please refrain from returning to the reception area in your hospital gown.

Our aim is to maintain your privacy and dignity at all times. Please raise any concerns or issues with endoscopy staff.

Before the test

Your admitting nurse, or the endoscopist, will make sure you understand the test before asking you to sign a consent form.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

What happens during the test?

- When you enter the procedure room, additional checks will be completed (For example, your name, date of birth, allergies, medical history etc.).
- If you have dentures, you will be asked to take them out. We will give you a pot to put them in.
- Your throat will be sprayed with a banana flavour local anaesthetic to make it numb.
- You will be asked to lie down on your stomach with your head turned towards your right shoulder.
- A probe will be clipped on to your finger to monitor your breathing and heart rate. We will also periodically check your blood pressure.
- A mouth guard will be placed between your teeth (you will be given the option of placing this yourself if you wish). The mouth guard will prevent you from biting the scope.
- Sedation will be given just before the test starts.
- The flexible tube is passed through your mouth, down the gullet and through the stomach into the small bowel in order to locate the ampulla. This is where the bile and pancreatic ducts drain into the duodenum. A small catheter will then be passed down the duodenoscope and into the bile or pancreatic duct within the ampulla. Special dye is injected into the bile and/or pancreatic ducts which can be seen on X-rays. This enables the doctor to see any blockages/stones etc and begin treatment.
- If the X-rays show stones in the bile duct then the ampulla will usually be cut using a procedure called a sphincterotomy or stretched using a procedure called sphincteroplasty. Both enable the doctor to attempt stone removal. The doctor can also help relieve symptoms by placing a small tube called a stent to help the bile drain from the duct.
- If any tissue samples are required or further therapy needed then these can be performed at the same time.
- Air is gently blown inside to expand your stomach to allow good views.
- We may take internal photographs. These images are only used for medical purposes. Your privacy will be respected.
- Normally the test will take on average 45 minutes. At the end of your test, the flexible tube is easily removed.

Who will be present during my test?

As a minimum:

- The Endoscopist.
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- *A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- *A student nurse or medical student on placement.

*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

After your test

- You will be transferred into the recovery area to rest.
- You will be monitored by the nurses until you are fully recovered.
- You may feel a little bloated with wind. This should settle quickly.
- The local anaesthetic spray can affect your swallowing so we will ask you not to eat or drink anything for two to four hours, as per the doctor's instructions. After this time depending on the endoscopist's instructions you may be able to have a drink and a snack. Your throat may also be a little sore for a few days.
- If you are able to go home a nurse will talk to you (in a private room) about the findings of your test and any follow-up. If you would like someone with you whilst receiving results, please inform the nurse. You will also be given written information about this and a discharge advice sheet.
- It can take a few weeks for the laboratory doctors to reach their conclusions and then issue a report. Usually the results will be sent to the doctor who requested the test and then they will let you know. If the diagnosis is obvious, the endoscopy doctor may tell you their findings. If your case is a little more complex the doctor may not tell you much information directly after the procedure, as the referring doctor will need to consider the endoscopic results in the context of your symptoms and other test results.
- The person collecting you will need to speak to the nurse to know how to look after you before you can go home.
- Again, you will be able to ask any questions you have.

Problems following your test are unusual. When you leave the unit, we will provide you with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

Depending on the treatment carried out during your test, we may advise you to avoid lifting or strenuous activity, for up to two weeks after your test. On rare occasions we may also advise that you do not fly. Please can you contact the endoscopy unit if you are due to fly within two weeks of your appointment date for further advice or rescheduling of your appointment.

What are the benefits of having the test?

The test allows the doctor to gain detailed and accurate information and allows a relief of a blockage of your bile or pancreatic duct system. If there is a narrowed area within a duct the doctor will take samples, if necessary, to help diagnose the cause. The doctor may also insert a stent (tube) to help maintain drainage.

Are there any alternatives to this procedure?

Percutaneous trans hepatic cholangiogram (PTC), performed under X-ray guidance, is the only alternative which allows therapeutic intervention (treatment). However, PTC does not allow us to see the bile ducts directly and is associated with more complications.

What are the possible risks or complications of having this test?

The test is usually very safe. However, as with any procedure, there is a small risk of complications. These may include:

- Risk of damage to teeth or dental bridgework.
- A sore throat.
- Pneumonia, if stomach contents are inhaled.
- Changes to your heart rate and breathing caused by the sedation or the test itself.
- **Bleeding.** If a cut is made to open the bile duct there is a risk of bleeding. The risk is 1-2 in 100. Bleeding can usually be treated straight away through the endoscope and is rarely a major complication. However, if it is severe you may require a blood transfusion.
- **Perforation** (less than 1 in 1500 risk), where the endoscope causes a small tear in the gut. In the event that this occurs it would usually become apparent within an hour or so of the procedure as you may have stomach pains. In rare cases the perforation would need repairing via an operation.
- **Pancreatitis.** (3-5 in 100 risk), inflammation of the pancreatic gland which can occur as a reaction to the procedure. Pancreatitis can cause stomach pains and if this was to occur you would require admission to hospital for strong pain medication. Symptoms usually settle down within a few days. Pancreatitis is most likely to become apparent in the first 6 hours following the procedure. If your procedure has been performed as a day case then a nurse may contact you at home 2 – 4 days after to discuss your pain experience whilst at home. In order to reduce the risk of pancreatitis you will be given a suppository just before you go into the procedure room, unless you have asthma, an allergy or kidney disease. At the time of the procedure you may have a plastic tube (stent) placed into the duct in the pancreas to further reduce the risk of post endoscopic pancreatitis, which may need endoscopic removal at a later date. Patients who have a condition called Sphincter of Oddi dysfunction have an increased risk of pancreatitis.
- **Infection.** There is a small risk (less than 1 in 100) of the ducts becoming infected, the nurses will monitor your temperature and you may be given antibiotics to prevent this happening.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- Severe stomach pain worsened by moving or coughing.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.
- Chest pain.
- Pain on or difficulty swallowing.

What are the discomforts of the test?

Some patients experience discomfort or abdominal pain during the test. This may be caused by the flexible tube and air being passed inside. This is rarely distressing enough to stop the test. We remove as much air as possible when the test is complete. You will be given an effective pain relieving injection before the procedure in addition to the sedation

What will happen if I don't have the test?

This will vary depending on your individual circumstances. If you do not have the test your doctor may not be able to find the cause of your symptoms or provide treatment. Should you have any questions about this, please speak to your doctor.

Research

Manchester University NHS Foundation Trust is at the forefront of research into a variety of conditions. You may be asked to consider taking part in a clinical trial. If approached, further information will be provided and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

No Smoking or Vaping Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

For some great information go to: www.nhs.uk/smokefree

Violence, aggression and harassment

We are committed to the wellbeing and safety of our patients and staff. Please treat others with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

Comments, complaints, concerns and compliments

The Trust collects feedback from service users in order to give assurances we are providing the best patient care. During your visit, we will ask you to provide feedback on the service you have received by completing either a Friends and Family Test or What Matters To Me survey.

You will also be asked to complete our endoscopy specific patient survey form. This can be completed online or via a paper form which you can post back to us (a stamped addressed envelope will be provided). The endoscopy unit utilises this information to improve our service.

Other ways in which you can provide feedback are:

- Ask to speak to the ward or department manager. If you would like to discuss a concern or make a complaint, they may be able to help straight away.

- Complete the Family and Friends Test (FFT) online at mft.nhs.uk/fft. Please make sure that you select the correct hospital and ward/unit.
- Contact the Patient Advice and Liaison Service (PALS):
 - Telephone (0161) 276 8686.
 - Email pals@mft.nhs.uk.
 - Ask for a PALS information leaflet.

Check list

- Are you able to keep your appointment? If not have you phoned to cancel or change it?
- If you are worried or have any questions to ask, have you contacted us?
- If you are having sedation, have you arranged for an adult to take you home and look after you for 24 hours?
- If you are taking anticoagulants, such as Warfarin or Synthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within one week of your appointment?
- If you are a diabetic treated with Insulin or tablets:
 - Have you got a morning appointment? If not, please call to change it.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. If you require an interpreter for your test, please call to let us know.

These translations say “If you require an interpreter, or translation, please ask a member of our staff to arrange it for you.” The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك
اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ
کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন
কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się
do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si
uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排

