

Endoscopy Unit

Endoscopic Retrograde Cholangio Pancreatography (ERCP)

Please read, contains important information about your procedure and fasting

Your doctor has advised you to have a special camera test to examine and give treatment where needed on your pancreas, bile duct, liver or gallbladder. This leaflet has been designed to help you prepare for the examination and answer some commonly asked questions. If you have any concerns please contact the Endoscopy Unit:

Huddersfield Royal Infirmary 01484 342000
Endoscopy Unit, Direct line 01484 355868

Calderdale Royal Hospital 01422 357171
Endoscopy Unit, Direct line 01422 223920

Please note the department also has to deal with emergencies that come from other departments and wards in the hospital and this can cause delays at times. We will make every effort to keep you informed of any delays. We would also ask you for your patience.

Patients booked on the morning lists should expect to be on the unit all day with recovery time. Patients booked on an afternoon list may need a bed for the recovery time and are at risk of getting cancelled if a bed is not available.

Recovery time is a minimum of 2-3 hours post procedure.

What is an ERCP? (Endoscopic Retrograde Cholangio Pancreatography)

This procedure is performed under x-ray control.

The examination is performed using a long flexible instrument which is about the width of your index finger. It is passed through your mouth and advanced into your stomach and duodenum (first part of the small bowel). The doctor injects dye into a small drainage hole (papilla) in the duodenum to take detailed x-rays. This allows the doctor to identify problems and give treatment where necessary.

The test can take between 15 and 45 minutes to complete. The test can be uncomfortable and even painful at times, you will be given conscious sedation and pain relief to help you during the procedure.

Conscious Sedation

The procedure is usually carried out under conscious sedation. This is not a general anaesthetic therefore you will not be asleep, the sedative will help to relax you but you will still be able to feel sensations, hear what we say to you and be able to follow simple instructions during the test. You may not remember anything because of the medication but this cannot be guaranteed. You will be able to breathe normally throughout. During the procedure we will check your breathing and pulse rate and you will be given oxygen throughout the test. The sedation can stay in your system for up to 24 hours so you are not allowed to drive, drink alcohol, operate machinery, sign legal documents or look after small children.

You need a responsible adult to take you home and stay with you for the next 24 hours.

Length of stay

Some patients may have to stay overnight following their procedure but others may have their procedure and be able to go home later the same day. We may not be able to tell you if you will need to stay in until the day of the procedure. You should arrange for someone to be available to collect you from hospital in the event that you can go home. Please bring an overnight bag with you and any medication you are currently taking in the event you need to stay in hospital.

Risks

These complications are rare but may be serious enough to require urgent treatment and even an operation. Death is a remote possibility.

Breathing difficulties or heart irregularities as a result of reacting to the sedation. To help prevent this from happening, your oxygen levels and heart rate will be monitored. Rarely, a heart attack or stroke can happen if you have serious medical problems.

Pancreatitis – inflammation of the pancreas.

Indomethacin suppositories in ERCP

We know that ERCP is associated with risk of pancreatitis in about 3-5% of patients. There is now evidence to suggest that using a single dose of this anti-inflammatory drug can reduce the risk. It is given as a suppository (into the back passage) just before the procedure. As with any anti-inflammatory drug the potential side effects of this drug are on the gut or kidneys. It can cause ulcers in the gut or can affect the kidneys. However evidence suggests that benefits of using a single dose of this medication outweigh the potential risk and therefore recommended. It will not be used if you are known to have allergies with anti-inflammatory drugs or actively bleeding.

Cholangitis – infection of the bile duct.

Perforation - Making a hole in the oesophagus, stomach, bowel or other organ during the procedure. This is a serious complication, you may need surgery.

Bleeding - from a biopsy site or from minor damage caused by the endoscope. This usually stops on its own.

Incomplete procedure - This can happen due to a technical difficulty, blockage in the tract, complications during the procedure or discomfort. Your doctor or the endoscopist may recommend another or a different test.

Alternatives to this test

Surgical operation under General Anaesthetic.

Preparation for the test

Pre-Assessment

Prior to your test you will have a pre-assessment (usually by telephone). A nurse will ring and give you clear instructions about your procedure and when you need to fast.

You may need to have some blood tests done before your appointment.

Conscious Sedation

You need to ensure you have a responsible adult to collect you from hospital on the day of your procedure and stay with you for 24 hours. If you are unable to arrange this you should contact the Endoscopy Department.

Interpreters

Please inform the Endoscopy Unit if you require an interpreter prior to your appointment day. Failure to do this can result in delay or cancellation on the day. Family and friends cannot be used to interpret; a professional interpreter must be present.

Pacemakers, implanted defibrillator or other electromechanical devices

If you have a pacemaker or other electromechanical device this may need to be checked before your procedure. You should inform the Endoscopy Unit as soon as possible. Failure to do this can result in delays or cancellation on the day. Please bring your pacemaker identification card with you.

Allergies

If you are allergic to latex you must let us know as soon as possible as your appointment time may need to be changed.

Medication

If you are taking medication to 'thin' your blood e.g. Warfarin, Clopidogrel, Rivaroxaban, Dabigatran, Synthrome, Phenindione or other blood thinning medication, you need to contact the Endoscopy Unit for advice unless the doctor requesting the test has already given you instruction as to whether you should continue or stop medication prior to the test.

Diabetics

Patients with diabetes will need to adjust or omit their diabetic medication prior to their procedure. Please see the back of this leaflet for detailed instructions. The instructions are different depending on the type of medication you take and the time of your procedure. Please take great care to read the instructions that are relevant for you.

Other medication

You may take any other necessary medication as normal with a small amount of water. This is particularly important if you take medication for epilepsy or high blood pressure (hypertension) as your test could be cancelled if your blood pressure is too high.

Please bring a list of your current medication with you.

Consent

Consent will be signed on the day.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them. The consent form should have been completed with your Consultant in clinic after discussion with the patient and ideally the next of kin or other family member. If this has not taken place, please contact the Endoscopy Department as soon as possible, ideally before the pre-assessment appointment as cancellation on the day may occur if there are problems with the consent process.

On the day of the test

Your stomach needs to be empty to allow clear views of the lining of your stomach and bowel and also to prevent vomiting during the procedure. This is very important as vomiting during the procedure could allow fluid to enter your lungs.

If you are having a morning procedure, this will be indicated on your appointment letter, you should have nothing to eat after midnight, you can take clear fluids until 4.30 am and then nothing until after your test (clear fluids include water, back tea, black coffee, lemonade).

If you are having an afternoon procedure, this will be indicated on your appointment letter, you should have a light breakfast (e.g. toast and a drink only) before 7.30am. You can drink clear fluids until 9.30 am and then nothing until after your test (clear fluids include water, back tea, black coffee, lemonade).

Minimal amount of make-up should be worn when attending and it's also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test.

Arriving to hospital

Your appointment letter will tell you if you need to report directly to the Endoscopy Unit or the Admissions area, please read the letter carefully.

Do not take a seat until you have given your name in. If you are unfamiliar with the hospital, report to the main entrance where someone will direct you.

Huddersfield Endoscopy Unit can be found on Basement level. You can access through the hospital's Main Entrance or through the South Drive Entrance.

Huddersfield Admissions area is in the main entrance, main reception will direct you.

Calderdale Endoscopy Unit You should access the unit directly through the Endoscopy Unit Entrance off Godfrey Road. You can access the unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

When you are ready to have the procedure done you will be taken to the x-ray room.

After the test

You will be taken back to Endoscopy recovery area or the ward where you will be monitored regularly after the procedure. Depending what treatment you have had will dictate whether you will be able to eat and drink later that day or remain fasted overnight. If you need to fast overnight, you will remain in hospital.

The ward staff or staff on the Endoscopy Unit will be able to give you some indication after your procedure whether you will need to remain in hospital. Please note some patients may be discharged late in the evening.

Frequently Asked Questions

Q. Will the test hurt?

A. The test can be uncomfortable, even painful at times especially when we are dragging a stone out of your bile duct. You will be given a sedative and painkiller injection to help you with this.

Q. Will I be asleep?

A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. What if I don't have a responsible adult to look after me following my procedure.

A. You will need to be admitted to hospital after your test and stay overnight. You should inform the Endoscopy Department as soon as possible so that arrangements can be made.

Q. Will I need to get changed?

A. Yes, you will need to change. You will be given a hospital gown; however, you can wear your own nightgown provided it has no buttons on which could show up on x-rays. You can wear underwear on your lower half. You will be able to wear your own dressing gown on your journey to the x-ray department.

Q. Will I get my results on the day of the test?

A. We will tell you as much as we can after the test but may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

If you have any further questions please do not hesitate to contact the unit.

Advice for Patients with Diabetes on oral medication undergoing ERCP

AM ERCP

Day before test

Take diabetes tablets as usual



Day of test

Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice)
Omit AM diabetes tablets
Following your test take next diabetes tablets as usual with food

PM ERCP

Day before test

Take diabetes tablets as usual



Day of test

Have a light breakfast. Fast from 7:30 am. Clear fluids till 9:30 am
(e.g black tea, coffee, clear fruit juice)
Omit AM and lunchtime diabetes tablets.
Following your test take next diabetes tablets as usual with food

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing gastroscopy in the morning - before 12 midday

Once daily insulin	Twice daily insulin	Four times daily insulin
Day before test		
Take diabetes tablets as usual. If on bed-time insulin reduce dose by half (50%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM diabetes tablets. If on AM insulin reduce dose by half (50%)	Omit AM dose of insulin and diabetes tablets	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual.	<p>If able to eat <u>before</u> 11 am: Give normal morning insulin dose <u>after</u> meal. Take next diabetes tablet as usual.</p> <p>If able to eat <u>after</u> 11 am: Give half normal dose of insulin <u>after</u> meal. Omit AM dose of diabetes tablets.</p> <p>Give usual PM dose of insulin and tablets.</p>	<p>If able to eat <u>before</u> 11 am: Give normal morning insulin dose <u>after</u> meal.</p> <p>If able to eat <u>after</u> 11 am: Give normal lunchtime short acting insulin <u>after</u> food.</p> <p>Give usual tea and bedtime insulin doses.</p>

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing gastroscopy in the afternoon - after 12 midday

Once daily insulin	Twice daily insulin	Four times daily insulin
Day before test		
If on bed-time insulin reduce dose by a quarter (25%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Have a light breakfast. Fast from 7.30am. Clear fluids till 9:30am (e.g black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM and lunchtime diabetes tablets. If on AM insulin reduce dose by quarter (25%)	Omit AM dose of insulin. Omit AM dose and lunchtime doses diabetes tablets	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin and diabetes tablets as usual.	<p>If able to eat <u>before</u> 11 am: Give normal morning insulin dose <u>after</u> meal. Take next diabetes tablet as usual.</p> <p>If able to eat <u>after</u> 11 am: Give half normal morning insulin dose <u>after</u> meal.</p> <p>Give usual PM dose of insulin and tablets.</p>	<p>If able to eat <u>before</u> 11 am: Give normal AM insulin dose after meal.</p> <p>If able to eat <u>after</u> 11 am: Give normal lunchtime short acting insulin <u>after</u> food.</p> <p>Give normal tea and bedtime insulin doses.</p>

If you have any comments about this leaflet or the service you have received you can contact the Unit Manager at the Endoscopy Unit you attended.

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 342436

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਰ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"