

Understanding ERCP

(Endoscopic Retrograde Cholangio-Pancreatography)

Patient information - Gastrointestinal Endoscopy Unit

Understanding ERCP

Your doctor has decided that an ERCP procedure is needed to treat your condition. This information sheet has been prepared to help you understand the procedure. Please read it carefully.

What is an ERCP?

An ERCP allows the Endoscopist (doctor) to examine the ducts (drainage routes) of the gall bladder, pancreas and liver (bile ducts).

To do this, a thin flexible tube called a duodenoscope is passed through your mouth, into your stomach and then into the duodenum (first part of the small intestine).

Once in the duodenum, the common opening to the duct from the liver and pancreas is identified and X-ray dye (contrast) is gently injected through a catheter (thin, plastic tube), which is passed through the duodenoscope into the duct.

X-ray films are then taken to identify what needs to be treated.

How do I prepare?

A few days before the procedure you will need to have a blood test to check your blood clotting levels and liver function. Please take the enclosed laboratory form with you to your local blood testing centre to have your blood tests.

If you have a known allergy *or* have experienced a previous reaction to iodine containing drugs such as x-ray contrast, please inform the department as soon as possible **Phone: (03) 364 1991.**

- **Do not have any food after midnight (2400 hours) before the ERCP procedure.**
- **You may continue to have clear fluids.**
- **Then Nil By Mouth (no food, no fluids) at 0600 hours until after the procedure.**

Examples of clear fluids: Water
Black tea/coffee
Apple juice
Lemon/lime sports drink

What about my current medications?

Please contact us as soon as possible for further instructions if you are:

- Taking an anticoagulant medication such as warfarin, dabigatran, rivaroxaban *OR* anti-platelet therapy such clopidogrel, dipyridamole or ticagrelor.
- Have a pacemaker *OR* internal cardiac defibrillator.
- If you are taking aspirin, please continue this as normal.

All other essential medications such as heart medications, psychiatric medications, steroids and epilepsy medications, can be taken as usual with a small mouthful of water.

Please bring all your medications to the appointment, especially any nitrolingual sprays, asthma inhalers or diabetic medications.

If you need advice on how to manage your diabetes before to the procedure, please contact your GP. Information is also available on www.healthinfo.co.nz

Where can I park?

Parking at Christchurch Hospital is limited. Please allow plenty of time to find a carpark.

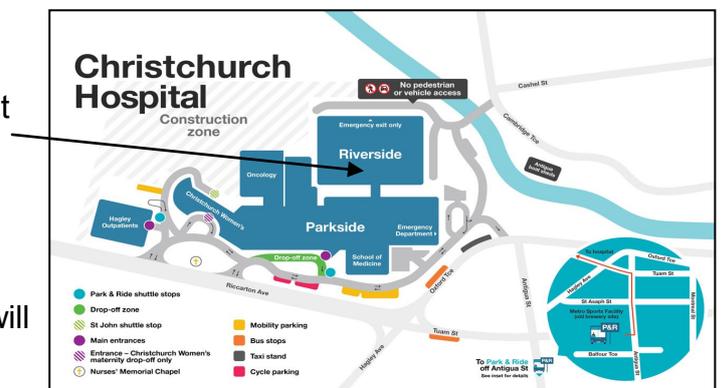
Information on available parking options can be found on:

- a. the 'Parking Information' sheet, included with your appointment letter, *OR*
- b. <http://www.cdhb.health.nz/Patients-Visitors/Pages/Parking.aspx>

On arrival

Please report to: Gastrointestinal Endoscopy Unit
2nd floor
Riverside building
Christchurch Hospital.

The receptionist will check your details and a nurse will take your medical history and conduct a nursing assessment of you, prior to the procedure.



A doctor may also complete a medical assessment, prescribe medication to take prior to the procedure and ask you to sign a consent form.

Consent

Before the procedure can begin you will need to sign a consent form to agree to proceed. This consent form has been sent to you in the mail so you can read it, and think of any questions you would like to ask before agreeing to proceed.

A nurse or doctor will discuss the procedure with you and explain the possible complications and side effects before asking you to sign the consent form to proceed.

If you later change your mind, you are entitled to withdraw your consent even *after* signing.

What can be expected during the procedure?

Your throat will be sprayed with a local anesthetic spray (bitter taste) to make it numb. A mild sedative and pain relief will be administered through a small needle placed in the back of your hand to help you relax. This will be given at regular intervals throughout the procedure to keep you comfortable. This medication has a mild amnesia-like effect, so you may not remember having the procedure at all.

You will also receive oxygen throughout the procedure via a nasal cannula that sits in your nose. You will have a small peg-like device clipped on to your finger. This device will monitor your heart rate and oxygen levels.

You will be asked to lie on an x-ray bed, on your stomach with your left arm stretched above you (similar to the freestyle swimming position), with your head turned to the right. A small mouth-guard will be placed between your teeth to stop you from biting the duodenoscope. If you have loose dentures we will remove them for safe-keeping during the procedure.

The Endoscopist (doctor) will gently insert the duodenoscope through the mouth-guard, down your oesophagus, into your stomach and the duodenum. You may experience some mild discomfort as air is used to inflate your stomach and duodenum so the Endoscopist can clearly see the lining. This is not painful and will not make breathing difficult. There is plenty of space to allow you to breathe normally. A nurse may also use a small suction tube to clear the saliva from your mouth regularly during the procedure.

If the Endoscopist finds gallstones in the bile duct during the ERCP, the opening of the bile duct may be enlarged with a cut using an electrical current (diathermy). This will allow the stones to be removed.

If a narrowing is found, a small plastic tube may be inserted to allow the bile to drain. This may stay in place permanently or be removed at a later date.

Once the procedure is finished, the air will be sucked out of your stomach and duodenum to make you more comfortable.

After the procedure

You will be taken to a recovery area and your blood pressure, heart rate, breathing rate and oxygen levels will be monitored until you are more awake. You may be able to drink water a few hours later, but this will depend on what happened during the procedure.

A nurse will explain the procedure findings to you and give you a copy of the ERCP report to take home. A copy will also be sent to your referring doctor.

How long will it take?

Please allow at least 6-8 hours for your appointment at the hospital as delays may occur.

We advise you to bring a book or magazine with you to help pass the time.

The procedure itself takes between 30-60 minutes, but as you will have received sedative medication and have undergone a complex procedure, you will need at least 3-4 hours to recover.

Post procedure

Please make arrangements for someone to collect you and care for you **24 hours** after the procedure. Even if you feel alert after the procedure you must not:

- *Drive a car*
- *Operate machinery*
- *Drink alcohol*
- *Sign any legal documents or*
- *Ride on public transport alone*

The sedation makes you forgetful and can impair your judgment and reflexes.

Possible complications post ERCP

ERCP is generally a well-tolerated procedure when undertaken by experienced Endoscopists. But the risk of complications increases when additional procedures are done at the same time, such as cutting the bile duct and/or removing gallstones.

Serious complications may require hospitalisation after the procedure, such as a reaction to the sedative, perforation, inflammation of the pancreas (pancreatitis) or bleeding.

Note: *The risk of complications after ERCP are compared against the potential benefits of the procedure and the risks of alternative surgical treatment of your condition. This can be discussed further with the Endoscopist before the procedure.*

Important information

If you develop *severe pain* in your neck, chest or abdomen within 24 hours of your procedure, please:

- Phone the Gastrointestinal Endoscopy Unit *before* 6:00 pm Monday to Friday to speak with a nurse OR
- Go to an After Hours Medical Centre OR
- Go to the Hospital Emergency Department.

Confirm your appointment

Please telephone to confirm your appointment:

Phone: (03) 364 1991

If you do not have a relative or support person who can care for you 24 hours after the procedure, please talk to our staff about your 'after procedure' care options when you confirm your appointment.

Interpreter service

If you require an interpreter service, please ask an English speaking person to call us as soon as possible so we can arrange an interpreter for you.

For more information about:

- *Your health and medication*, go to: www.healthinfo.org.nz
- *Hospital and specialist services*, go to: www.cdhb.health.nz