



# The Gastrointestinal Centre

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## ERCP CONSENT

An ERCP either performed alone or in combination with a therapeutic procedure, either sphincterotomy, stenting or biliary dilatation has been recommended to you. Following diagnosis by ERCP, the latter three procedures are considered simpler and safer than standard surgical operations. Although rare, complications may occur and the procedures are not always successful.

The main complication of ERCP is the possibility of inflammation of the pancreas (pancreatitis). This complication occurs in 5% to 10% of people and can cause abdominal discomfort severe enough to require hospitalization for several days. In rare instances the pancreatitis can be even more severe and mean a lengthy hospital stay, surgery, and even death.

When sphincterotomy is done at the time of ERCP 1% to 2% of patients may develop complications. The most significant risk is bleeding which in extreme cases can require surgery. Infection of the bile duct and incomplete removal of stones may also occur.

Other complications of ERCP include reaction to sedation. This is uncommon and is usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely, however, particularly in patients with severe cardiac or chest disease, sedation reactions can be serious. A number of rare side effects can occur with any endoscopic or other interventional procedure. Death is a remote possibility with any endoscopic or interventional procedure. If you wish to have further details of rare complications you should indicate to your doctor before the procedure that you wish for **ALL POSSIBLE COMPLICATIONS** to be fully discussed.

It is very unusual for other biliary problems to develop in the months or years following sphincterotomy. However, fevers and even new stones can rarely occur. Usually these can be dealt with by another endoscopic procedure.

Stents can become blocked with debris after some months. This will result in a recurrence of jaundice, usually associated with fevers and chills. If this happens, you should inform us or your local doctor quickly. You will need antibiotics and consideration of a stent change.

If you have any reservations or wish to discuss the matter further please inform the Sister-In-Charge before your procedure.

You are also advised that you should not drive a car, return to work, operate machinery or sign legal documents for at least 12 hours following your procedure.



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I hereby agree to an ERCP being performed and I am agreeable to an ERCP treatment being performed should it be necessary.

I hereby consent to the use of my personal information for the purposes indicated below:

- To assist other medical practitioners or institutions who may treat me in the future but only to the extent necessary to treat the particular condition I have consulted Dr Geoffrey Francis and The Gastrointestinal Centre about. This may include a requirement to forward relevant prior information for example anaesthesia records.
- To inform next of kin identified in my admission form of the outcome of treatment or to obtain consent to necessary treatment when I am not able to provide such consent.
- To enable Dr Geoffrey Francis and The Gastrointestinal Centre to provide access to my information to the Health Fund of which I am a member if requested by the Health Fund to do so.

I have read and understood the procedure description overleaf and agree to an ERCP being performed.

**NAME:**.....  
(Please Print)

**SIGNATURE:**.....

**DATE:**.....

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## ERCP INFORMATION LEAFLET

ERCP (endoscopic retrograde cholangiopancreatography) is used in the diagnosis of disorders of the pancreas, bile duct, liver and gall bladder. The doctor passes a thin flexible telescope through your mouth to inspect your stomach and duodenum. The doctor then injects contrast dye into the drainage hole (papilla) from the bile ducts and pancreas to take detailed x-rays.

### YOU SHOULD INFORM US IF THERE IS THE POSSIBILITY OF PREGNANCY

### PREPARATION

To allow a clear view you should not eat or drink anything after midnight. If you must take prescription medicines, use only small sips of water. Do not take antacids.

### WHAT WILL HAPPEN

The doctor and nurse will explain the procedure. Please tell them if you have any allergies or bad reactions to medications or contrast dye. The examination is performed on an X-ray table. You will be given medication by injection through a vein to make you feel sleepy and relaxed. With you in a comfortable position on your left side, the doctor will pass the endoscope down your throat. A guard will be used to protect your teeth. The endoscope will not interfere with your breathing and will not cause you any pain. You may be asked to change position during the examination which lasts 15-60 minutes. Your total hospital stay will usually be 4 to 5 hours.

### AFTERWARDS

Your throat may feel numb and slightly sore. You should not attempt to take anything by mouth for 1 hour at least. It is wise to keep to clear liquids for the remainder of the day. If you are an outpatient you will remain in the hospital for at least two hours after the procedure. Complications are less severe if treated early. If you develop a fever, abdominal pain, vomiting, pass black tarry stools or any other concerning symptoms after you leave the hospital you should contact the hospital or your doctor immediately. A companion **MUST** be able to drive you home as the sedation impairs your reflexes and judgements. **YOU SHOULD NOT DRIVE A CAR, OPERATE MACHINERY OR MAKE IMPORTANT DECISIONS UNTIL THE DAY AFTER YOUR PROCEDURE.** We suggest that you rest quietly. If you are an in-patient you will be returned to the ward.

### ERCP TREATMENTS

**SPHINCTEROTOMY:** If the X-rays show a gallstone or any other blockage, the doctor can enlarge the opening of the bile duct. This is called "Sphincterotomy" and is done with an electrically heated wire which you will not feel. In about 10% of patients it is not possible for anatomical reasons to pass the plastic tube into the appropriate duct. If stones are found in the bile duct it is important they be removed. This can be done by sphincterotomy at the time of the ERCP. Bile duct stones can also be removed by surgery but sphincterotomy has the advantage of allowing you to return to your normal activities much more quickly.

**STENTING:** A stent is a small plastic tube which is pushed through the endoscope and into a narrowed area in the bile duct. This relieves the jaundice by allowing the bile to drain freely into the intestine. Stents are also placed in the pancreatic duct when it is narrowed or blocked or there is a risk of the duct being obstructed.

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