

NHS Friends and Family Test

We value your feedback and want to make our services as good as possible for you. That's why we'll be asking you the following simple question:

“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”

This will be sent to you either by text or as an automated telephone survey within 48 hours of leaving our services which will ask you to rate your experience. We will use your feedback to assess the quality of our service so your response would be very much appreciated. However if you do not wish to take part you can simply reply STOP when you receive the message. Responses to the survey are FREE.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily, email patient.experience@ulh.nhs.uk or speak to a member of staff.

Visit www.ulh.nhs.uk to find out other ways to leave us your feedback

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

ERCP

Procedure Information

Please read this booklet as soon as possible and well in advance of your appointment. If you do not follow the advice on how to prepare for your procedure it may not be possible to do it and you may have to return on another day

Please bring this booklet and consent form with you when you attend for your appointment

Helpline or enquiries (8.30am to 5.00pm Monday to Friday)

For appointments and general enquiries

**Boston 01205 445072
Lincoln 01522 573849**

For procedure related enquiries (8.30am to 6.00pm Monday to Friday)

**Boston 01205 446559
Lincoln 01522 573016**

For more information please see: www.ulh.nhs.uk

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If you are worried about any symptoms you experience after this test, please do not hesitate to contact us on the helpline telephone numbers on the front page of this leaflet. Out of hours please contact the NHS non-emergency service on 111.

Frequently asked questions

Vending machines in the waiting area?

Unfortunately due to patient starvation for procedures this is not possible, however, food and drink facilities are available nearby within the hospital.

More sedation?

We work to national guidelines depending on age and health.

Can I return to work after the procedure?

Patients who opt-out of sedation can return to work if they feel fit and able. If sedation is chosen then it is advised that the patient does not return to work for 24 hours afterwards.

Informing us of your concerns – the first step

If you have a concern about the care or treatment you received, or still receiving, the first step is to bring this to the attention of staff (you can ask to speak to the manager, if necessary) in the department as soon as possible. If you are unable to get the support you need, then contact Patient Advice & Liaison Service.

PALS is a confidential, on-the-spot advice and support service for patients, relatives and carers. Please see page 8 of the Welcome to Endoscopy booklet for full contact details.

- **Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit.**
- Your dosage of tablets can be taken as soon as you are able to eat and drink safely. The nursing staff will inform you when this is safe.

Afternoon appointment

If you are on insulin

- You should have nothing to eat for 6 hours before the procedure but may have small drinks of water until 2 hours before your procedure. If you feel hypoglycaemic take glucose tablets.
- Please contact the diabetes nursing team for advice. The telephone number for the diabetes nursing team can be found in the Welcome to Endoscopy leaflet which accompanies this booklet.
- **Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit.**

If you take diabetes tablets

- You should have nothing to eat for 6 hours before the procedure but you may have small drinks of water until 2 hours before your procedure. If you feel hypoglycaemic take glucose tablets.
- Please contact the diabetes nursing team for advice. The telephone number for the diabetes nursing team can be found in the Welcome to Endoscopy leaflet which accompanies this booklet.
- **Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during the visit.**
- Your dosage of tablets can be taken as soon as you are able to eat and drink safely. The nursing staff will inform you when this is safe.

Aim of the leaflet

The aim of this leaflet is to help you make an informed choice about having an ERCP. It provides information about how an ERCP is carried out and explains the benefits and risks of having the investigation.

It is important that you follow the instructions on page 5 about food and drink before the test. This is for your safety. If you do not follow the advice given it may not be possible to do your procedure and you may have to return on another day.

Introduction

You have been advised by your doctor to have an investigation known as Endoscopic Retrograde Cholangio-Pancreatography (ERCP).

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date for you. Please bring this booklet with you when you attend.

This procedure requires your formal consent.

This booklet has been written to enable you to make an informed choice about whether you want to go ahead with the procedure and any treatment. Enclosed with this booklet is the consent form. **The consent form is an important document**, therefore, please read it carefully. Once you have read and understood all the information, including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form. You will notice the consent form is duplicated, allowing you to keep a copy for your records.

If, however, there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you and sign

it after you have spoken to a health care professional if you agree to go ahead.

What is an ERCP?

The procedure you will be having is called Endoscopic Retrograde Cholangio-Pancreatography, sometimes known more simply as an ERCP. Cholangio-pancreatography means x-ray pictures of the bile and pancreatic ducts (tubes). A duodenoscope is a thin, flexible telescope which is passed through the mouth into the oesophagus and down towards the stomach and duodenum. The duodenoscope contains tiny fibre optic channels, which allow light to shine down and a camera so the doctor can see inside.

The duodenoscope also has a 'side channel' down which various tubes or instruments can pass. These can be manipulated by the doctor who can do various things. For example:

- Inject a contrast dye into the bile and pancreatic ducts. X-ray pictures taken immediately after the injection of dye show the ducts in detail. This may show narrowing (stricture), gallstones, or a tumour pressing on the duct, etc.
- Take a small sample (biopsy) from the lining of the duodenum, stomach, or ampulla. The biopsy sample can be looked at under the microscope to check for abnormal tissue and cells.
- If the x-rays show a gallstone stuck in the duct, the doctor can widen the opening of the papilla to let the stone out into the duodenum. This is called a sphincterotomy. The stone may be removed from the duct by a balloon and/or basket and left to be passed out with the faeces (bowel motions).
- If the x-rays show a narrowing or blockage in the bile duct, the doctor can put a stent inside to open it wide. A stent is a small wire-mesh or plastic tube. This then allows bile to drain into the duodenum in the normal way. You will not be aware of the stent which can remain permanently in place.

Blood glucose monitoring

If you usually test your blood levels, check them as usual, on the morning of the procedure and carry your equipment with you to the appointment.

If you do not usually test your blood, do not worry, your blood levels will be checked when you arrive for the procedure.

Instructions for your appointment

Please check your appointment letter for the time of your procedure and your appointment information.

Morning appointment

If you are on insulin

- You should have nothing to eat for 6 hours before the procedure but may have small drinks of water up to 2 hours before your procedure. If you feel hypoglycaemic take glucose tablets as above.
- Please contact the diabetes nursing team for advice. The telephone number for the diabetes nursing team can be found in the Welcome to Endoscopy leaflet which accompanies this booklet.
- **Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit.**

If you take diabetes tablets

- You should have nothing to eat for 6 hours before the procedure but may have small drinks of water up until 2 hours before the procedure. If you feel hypoglycaemic take glucose tablets.
- Do not take your morning dose of tablets; bring your tablets with you to have after your procedure.
- Please contact the diabetes nursing team for advice. The telephone number for the diabetes nursing team can be found in the welcome leaflet which accompanies this booklet.

- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Guidelines for people with diabetes undergoing ERCP

Treatment by diet alone

If you control your diabetes with diet alone, you simply need to follow the earlier instructions about fasting and drinking.

Treatment by tablets and/or insulin

You should inform the endoscopy booking team about your diabetes and request an early morning appointment.

Adjusting your diabetes medication to prevent hypoglycaemia

You will need to adjust your treatment the evening before and the morning of the procedure to reduce the risk of hypoglycaemia (low blood sugar level). As a result your blood sugar level may be a little higher than usual. This is only temporary to maintain your blood sugars during the procedure and you should be back to your usual level of control within 24 to 48 hours. Please contact the Diabetes Nursing Team (contact details can be found in the Welcome to Endoscopy booklet), well in advance of the appointment, to discuss any concerns.

Carrying glucose to treat hypoglycaemia

On the day of the procedure, carry glucose tablets in case of hypoglycaemia. When sucked these are absorbed quickly through the tissues of the mouth and they will not interfere with the procedure.

If you have symptoms of low blood sugar, suck 4 to 6 tablets initially, followed by a further 4 to 6 if your blood sugar remains low after 10 minutes.

The duodenoscope is gently pulled out when the procedure is finished. An ERCP can take anything from 30 minutes to over an hour, depending on what is done.

During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis. This may be a little uncomfortable. The samples will be retained. Photographs and x-rays may be taken and kept with your clinical records and may be used for teaching purposes.

The procedure will be performed by a Consultant. We will endeavour to make the investigation as comfortable as possible for you. Your throat will be numbed by a local anaesthetic spray and you will receive an injection of sedative (conscious sedation) for this procedure.

Why do I need to have an ERCP?

You have been advised to undergo this investigation to try and find the cause for your symptoms, help with treatment and if necessary, to decide on further investigations.

There are many reasons for this investigation including: jaundice, gall stones, abdominal pain and an abnormal ultrasound, CT or MRI scan.

CT and MRI scans are alternative investigations. Unfortunately these are not as informative as an ERCP and have the added disadvantage that tissue samples cannot be taken nor treatments given.

Preparation

Eating and drinking

It is necessary to have clear views and for this the stomach must be empty. **Therefore do not have anything to eat for at least 6 hours before the test. Small amounts of water are safe up to two hours before the test.**

Diabetes

If you have diabetes controlled on insulin or tablets please ensure your doctor and the Endoscopy Booking Team are aware so that the appointment can be made towards the beginning of the list. Please see the guidelines printed in the back of the book.

Blood thinning medications (anticoagulants)

Please telephone your consultant's secretary (ask switchboard to be put through) if you are taking anticoagulants such as warfarin, dabigatran, apixaban, rivaroxaban, edoxaban and also clopidogrel (Plavix), ticagrelor, prasugrel and dipyridamole.

What about my other medication?

Your routine medication should be taken as usual.

Pacemakers and ICDs

Please tell the doctor and nurses if you have a pacemaker or implanted cardiac defibrillator device.

Allergies

Please bring a list with you of any allergies you may have.

How long will I be in the department?

This largely depends on how quickly you recover from any sedation and how busy the department is. You should expect to be in the department for up to 4 hours. The department also looks after emergencies and these can take priority over our outpatient lists.

What happens when I arrive?

When you arrive in the department you will be met by a qualified nurse or health care assistant who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation.

Before you leave the department, the nurse or endoscopist will discuss with you the findings and any medication or further investigations required. They will also inform you if you require further appointments.

Since conscious sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information. You will be given a copy of the procedure report and a copy will be sent to your GP.

Please note that because you have received conscious sedation you are not permitted to drive, take alcohol, go to work or operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home and to stay overnight if possible, or at least for 4 hours.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge. If you are on hospital transport you will need to arrange a place for your escort to go with you.

What must I remember?

- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- If you are unable to keep your appointment please notify the endoscopy department **as soon as possible**.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact your GP or telephone 111, informing them that you have had an ERCP.
- If you are unable to contact 111 or speak to your doctor, you must go immediately to the hospital's accident and emergency department (A&E).
- As you have received sedation please arrange for someone to collect you and to stay overnight with you if possible.

The risks can be associated with the procedure itself and with the administration of the conscious sedation.

ERCP

The main risks are of discomfort, abnormal heart rhythm, chest infection, mechanical damage to teeth or bridgework, perforation (tear) of the gut lining, inflammation of the pancreas (pancreatitis) (2 in 100 cases), bleeding requiring a blood transfusion in (1 in 100) and failure of the planned treatment (1 in 20). Any of these could mean you being admitted to hospital for treatment with antibiotics and intravenous fluids. Deaths occur rarely, in 1 in 1000 procedures.

Perforation may occasionally require surgery to repair the hole. Bleeding may occur at the site of any treatment, but nearly always stops on its own.

Conscious sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems, for example, people with significant breathing difficulties, may be assessed by a doctor before having the procedure.

What will happen after the procedure?

You will be allowed to rest as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have any underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation, you will be sat up and made comfortable.

You will be offered conscious sedation sometimes with a local anaesthetic throat spray (this is dealt with in more detail in the next section of this booklet).

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. The nurse or doctor will insert a small cannula (small plastic tube) into the back of your hand through which sedation and other medicines will be given later.

Having sedation means you will not be permitted to drive or use public transport so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she or he can contact them when you are ready for discharge.

You will have a brief medical assessment with a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any surgery or illnesses you have had, to confirm that you are fit to undergo the investigation.

Your blood pressure, heart rate and oxygen levels will be recorded and if you are diabetic your blood glucose level will also be recorded.

If you have not already done so and you are happy to proceed, you will be asked to sign your consent form at this point.

Throat spray or conscious sedation

Local anaesthetic throat spray and intravenous conscious sedation can improve your comfort during the procedure so that the endoscopist can perform the procedure successfully.

Anaesthetic throat spray

The throat is numbed with a local anaesthetic spray. The spray has an effect very much like a dental injection.

You must not have anything to eat or drink for about an hour after the procedure, until the sensation in your mouth and throat has returned to normal. It is strongly advised that when having your first drink after the procedure, it should be a cold drink and should be sipped to ensure you do not choke.

Intravenous conscious sedation

The sedation medicines will be administered into a vein in your hand or arm which may make you slightly drowsy and relaxed but not unconscious. You will be in a state called conscious sedation; this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it less likely that you will remember anything about the procedure. You will be able to breathe quite normally throughout.

Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

Please note that you are not permitted to drive, go to work, take alcohol, look after children on your own, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home and to stay overnight if possible, or at least for 4 hours.

The ERCP examination

In turn you will be taken into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

If you have any dentures or glasses you will be asked to remove them at this point. Any remaining teeth will be protected by a

small plastic mouth guard which will be inserted immediately before the examination commences.

If you are having local anaesthetic throat spray this will be sprayed onto the back of your throat. The effect is rapid and you will notice a loss of sensation to your tongue and throat.

The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. The sedation will be administered via the cannula (tube) in your vein and you will quickly become relaxed. In some circumstances you will also receive an antibiotic. In addition, we may need to give you an anti-inflammatory medicine given as a suppository into the rectum (back passage) at the end of the procedure. This reduces the risk of complications following the ERCP.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, again rather like the one used at the dentist.

The endoscopist will introduce the duodenoscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your wind pipe is deliberately avoided and your breathing will not be affected.

During the procedure, samples may be taken for analysis in our laboratories. These will be retained and it may take up to 2 weeks to be processed. Any photographs will be recorded in your notes.

Risks of the procedure

ERCP is classified as an invasive investigation and because of that it has the possibility of complications. These do not occur very often. We would wish to draw your attention to them and so with this information you can make your decision. The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.