



Endoscopic Retrograde Cholangio-Pancreatography – Patient Information & Informed Consent

What is an ERCP?

ERCP – Endoscopic Retrograde Cholangio-Pancreatography

An ERCP is where the doctor can examine the ducts of your liver, pancreas and gallbladder using an endoscope with x-ray guidance. The procedure is performed under sedation or anaesthetic administered by a specialist Anaesthetist. You will lie on the x-ray table on your tummy. The doctor will pass the endoscope, which is a thin, black flexible tube with a camera attached, via your mouth down into the small intestine. Specialised equipment will allow the doctor to access the ducts under examination. With the assistance of contrast material (dye) injected into the ducts and x-rays, further information can be obtained to allow management decisions. Depending on the problem, treatment may require the small muscle (sphincter) at the bottom of your bile duct &/or pancreatic duct to be cut (sphincterotomy). Additionally, some patients will need a temporary or permanent stent inserted. Allow 2-3 hours for waiting, the procedure and recovery. The procedure itself can take 20-90 minutes to complete.

Why have an ERCP?

ERCP is used when it is suspected a person's bile or pancreatic ducts may be narrowed or blocked due to:

- Tumours
- Gallstones that form in the gallbladder and become stuck in the ducts
- Inflammation due to trauma or illness, such as pancreatitis - inflammation of the pancreas
- Infection
- Muscles in the ducts, called sphincters, that won't open properly
- Scarring of the ducts

What are the risks?

Severe complications are rare!

About 1 in 20 (5%) people will develop **pancreatitis** following an ERCP. Pancreatitis is inflammation of the pancreas which causes it to become swollen and painful. Most pancreatitis will settle within 48 hours and may require a short stay in the hospital for observation. Rarely (less than 1 in 200), it may be more severe requiring a longer hospital stay and potentially an intensive care admission or surgery. Very rarely, severe pancreatitis may be fatal.

If a sphincterotomy is performed less than 1 in 100 (<1%) people will develop significant **bleeding**. Bleeding can usually be stopped at the time of the procedure. Occasionally this may require repeat ERCP to treat the bleed, a blood transfusion, and/or rarely, a special x-ray procedure or an operation.

Less than 1 in 200 people will accidentally get a hole (**perforation**) to the bowel. If this was to occur, this may be repaired with small clips during the procedure, or may require an operation to repair the hole.

Infection may occur, especially if there is a blocked bile duct that can not be drained.

What are you responsible for?

You are less at risk of problems if you do the following:

- Follow the preparation instructions carefully.
- Bring a list of all prescribed, over the counter and herbal medication you take.
- Bring any relevant x-rays.
- Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.
- Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

What happens after the ERCP?

You will usually be allowed to drink fluids straight away. Depending on the procedure you may only be allowed to have a clear liquid diet for the remainder of that day.

Your doctor will inform you of the results prior to you leaving the recovery area.

Any tissue samples taken will be sent to a pathologist. The results of these tests may take several days. Follow-up of these results will be made with you.

Again, please ensure you make arrangements for someone to drive you home after the procedure.

Do NOT drive any type of vehicle or operate machinery until the next day.

Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs.

Do NOT make important decisions or sign a legal document for the first 24 hours.

Have an adult with you on the first night after your gastroscopy.

Notify our office on 5574 6133 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.
- sharp chest or throat pain.

What if I don't have the procedure?

Your symptoms may become worse and your doctor will not be able to give you the correct treatment.

Are there other tests I can have instead?

Generally not. An MRI scan can be used to gather some information but cannot be used for treatment. Other treatment options include drainage under X-ray control and surgery.

CONSENT FOR ERCP

I have read and understand the above information on ERCP. I have read and understand the "Patient Preparation Instructions" leaflet supplied to me. I hereby agree to undergo a ERCP by the gastroenterologist. I agree to any biopsies, removal of polyps, oesophageal dilatation or any other upper endoscopy procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit the gastroenterologist to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE_____

NAME_____

DATE_____

WITNESS SIGNATURE_____

NAME_____

DATE_____

Coast Gastroenterology

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR PROCEDURE

***If you have any concerns or questions about the preparation, procedure or consent, please contact
our office on 5574 6133.***