



UNDERSTANDING ERCP



WHAT IS AN ERCP?

An ERCP (Endoscopic Retrograde Cholangio-Pancreatography) allows the doctor to take detailed x-rays of the pancreas and bile ducts (ducts that connect the liver, gall bladder and pancreas to the small bowel).

An instrument called an endoscope (a long narrow flexible tube) is used and if necessary a number of treatments can be carried out such as:

- *Enlarging the opening of the bile duct (sphincterotomy).*
- *Removing or crushing stones that are present in the duct.*
- *Inserting a short plastic tube (stent) to open the duct if a narrowing or blockage is found on it or if the bile duct stones cannot be removed.*

GETTING READY FOR THE PROCEDURE, PATIENTS RESPONSIBILITIES

You will need to fast from food for at least 6 hours and clear fluids for 4 hours prior to your procedure.

When you arrive in the unit, it is important to tell your doctor and nurse about any medications (prescription or non-prescription) or antibiotics you are taking and also about any allergies or allergy reactions you may have had in the past by recording it in the medication section of this form. If you are diabetic you must inform your consultant pre-admission.

IF YOU ARE TAKING ANTIPLATELET DRUGS SUCH AS PLAVIX OR OTHER ANTICOAGULANT BLOOD THINNING DRUGS, for e.g. WARFARIN, PLEASE CHECK WITH YOUR CARDIOLOGIST/CONSULTANT IF THESE NEED TO BE CONTINUED OR DISCONTINUED PRIOR TO YOUR PROCEDURE.

If you are on any medications (apart from tablets for diabetes) these should be taken as normal on the morning of your procedure. If you are coming in directly for a procedure:

- We ask that you bring a dressing gown and slippers with you on the day. You should wear some comfortable clothes on the day if you are a day case.
- Please complete Medication History List on page 4, before you come into the hospital.
- Diabetic patients taking insulin or oral diabetic medication must follow the instructions provided by their doctor.
- **Please leave any jewellery, money and valuable items at home.**
- If you have hearing aids, please check that you have your hearing aids prior to leaving the hospital.
- If you have any infections in past eg. Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococci (VRE) or other please inform your consultant or nursing staff prior to admission.

- **Please ensure you bring this fully completed form with you on the day of your procedure.**

SEDATION

Sedation is the use of a small amount of medication to produce a 'sleepy like' state. It is given in to a vein through a needle in your hand. It makes you physically and mentally relaxed during an investigation or procedure which may be uncomfortable at times but where your cooperation is needed. **This is not a general anaesthetic.**

Some patients will recall the test but the aim of conscious sedation is that the majority of patients will not remember it as an unpleasant experience. If you take relaxation drugs or sleeping tablets regularly these may influence the effectiveness of your sedation.

In the event that you are unable to tolerate the procedure being done under sedation you can request to stop the procedure.

DURING THE PROCEDURE

Prior to your procedure any queries you may have will be answered. In the procedure room, you will be asked to remove your glasses and dentures if applicable.

In the procedure room, a mouthguard will be placed between your teeth to protect both your mouth and the scope. This also allows us to give oxygen throughout the procedure. A plastic clip will be placed on one of your fingers to record your pulse and oxygen levels, and a blood pressure cuff to your arm during the procedure. Your sedation will be given through a small needle in the back of your hand.

A local anaesthetic spray is used to numb the back of the throat, the numbness lasts for about 1 hour. You can swallow normally during this and should not be worried by the blunted sensation at the back of your throat.

An endoscope (a flexible tube with a bright light at the end) will be passed through your mouth, down into your stomach and the upper part of the small intestine (the duodenum). Contrast X-ray dye will be injected down the endoscope so that the contrast ducts may be seen on X-ray films.

If the X-rays show a gallstone in the bile duct, the doctor will enlarge the opening of the bile duct. This is done with an electrically heated wire (diathermy) which you will not feel. Any stones will be collected or left to pass into the intestine.

If a narrowing is found, bile can be drained by leaving a short plastic tube (stent) in the bile duct. You will not be aware of the stent which will remain in place temporarily or permanently. Occasionally it may be necessary to replace the stent some months later if it becomes blocked.

A stent may also be placed in your pancreatic duct to protect it against inflammation (pancreatitis) and may need to be removed after a few days if still present.

POTENTIAL PROBLEMS

Every medical procedure can have complications. Potential complications ERCP include:

- **Inflammation of the pancreas (pancreatitis)**
- **Bleeding**
- **Perforation of the intestine**
- **Infection of the bile duct (cholangitis)**

These complications are rare, but may be serious enough to require urgent treatment, a prolonged stay in hospital or an operation

There is a 90% success rate with this procedure. In the event of a failed ERCP you will be informed of another alternative procedure which will be discussed with you.

It is unusual for other problems with your bile ducts to develop in the months or years after the opening of the bile ducts is enlarged. However, jaundice, fevers and even new stones can rarely occur. Usually these can be dealt with by another endoscopic procedure.

Stents can become blocked. This may result in a recurrence of jaundice, usually associated with a fever and chills. If this happens, you should inform your GP quickly as you will require antibiotics and you may need to have your stent changed.

If you are worried about these risks, please speak to your consultant or one of the team before you sign this consent form.

All hospital admissions carry small risk of infection.

FOLLOWING YOUR PROCEDURE

You will be taken to the recovery area while the sedation wears off. Your blood pressure, temperature and pulse will be monitored at regular intervals until you are fully recovered.

As your throat is numb, you should not eat or drink, depending on what treatment has been given during the procedure. If during this time you develop stomach pains it is important to inform the nurse looking after you.

You may find you need to pass wind. This is usual as a lot of air is introduced down the endoscope during the procedure.

When you are sufficiently awake, you may go home if previously arranged. Please note the following advice following the sedation for day case admission:

- **You must have someone to accompany you home and remain with you overnight if you are going home the day of the procedure**
- You must not drive or operate machinery for 24 hours
- You must not consume alcohol for 24 hours
- You should not take any medication not prescribed or acknowledged by your doctor except for paracetamol if required.

Following your procedure your consultant will either discuss your follow up care or review results in consulting room at a future date.

- Although most complications following an ERCP show themselves on the day of the procedure, please inform us if you pass black tarry stools, have severe pain and/or nausea and vomiting in the days following your ERCP.
- It is not unusual to pass black tarry stools, on one or two occasions, up to 48 hours following the procedure.

PLEASE NOTE THAT FOLLOWING A SEDATED PROCEDURE YOU WILL NOT BE PERMITTED TO LEAVE THE HOSPITAL UNACCOMPANIED. WE THEREFORE ASK THAT YOU MAKE ARRANGEMENTS TO HAVE A RELATIVE COLLECT YOU. IT IS NECESSARY TO HAVE A RESPONSIBLE ADULT STAY WITH YOU OVERNIGHT.

Please ensure you sign below to confirm you understand the information on this form please hand this completed form to your nurse on admission to the day ward.

If you have any questions about the procedure, your doctor will only be too pleased to answer them.

You can call the Endoscopy Department in the Bons Secours Hospital Cork on **021-4801693** from 8:00am – 18:00pm Monday to Friday. After 18:00pm, patients can contact the hospital directly on **021-4542807** and ask for the Assistant Director of Nursing on duty. After 24 hours contact your GP (General Practitioner).

I confirm that I have read and understand the information on this form and the potential problems associated with this procedure.

Signature of patient/authorised decision maker:

Date: _____

Affix Patient Label here

PATIENT CONSENT

In this section your consent for the procedure will be obtained. You must fully read this patient 'Understanding ERCP' leaflet prior to completing your consent form.

You may complete this form prior to coming to the Hospital if you wish. If there are any further questions or clarifications that you require, please do not sign this consent form until you have spoken to your nurse/doctor in the Endoscopy Unit.

TO BE COMPLETED BY PATIENT

I understand why I am having this procedure and that I can change my mind at any time and not undergo this procedure.

I understand that biopsies may be taken during the procedure. I understand that there is no guarantee that this procedure will improve my condition. I understand that I have the choice to receive sedation for this procedure.

I confirm that I have read and understood the information on this form and the potential problems that are associated with this procedure, which is being carried out by

Dr/Mr _____

Signature of Patient / Authorised Decision Maker: _____

Date: _____

DOCTOR STATEMENT

I have spoken to this Patient and am satisfied that he / she fully understands the procedure.

Doctor Signature: _____

Medical Council Registration Number: _____

Date: _____ Time: _____

CURRENT MEDICATIONS

Name _____

Date of Birth _____

Affix Patient Label here

CURRENT MEDICATIONS

Allergies (medication, dye, food, latex): _____

Pharmacy Name & Telephone No: _____

If you are not taking medication at home please tick here

| CURRENT MEDICATION HISTORY LIST | | | | List any other medication which you have taken within the last 4 weeks not included in the list above. |
|---------------------------------|--------------------|-------|-----------|--|
| | Name of Medication | Dose | Frequency | |
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ |
| 11 | _____ | _____ | _____ | _____ |
| 12 | _____ | _____ | _____ | _____ |

Signature of patient/carer or relative: _____

Date: _____

Do you have or have you had any of the following in the past:

| | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep Apnoea | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Family History of Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Pacemaker / Implantable Cardiac Device | <input type="checkbox"/> | <input type="checkbox"/> | Vancomycin Resistant Enterococci (VRE) | <input type="checkbox"/> | <input type="checkbox"/> |
| Methicillin Resistant Staphylococcus Aureus (MRSA) | <input type="checkbox"/> | <input type="checkbox"/> | Previous Bowel Polyps | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous Bowel/Abdonimal Surgery | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Name and contact phone number of person who will escort you home:

Name _____ Contact Number: _____

Admission Nurse Signature below indicates all details on the above medication history list have been reviewed.

Nurse's Signature: _____ Date: _____