ERCP: why its done and key team dynamics

Stephen D Ryder

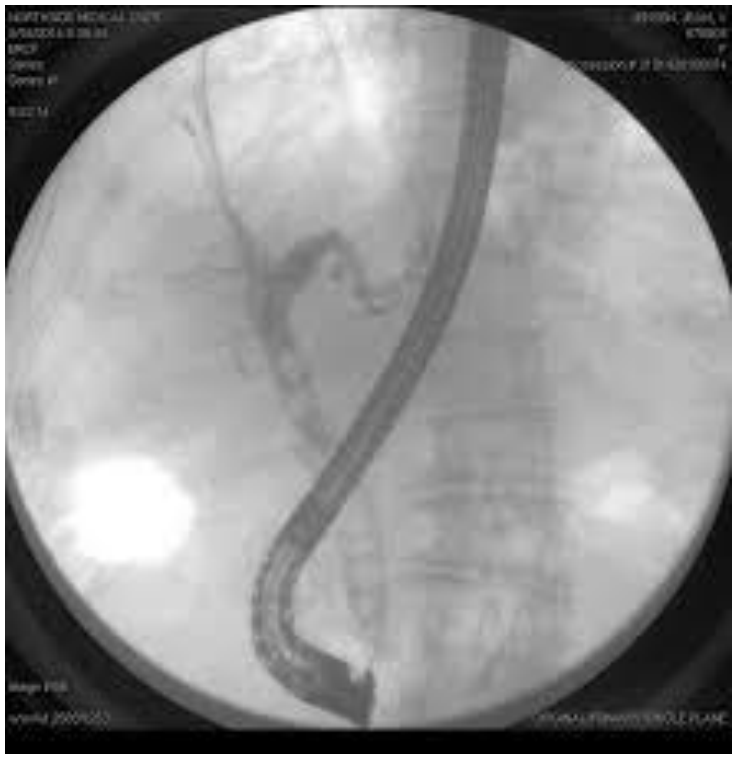
Nottingham University Hospitals NHS Trust

What will be covered

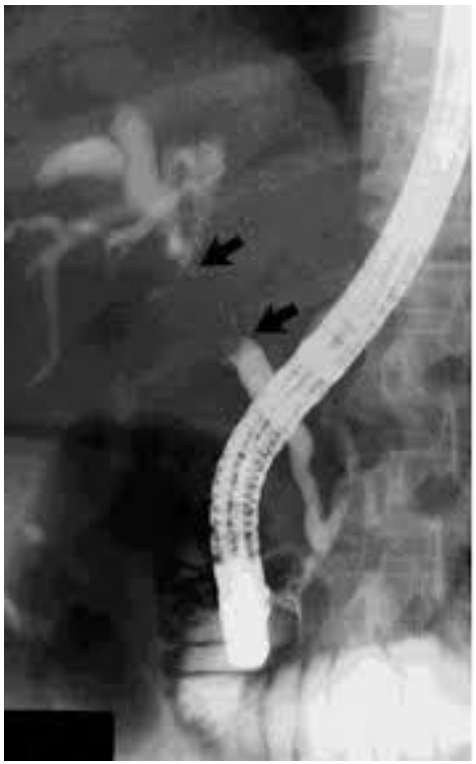
- preparing the patient.
- what to look out for.
- equipment/settings.
- checklists.
- patient comfort.
- recipes (e.g. dyes, drugs, etc).
- post procedure care and discharge instructions.
- communication with patient and the endoscopist during the procedure.

Why is ERCP done?

Stones

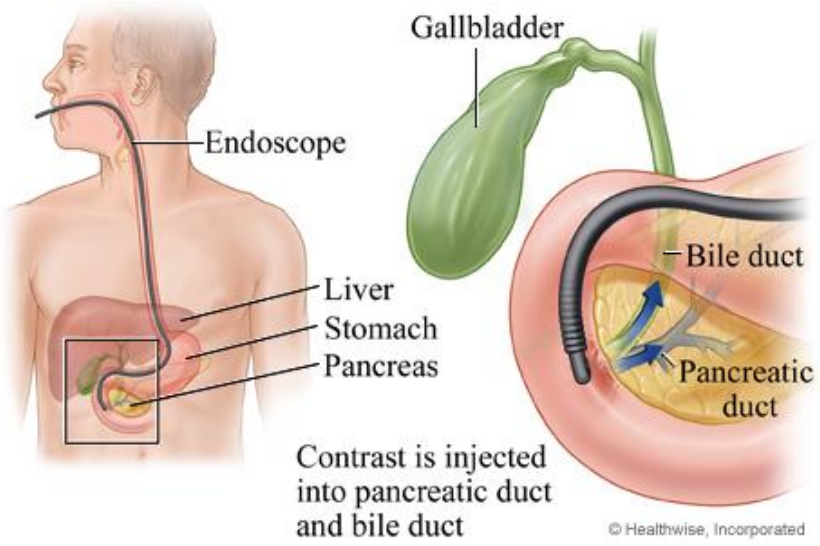


Stricture



Preparing the patient

- Information on procedure beforehand
  - Why required
  - How its done
  - What to expect after procedure
  - Risks and what to watch out for



Preparing the patient

- Key factors pre-procedure
  - Medications (anticoagulants, anti-platelet)
  - Allergies (medicines, latex, contrast)
  - Support at home

Preparing the patient

- Blood tests
  - Diabetic check
  - FBC and clotting (note risk based approach should be taken)
- Positioning patient in the endoscopy room
  - Venous access

Checklist

- Do we have the right patient?
- What are we going to do?
- Have we the right kit to do it?
- Does the patient understand and is consent documented?
- Are there factors we need to know about?
  - Allergies/drugs/blood abnormalities

Sedation and ERCP

- Most units still use conscious sedation with pethidine and diazemuls (or equivalent)
- Buscopan given to stop peristalsis
- ERCP long procedures and can be uncomfortable (2 key points where common)
- Top up sedation required in 50%
- GA lists now more common

ERCP endoscopes

- Side viewing
- “bridge” to lift cannula

Equipment use during ERCP

- Lots of kit available
  - Guidewires
  - Cannulae
  - Sphincterotomes
  - Balloons
  - Stents
- Vital to check that all aware of what's available and what is not pre-procedure

Short v long wire systems

- Long wire requires much more nursing input
- Short wire quicker and exchanges more rapid
- Cannulation most challenging bit for endoscopist
- Exchanges of kit most challenging for other staff in unit

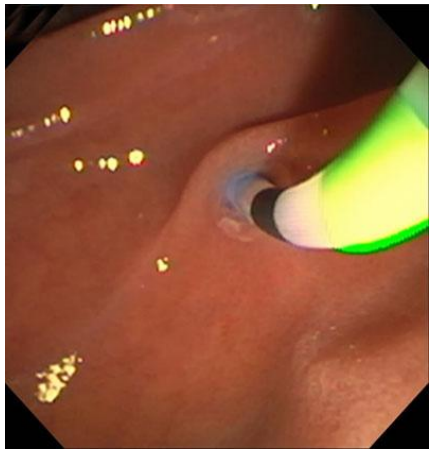
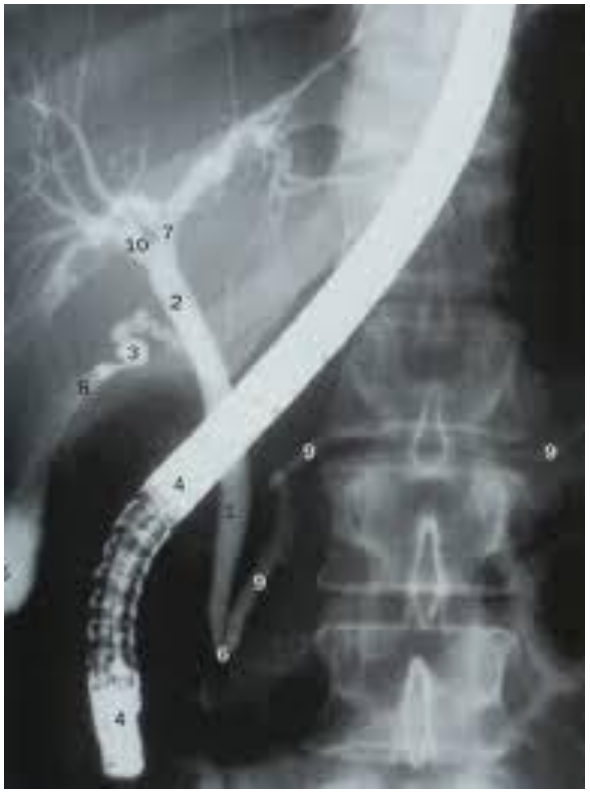
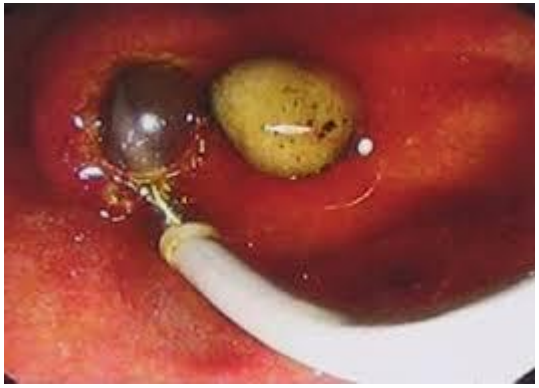


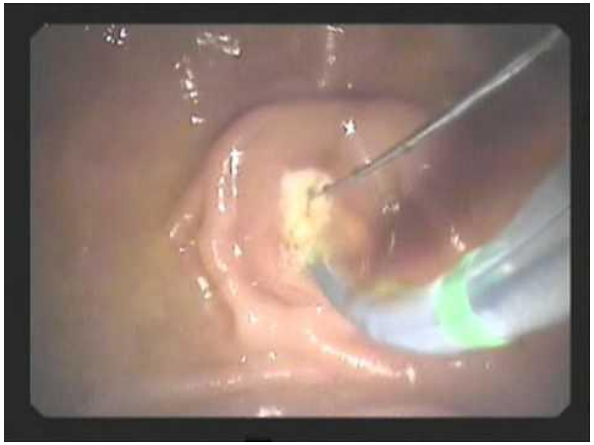
Image quality



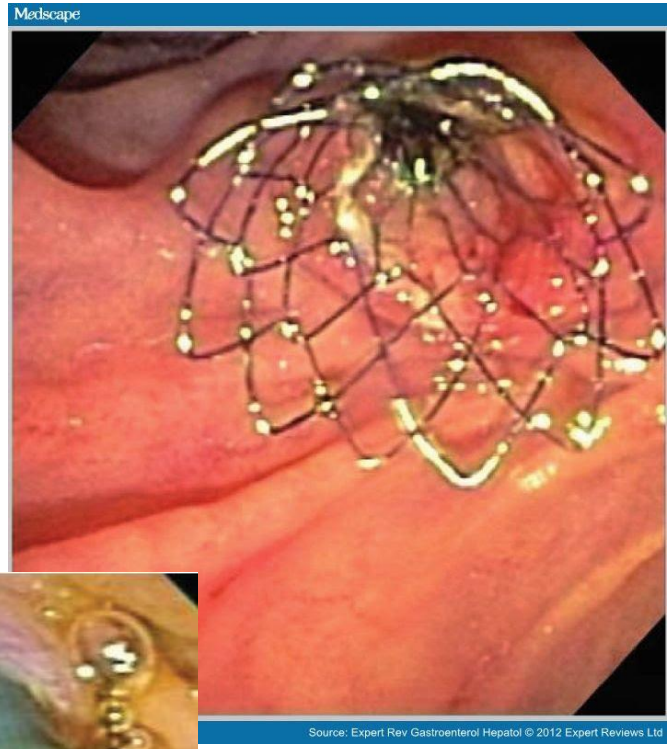
- Contrast required to outline ducts
- Usually diluted compared to iv
- Injection and screening with images taken to outline pathology

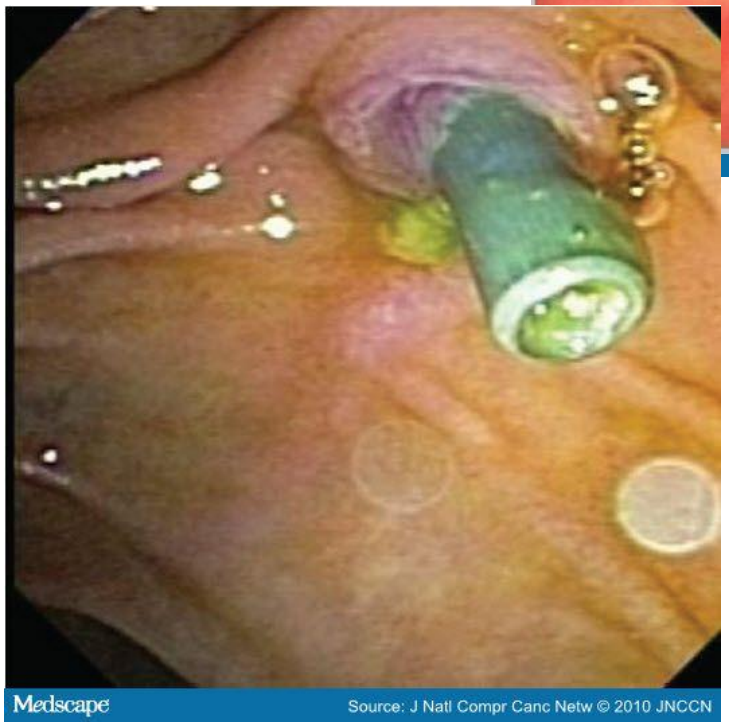
Stones





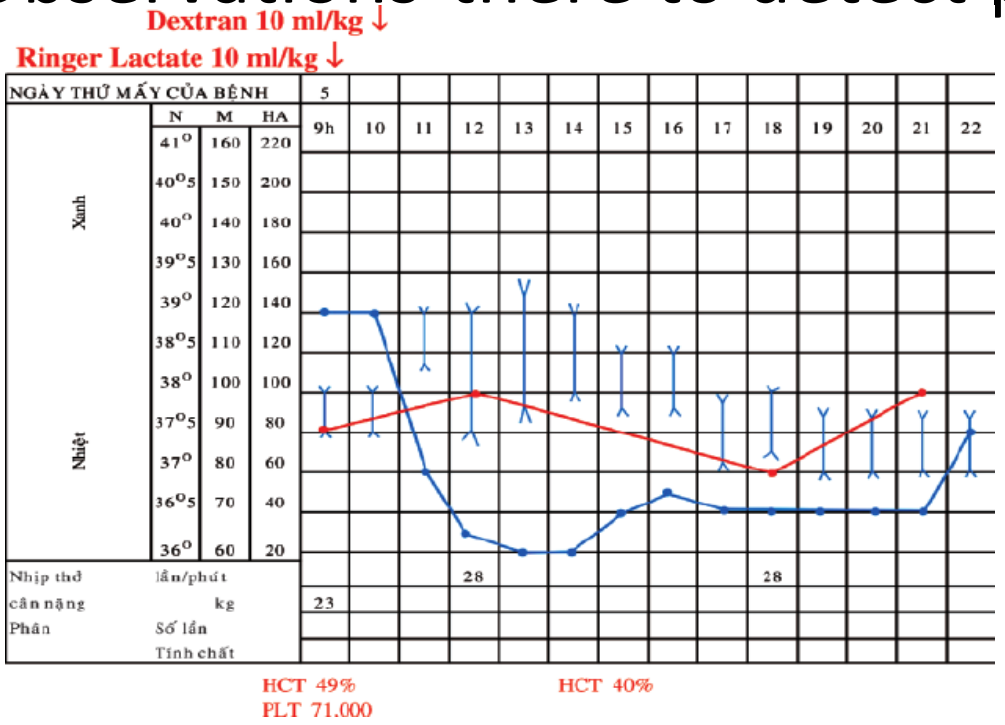
Stents


Medscape
Source: Expert Rev Gastroenterol Hepatol © 2012 Expert Reviews Ltd


Medscape
Source: J Natl Compr Canc Netw © 2010 JNCCN

Post procedure

- Rectal diclofenac to reduce pancreatitis risk
- Move to recovery
- Observations-there to detect problems early



Complications

- Pancreatitis
- Perforation
- (Bleeding)-often delayed to 48 hours
- cholangitis

Information on discharge

- What was done-copy report
- What to watch for and how to access care
  - Pain
  - Black stool
  - Fever
- Follow-up arrangements
- All should go to GP too