NHS
Royal Berkshire
NHS Foundation Trust

Hepato-Biliary Pancreatic Jaundice Nurse Specialist Service

Information for patients, relatives and carers

This leaflet is for patients who are jaundiced, either because of gallstones, and / or biliary tract disease. It explains the role of the Hepato-Biliary Pancreatic (HPB) specialist nurse and how she will support you and improve your care. The HPB specialist nurse works closely with the consultant gastroenterologists to provide information, support and advice.

Aims of the HPB specialist nurse

- To contact you to ask about your symptoms.
- To explain any diagnosis and answer questions.
- To explain what happens next – like scans and tests.
- To keep you updated about your case.
- To discuss your case at meetings with the team treating you.
- To ensure that your results reach your consultant as soon as possible.

HPB nurse-led clinic

We may invite you to attend a Royal Berkshire Hospital's specialist nurse-led clinic held in Outpatients 1, every Thursday morning or Outpatients 2, every Friday afternoon. At this appointment, the nurse will assess your condition, ask about your medical history (including all medications) and arrange blood tests. Usually this lasts 20-30 minutes. We may ask you to return to the Endoscopy Unit for a procedure called Endoscopic Retrograde Cholangio Pancreatography (ERCP). This will help to diagnose and/or treat the cause of your jaundice. The HPB nurse can answer any queries you have about the day.

What is an ERCP?

The doctor will pass a flexible tube (an endoscope) with a camera and light at the side into your mouth then down your throat and on through your stomach to your small bowel. The camera shows the inside of your body on a screen. X-rays will show where the bile blockage is that is

causing your jaundice. It also allows the doctor to take samples to aid diagnosis if necessary. At the same time, the doctor may remove any stones blocking the bile duct. They may also put in a plastic or metal mesh pipe called a stent. This should help your bile to flow and resolve your jaundice. ERCP is a day case procedure but a small number of patients may need to be admitted if complications develop whilst being monitored in recovery.

Potential risks of an ERCP

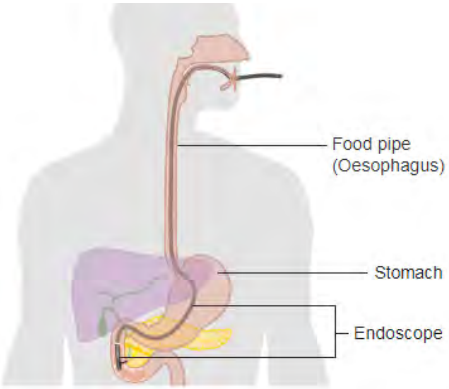
- Inflammation of the pancreas (pancreatitis) occurs in approximately 5-6% of cases. A Diclofenac rectal suppository may be used to reduce this risk.
- Infection of the bile ducts (cholangitis) in 2% patients (1 in 50). You will get some antibiotics through the tube in your vein after your ERCP.
- Bleeding is uncommon and usually soon stops on its own. Again, the risk of this happening is 2% (1 in 50).
- Perforation of the intestines can occur in 1 in 750 cases.

What happens on the day?

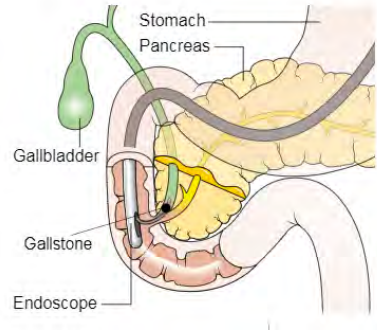
- We will ask you to lie flat either on your stomach or slightly towards your left.
- We spray the back of your throat with local anaesthetic then put a guard in your mouth.
- We then pass a flexible tube into your mouth and down your throat.
- We will give you some drugs:
  - A sedative through a tube into your vein to relax you.
  - A strong painkiller to make you feel more comfortable.
  - A drug to relax your small bowel.
- **You must not eat or drink anything for 2-3 hours after the ERCP.**

How long will the ERCP take?

The order of the procedure list can change at short notice due to emergencies. We will do our best to tell you about any change in the start time for your procedure. The ERCP itself lasts around 40 minutes. You can expect to be in the hospital for most of the day.



View of flexible endoscope passing from the mouth to the small bowel



The endoscope within the small bowel facing towards the entrance to bile duct

After the ERCP

It is essential that somebody collects you from the unit and stays with you for a minimum of 8 hours after your ERCP.

The HPB nurse will usually see you on discharge with the consultant. She will telephone you the next working day after your ERCP to see how you are and to answer any questions.

Bleeding can occur up to two weeks following an ERCP. If you vomit blood or pass a black stool (poo), go to the nearest A&E immediately.

Contacting the HPB nurse specialist

The HPB nurse works Mon-Fri. Please leave a message and she will get back to you as soon as possible.

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To find out more about our Trust visit www.royalberkshire.nhs.uk

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Reviewed: November 2026. Next review due: November 2028.