

Having an ERCP endoscopy procedure to examine or treat conditions of the biliary system

Endoscopy Department

Information for Patients

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Important information

Do not eat or drink for 6 hours before your appointment.

Waiting times:

- The length of time patients will spend in the Endoscopy Department is 2 to 4 hours.
- This may be longer during busy periods but we will try to tell you if this is the case.
- We aim to keep waiting times to a minimum.

Contact details for queries:

- If you have any queries please ask a member of the nursing staff.
- For queries about your appointment please contact the endoscopy booking team on 0116 258 3910.
- For queries about your procedure please contact the appropriate Endoscopy Department:
 - Leicester General Hospital 0116 258 4183
 - Leicester Royal Infirmary 0116 258 6997
 - Glenfield Hospital 0116 258 3130

If you are not able to keep your appointment, please let the department know as soon as possible. This will let staff give your appointment to someone else.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Why do I need to have an ERCP?

You have been advised by your GP or hospital that you need a procedure known as an endoscopic retrograde cholangio-pancreatography (ERCP).

You may have been advised to have this procedure to try and find the cause of your symptoms, help with treatment, and if necessary to decide on any further testing.

What is an ERCP?

ERCP is a test which allows the doctors to take detailed X-rays of the bile duct and/or pancreas. This test is done in the X-ray Department.

A duodenoscope is passed through your mouth, down into your stomach to the upper part of the small intestine (the duodenum).

A duodenoscope is a long flexible tube with a bright light at the end (this is not hot). It lets the doctor see their way to the duodenum, where they can look at the outlet from your gallbladder and pancreas.

To let us see if there is any blockage in your bile duct or pancreas we pass a fine plastic tube through the duodenoscope then inject dye through it, which shows up on an X-ray screen.

When the test is complete the duodenoscope is removed. Any remaining dye will pass out of your body without causing you any harm.

When do I need to stop eating and drinking to prepare for the test?

To get a clear view during the procedure the stomach and duodenum must be empty. You will be asked not to have anything to eat or drink for at least 6 hours before the test. A time will be given on your appointment letter.

- If your appointment is in the morning have nothing to eat after midnight.
- If your appointment is in the afternoon you may have a light breakfast no later than 8am.

Letting us know if you have a latex allergy

If you have a known allergy to latex, please contact the department before your appointment date.

How will I get to my appointment if I have no transport?

If a family member or friend is not able to bring and collect you, and you cannot use other transport, eligible patients can arrange this through our patient transport service. This is provided by Thames Ambulance Service Ltd. (TASL). Call 0345 241 3012.

We would not recommend returning home by bus if you are having a sedative.

Will having the test hurt?

Most endoscopy tests are well tolerated and cause little pain.

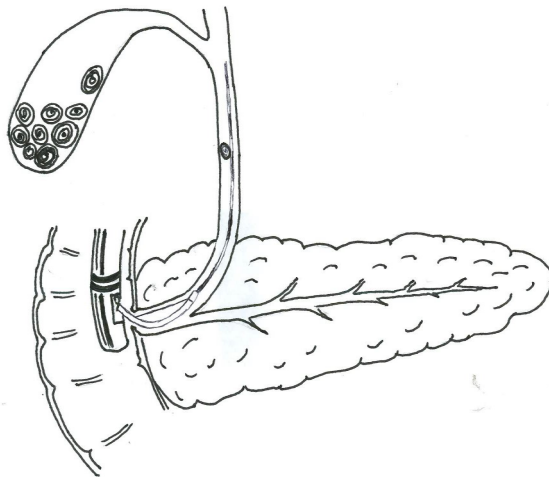
There is a feeling of pressure, bloating or cramping at times during the test which creates discomfort and some pain.

A sedative medication can be given to help you relax. This is not a general anaesthetic. It will not put you to sleep or completely take away the feeling of the test being carried out, but you may not remember parts of the test afterwards. Sedation is normally recommended for those having an ERCP.

What if the test shows something which is not normal?

If there is a gallstone in the duct from your gallbladder, the doctor will make a small cut or do a needle knife pre-cut in the opening to your duodenum, to remove it (sphincterotomy). This is painless and allows the doctor to remove the stones, or let them drop out to be passed in your poo.

If there is a blockage in the duct, a small plastic tube (stent) will be placed inside the blockage to allow any bile to drain. This should treat any jaundice or itching you may have had. Sometimes the plastic tube can become blocked and you may need to have it replaced with a repeat procedure.



What are the risks of any complications?

Complications can happen especially after a sphincterotomy. Some complications may need an operation. Complications include:

- **pancreatitis:** transient inflammation of the pancreas with a risk of 2 to 5%. This may result in abdominal pain after the procedure.
- **bleeding:** if a cut has been made this may be a risk in 2% of patients.
- **cholangitis:** infection in the bile with a risk of 0.5%. Patients who are having a procedure which involves a cut will have antibiotics to further reduce this risk.
- **perforation of duodenum:** with a risk of 0.5%.

All of these complications usually get better after a few days treatment in hospital, unless an operation has been performed.

What about the medication I take?

- **Routine medication:** all routine medication should be taken as normal. If you have a morning appointment, please take morning medication before 6am.
- **Diabetics:** where possible diabetic patients will be booked at the beginning of the list, but due to demand for this test this may not always be possible. Please contact the Endoscopy Department for a diabetes information booklet if you have not got one in your appointment pack.
- **Blood thinning medication (anticoagulants):**
 - **Clopidogrel:** for this procedure we would normally ask you to stop this medication for 14 days before the date of your test, but we must have permission from your GP, as your reason for taking it needs to be considered. Should you have any problems with this please contact the Endoscopy Department for further advice.
 - **Warfarin:** an INR blood test result is needed before your test and must be recent so no more than 6 days old. Please contact your GP surgery to arrange this. It is important that you tell the Endoscopy Department of the result before your appointment date. They can confirm if your test can go ahead or if it needs to be postponed, depending on this result.
 - If you have problems sorting this out you should come into the Endoscopy Department, the day before your appointment. You will be contacted by the department the same day to let you know if your test will go ahead or if it needs to be postponed. You will be told when you can start warfarin again when you are discharged.
 - **Direct oral anticoagulants (DOACs):** for this procedure we would normally ask you to stop this medication for 48 to 72 hours before the date of your test but we must have permission from your GP as your reason for taking it needs to be considered. Should you have any problems with this please contact the Endoscopy Department for more advice.
 - We give patients sedation during the endoscopy. It is also recommended that patients have a medicine called Diclofenac through their bottom (Per rectum (PR)). This is like an Ibuprofen which helps reduce swelling. Studies have shown that this stops problems called Pancreatitis after the procedure. This is recommended in national guidelines.

What are the risks from radiation during this procedure?

The main risk from having X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation everyday of our lives. This comes from the sun, food we eat, and the ground. Each X-ray examination gives a dose on top of this natural background radiation. The risks from radiation are slightly higher for an unborn child so we must ask some patients aged 10 to 55 years about their last menstrual period and possibility of being pregnant.

The radiation from the X-rays during a biliary drainage and stent procedure is about the same as getting a few months of natural background radiation.

The benefits of this procedure are likely to outweigh any potential risk, and the risk from not having the procedure could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

What happens if I do not want to have the procedure?

When you have agreed an appointment date you are sent a letter confirming this with information about the test. You can contact the department if you have any concerns. Should you then decide not to have the test done, please let the appointment team know and also tell your GP.

If you come for your appointment and decide after talking to the person carrying out your test, that you do not want to have it done, we will send a letter to your GP.

Getting your consent

The test and possible complications will be explained to you so that you understand the procedure and any risks. If you agree to have the test done you will be asked to sign a “consent form”. This confirms you have agreed to have the test done, understand why it is needed and the possible risks. It does not take away your right to ask for the procedure to be stopped at any time you choose.

If you wish to stop the test after it has started, staff will explain the consequences of not completing the procedure, and may need to continue until any risk no longer applies.

What happens when I arrive?

When you arrive please go to the reception desk. Once you have been booked onto our system a nurse will come and get you from the waiting area and take you into one of the admission rooms on the ward. We do not allow relatives/ carers into the unit due to regulations and due to the privacy of other patients.

Admission procedure

- A nurse will check your personal details.
- This nurse will confirm the information you have completed before your appointment (enclosed with appointment letter). This information includes medication you are taking, past medical history, any operations or illness that you may have had or any current health problems.
- The nurse will want to know if you have any allergies or bad reactions to drugs.
- If you are having sedation, the nurse will ask if you have a responsible adult taking you home once the test is done and you are discharged.
- Your blood pressure, heart rate, temperature and oxygen levels will be recorded and if you are diabetic, your blood glucose level will also be recorded.

For the short time that you are with us we want to provide a safe and supportive environment. Do not be afraid to ask if you have any worries or questions at this stage.

Having sedation

Sedation is used during an ERCP. This will be given by an injection, which will make you feel sleepy and relaxed although it is **not** a general anaesthetic. You will not be fully asleep but it is quite common not to remember parts of the procedure afterwards. This is due to an amnesiac effect of the sedation.

Information available suggests that complications with blood pressure, heart or lung can happen but are short term. During the test we monitor blood pressure, pulse, respiratory rate and the amount of oxygen in your blood, and keep an eye on any signs of problems.

Older people and those who have major health problems (for example, people with breathing difficulties due to a bad chest) may need more assessment before having sedation.

It is important that you understand the sedative injection can last longer than you think and will remain in your body for up to 24 hours. After your test you will be given an advice sheet stating that:

For 24 hours you should not:

- drive a car, climb ladders or ride a bicycle.
- operate machinery or do anything needing skill or judgement.
- make important decisions or sign any documents.
- drink alcohol.

You must:

- have someone take you home and stay with you for 12 hours. If you are being taken home by our hospital transport service, you must have someone at home when you return to stay with you.

What happens during the procedure?

You will be taken to the X-ray Department where an endoscopy nurse will introduce themselves to you and check your details again. They will take you into the X-ray room where your ERCP test will take place. This nurse will stay with you throughout the test.

In the X-ray room any dentures will be removed and a local anaesthetic spray may be applied to the back of your throat to numb it.

You will be asked to lay down on the X-ray table on your left side with your left arm behind your back. You will be made as comfortable as possible.

Your pulse, blood pressure and blood oxygen levels will be monitored without causing you any pain. Once this has been completed you will be given some sedation which will relax you.

To keep your mouth open a plastic mouthpiece will be put between your teeth or gums, if dentures have been removed. The duodenoscope tube will then be inserted through your mouth. Once at the back of your throat, you may be asked to swallow to help the tube go down into your stomach. This will not interfere with your breathing. Some air will be passed through the tube to blow up the stomach and duodenum to allow the doctor a clear view.

You may feel “wind like” discomfort and burp some air up during the procedure. Any saliva in your mouth will be removed by the nurse using a small suction tube.

When the test is complete the duodenoscope is removed extracting most of the remaining air in your stomach.

The test can take 20 to 30 minutes or more, depending on what has to be done.

What to expect after the procedure

After the ERCP is completed the nurse caring for you will take you from the X-ray room on a trolley, back to the day ward where you were admitted.

You will be taken to an area to recover from the test until discharge home or transfer to a ward (for patients staying overnight). If you have had a needle knife pre-cut (sphincterotomy), you will stay nil by mouth for 2 hours whilst in recovery.

After the test you may feel a little bloated or have some discomfort in your stomach.

Your throat will still feel a little numb from the throat spray if given, but this will wear off after about 45 minutes. Your throat may then feel a little sore, which could last for the rest of the day.

Your pulse and blood pressure will be monitored as needed, this is called a recovery period.

Before discharge you will be offered refreshments. We offer biscuits, water and hot drinks. **Please bring your own if you have any specific dietary requirements.**

You will need to stay in hospital for a minimum of 1 to 3 hours after the test depending on the amount of sedation given, but sometimes it may be necessary to stay in hospital overnight if a blockage has been dealt with.

Will I know the results of my test before going home?

The person doing the test or the nurse that discharges you will tell you what was seen during the test. It is a good idea to have someone with you for this, as if you have had sedation, you may forget what has been said to you.

Information and advice about what was seen will be given, and should any further tests be needed you will be told about them before going home.

A report of the ERCP will be sent to your GP.

Will I have pain or any other problems when I get home?

After the test you may have some discomfort but the nurse discharging you will tell you what to look out for, and what to do should you have these problems.

Students and observers

Since we are part of a university medical school and nurse training school, sometimes students may be present as observers. If you would rather not have students in the room during your procedure, please let your nurse or doctor know either before or when you enter the procedure room.

Car parking charges

There are variable parking charges at each of the 3 hospital sites for members of the public.

Automatic Number Plate Recognition (ANPR) is in use at the Leicester Royal Infirmary. This is pay on exit.

At Glenfield Hospital there is ANPR in the main car park and pay and display in the south car park. ANPR is pay on exit. Picking up and dropping off bays are at the main entrance. These bays have a 20 minute maximum stay.

At Leicester General Hospital there is pay and display parking. Picking up and dropping off bays are at the main entrance. These bays have a 20 minute maximum stay.

For more information about car parking please contact 0300 303 1573 or you can get the following leaflets from our online store www.yourhealth.leicestershospitals.nhs.uk :

- leaflet number 401 Car parking at Leicester Royal Infirmary
- leaflet number 402 Car parking at Glenfield Hospital
- leaflet number 1301 Car parking at Leicester General Hospital.

Property disclaimer

Leicester's Hospitals are committed to providing you with excellent healthcare. Unfortunately, whilst we are caring for you we are not able to provide a general property management service.

The Trust will not accept liability in respect of any loss or damage to patients' property and belongings unless they have been handed over to members of staff for safekeeping and a receipt has been issued to you or your relative.

We strongly advise that you do not bring any valuables into hospital and make sure that any property brought into hospital is sent home.

This disclaimer also applies to daily use belongings such as, dentures, spectacles and hearing aids.



If you have any questions, write them down here to remind you what to ask:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk