Royal Berkshire NHS Foundation Trust

Endoscopic Retrograde Cholangio Pancreatography (ERCP) explained: A guide to the test at the Royal Berkshire Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your GP or hospital doctor to have an investigation known as an ERCP.
- This procedure enables us to examine and treat conditions of the biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts).
- This test is used to diagnose problems with the pancreas and bile ducts. It is often possible to treat the problem at the same time.
- This booklet has been written to enable you to know what to expect and to make an informed decision prior to signing your consent form.
- The consent form in the back of this booklet is a legal 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 procedure, please sign and date the consent form.
- However, if there is anything you do not understand or wish to discuss further but still wish to attend, do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional about your concerns.
- If you are unable to keep your appointment please inform us on 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.
- Any patients failing to attend for their appointment will not routinely be offered another appointment.
- There is limited free drop off / collection parking and two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is ‘on exit’ with pay point machines on level 0 and 2.
- Please note that there is no access to the Endoscopy Unit through the main hospital; the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- Please arrive at the time stated in your letter so you can be assessed by the nurse and if necessary have a blood test taken pre-procedure.

- Please note your appointment time is your arrival time on the Unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the Unit who will arrive after you but are taken in for their test before you, this is for medical reasons or because they are seeing a different endoscopist.

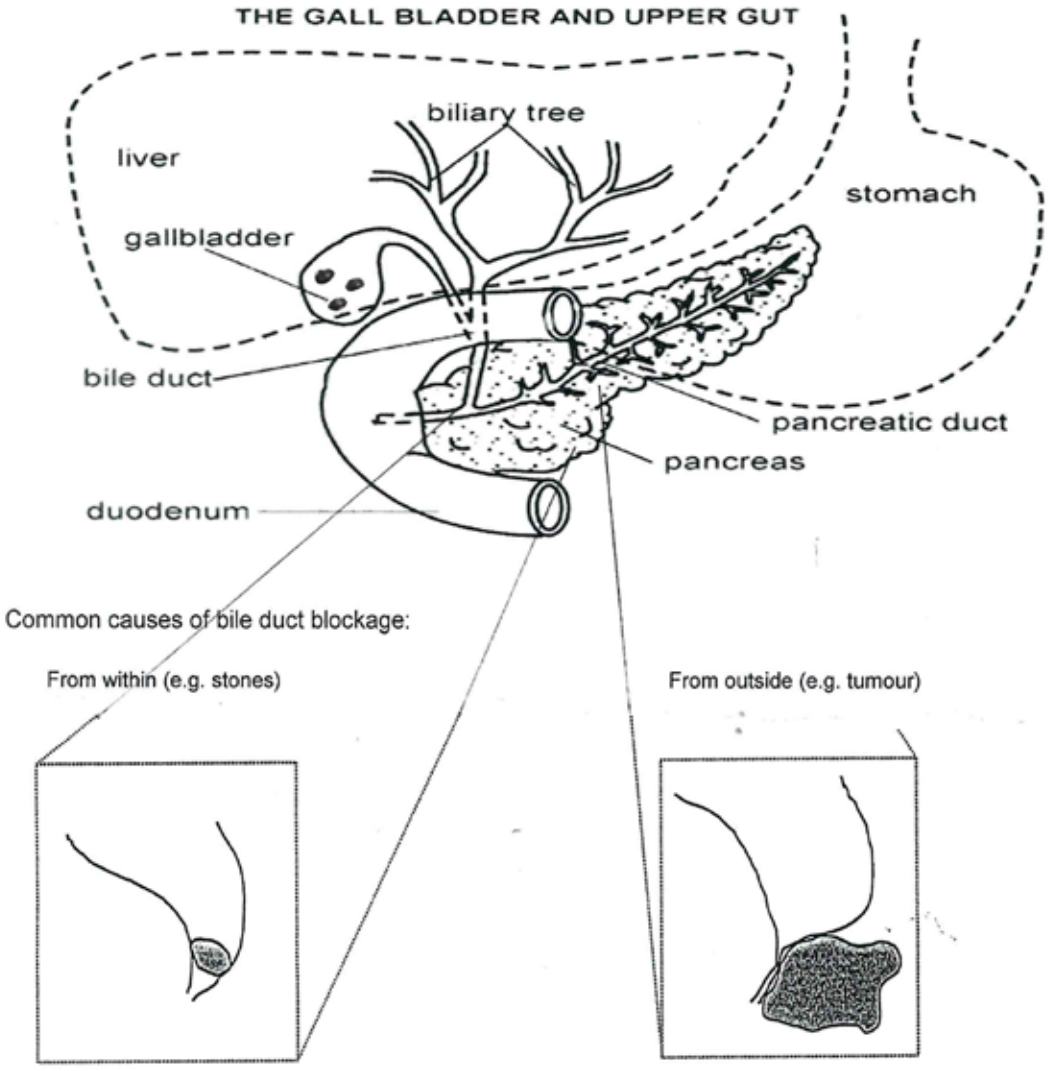
For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

What is an ERCP (Endoscopic Retrograde Cholangio Pancreatography)?



ERCP is a procedure that enables your physician to examine the pancreatic and bile ducts. A bendable lighted tube (endoscope) about the thickness of an index finger is placed into your mouth and into your stomach and the first part of the small intestine (duodenum). In the duodenum a small opening is identified (ampulla) and a small plastic tube (cannula) is passed through the endoscope and into this opening. Dye (contrast material) is injected and x-rays are taken to study the ducts of the pancreas and liver.

Why is an ERCP performed?

ERCP is an endoscopic procedure performed by experienced endoscopy consultants with therapeutic intent (to clear stones/obtain tissue/insert a stent). The most common reasons to do an ERCP are jaundice (yellowing of the skin or eyes) or abnormal liver blood tests, especially if you have pain in the abdomen, or if a scan (ultrasound or CT scan) shows a blockage of the bile or pancreatic ducts. Blockages can be caused by stones, narrowing of the bile ducts (strictures), and growths or cancers of the pancreas and bile ducts.

During an ERCP, stents (small plastic or metal tubes) can be inserted into the bile ducts, to allow drainage of bile into the intestine. Stents can also be inserted into the duodenum for patients who have a blockage to the flow of food out of the stomach. An ERCP can give more information about the pancreas and bile ducts, and brushings and biopsies (specimens of cells for analysis) can be taken from the bile ducts or the pancreas.

What are the benefits – why should I have an ERCP?

An ERCP allows your doctor to gain detailed and accurate information about your pancreatobiliary system. It often allows treatment of obstructive jaundice (jaundice caused by a blockage in the bile drainage system).

What are the risks?

ERCP is a complex type of endoscopy and complications can occur so we need to make you aware of these.

Minor complications:

- Mild discomfort in the abdomen and a sore throat, which may last up to a few days.
- Mild inflammation of the pancreas (pancreatitis). This can happen in approximately five in 100 people. If pancreatitis happens, you will have pain in the abdomen, usually starting a few hours after the procedure and lasting for a few days. The pain can be controlled with painkillers and you will be given an intravenous (into a vein) infusion of fluids in hospital to keep you hydrated until the pain subsides.
- You may develop a reaction to the sedative however, this will be monitored.
- There is also slight risk of mechanical damage to crowned teeth or dental bridge work from the procedure.

Possible serious complications:

- Pancreatitis can occur following an ERCP. We can treat this with medication or surgery. Although it is very rare, severe pancreatitis can be fatal (less than one in 500 cases).
- If sphincterotomy (a small cut in the bottom of the bile duct) is performed, there is a risk of bleeding which usually stops quickly by itself. If it does not stop by itself we may inject you with adrenalin through the endoscope.

- A hole may be made in the wall of the duodenum (perforation), either as a result of sphincterotomy or due to a tear made by the endoscope. This happens in less than one in 750 cases. It might require surgery to put right.
- A very rare complication is a reaction to one of the sedative drugs used.

Other types of diagnostic imaging

- A CT (computerised tomographic) scan can be performed, but the investigation is less precise, so small growths (less than 1cm) can be missed, no biopsies can be obtained, and no stents can be inserted.
- An MRI (magnetic resonance imaging) scan can be performed, but the investigation does not allow direct vision of the bile ducts, no biopsies can be obtained and no stents can be inserted. Also, you cannot have an MRI scan if you have any internal metalwork (e.g. pacemaker, joint replacements).
- An ultrasound scan can provide ultrasonic images of the biliary system, but a biopsy cannot be obtained and no stents can be inserted.
- An endoscopic ultrasound can be performed, but stones cannot be removed, a sphincterotomy (cut at the base of the bile duct) cannot be performed, and no stents can be inserted.

Although ERCP carries risks, it is only carried out when the doctors have carefully balanced the risks of doing this test compared with doing any other test or operations, and the risks of doing nothing. Your doctor will be happy to discuss this with you further.

What if ERCP is unsuccessful?

Percutaneous Trans hepatic Cholangiogram (PTC), performed under x-ray guidance, is the only alternative which allows therapeutic intervention. This would only be performed in consultation with a radiology consultant with a clear clinical rationale, particularly where the obstruction is higher up within the biliary system.

How can I prepare for the ERCP?

- The biliary nurse specialist who is also an experienced endoscopy nurse will telephone you prior to your ERCP to take a medical history and answer any questions or concerns that you may have.
- Blood tests will be taken approximately three days before the ERCP procedure to check the clotting of your blood and your blood count.
- In order for the doctor to be able to have a clear view with the camera, it is important that you do not eat or drink anything for six hours before the test. However, you can have sips of water up to two hours before the test.
- You will be asked to undress and put on a hospital gown and to remove your jewellery and false teeth, if you have them. We also provide ERCP patients with disposable

paper shorts in order to administer a rectal drug called Voltarol which minimises the risk of pancreatitis.
- Bring a dressing gown and slippers.
- Bring a book/magazine to read.

Patients with diabetes

If you have diabetes please follow the advice at the back of this booklet.

Anticoagulants and Antiplatelet (drugs that affect the blood)

Please telephone the Endoscopy Unit on 0118 322 7458/5249 if you are taking anticoagulants such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.

If you have any questions about any other of your medicines, please discuss with your GP, or please contact the Endoscopy Unit.

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with the ERCP, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. It is your right to have a copy of this form. You should receive the leaflet ‘Helping you decide: our consent policy’, which gives you more information. If you do not, please ask us for one.

How long will I wait in Endoscopy?

We request that all our ERCP patients on a particular list arrive at the same time. Due to the potential complexity of each case it is difficult to give a more precise time but expect to be in the Endoscopy Unit for most of the day as you will be monitored, post procedure, for up to 8 hours. The Endoscopy staff will keep you updated as to approximate waiting times on the day of your procedure.

How long does an ERCP take?

The actual procedure lasts between 20 minutes and 1½ hours. This will vary according to the complexity of each case.

Will I feel any pain?

The air introduced into your stomach during the procedure may cause mild stomach cramps. These will soon disappear. We will give you pain killing suppositories (into your back passage) at the end of the procedure minimize the risk of pancreatitis. Afterwards,

simple painkiller tablets, e.g. paracetamol, may be taken. Taking peppermint (e.g. as peppermint tea or peppermint water) can help to pass the air.

If you develop severe abdominal pain or feel hot, sweaty or feverish after you have gone home, please consult your GP or go to the nearest Emergency Department (A&E), taking a copy of your ERCP report with you.

What happens after the procedure?

- The nurse will monitor your pulse and blood pressure regularly and observe you for any complications, particularly pain.
- You will need to stay in the Endoscopy Unit until your observations are stable and you are eating and drinking. This can take up to 6 hours.
- Please note you will be sedated and therefore you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you **must** have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. As you are having sedation, if you do not have anyone to accompany you home, then your procedure will be cancelled.
- You will be nil by mouth for two to three hours after the ERCP procedure.
- You should continue to take your usual medications, unless we tell you otherwise. If you have been asked to stop any medicines before the procedure, we will confirm when to restart these before you leave Endoscopy.
- The effect of the sedative can last up to 24 hours so you should not drive, operate machinery or drink alcohol during that time.
- The consultant and biliary nurse specialist will talk you through the results of the procedure once you have recovered. The results will be sent to your referring doctor (this can be either your GP or hospital doctor).

What do I need to do after I go home?

Once you get home, you can eat and drink as normal and take things easy for the rest of the day.

Will I have a follow-up appointment?

If you need a follow up appointment in the Gastro clinic, this will be posted out to you.

Will I be admitted to hospital overnight?

Please be aware, on occasion, it may be necessary to admit you to a hospital ward overnight so we recommend that you bring an overnight bag and some reading material.

What happens when I arrive?

- When you arrive in the unit you will be met by a nurse 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 ERCP procedure. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- As a safety measure, each time you meet a different member of the team, you will be asked to confirm your personal details.
- You will be receiving intravenous sedation, a strong painkiller and a drug that relaxes the bowel. You will not be permitted to drive home or use public transport alone, 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 can contact them when you are ready to go home.
- You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding your medical conditions and any past surgery or illness. This is to confirm that you are sufficiently fit to undergo the investigation. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.
- 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.

Intravenous sedation and pain relief

- The sedation and pain relief will be administered into a vein in your hand or arm and will make you lightly drowsy and relaxed but not unconscious, in a state called conscious sedation. This means that, although drowsy, you will still hear what is said to you and respond to simple instructions. Sedation will not necessarily put you to sleep. Sedation also makes it unlikely that you will remember much about the procedure.
- We will give you some supplementary oxygen through small tubes inserted in your nose. 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 will also be recorded.

What happens during the ERCP procedure?

- ERCPs at the Royal Berkshire Hospital are performed by specialist consultants – called gastroenterologists.
- You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will be asked again to confirm your personal details and have the opportunity to ask any final questions.
- All staff will be wearing Lead aprons to protect against over exposure to X-rays.

- You will be given some sips of water with a bubble breaking solution to drink. This is to allow some clear views during the procedure
- If you have any dentures 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. This enables the telescope to pass through your mouth.
- You will be given a local anesthetic spray; this will be sprayed onto the back of your throat to numb the throat and reduce the gag reflex The effect is rapid and you will notice loss of sensation to your tongue and throat.
- The nurse looking after you will ask you to lie on your left side with your left arm straight behind you and your right arm bent on an arm rest.
- A nurse will attach a probe to one of your fingers to record your pulse and oxygen level, as well as monitoring your blood pressure and heart rhythm.
- During the examination the nurse will administer oxygen via two very small tubes inserted into your nostrils.
- You will be given an injection of intravenous sedation and painkiller through a small needle in the back of your hand or arm. Conscious sedation will relax you and may make you drowsy, but will not necessarily put you to sleep. You will hear what is said to you. A nurse will sit behind your head and monitor you for the duration of the procedure. Once you are drowsy, a flexible tube about the width of an index finger, with a tiny camera lens on the end of it (duodenoscope) will be passed through your mouth, down your gullet, into the stomach, and then into the top part of the small intestine (duodenum).
- Air is used to inflate the stomach. If you have a lot of saliva in your mouth, the nurse will remove it using a small suction tube like the one used by the dentists.
- A very thin plastic tube will be inserted down the duodenoscope into the bile or pancreatic duct to inject special dye, so that the pancreatic and bile ducts can be seen on the X-ray films. The dye is later passed out of your body harmlessly.
- The doctor will then carry out any treatment that is required.
- The endoscopist may perform a number of procedures to clear the bile duct.
- If the procedure is being performed to remove stones from the common bile duct, a small incision (sphincterotomy) may be made in the lower end of the bile duct called the ampulla to allow accessories to pass through it. This also allows a small basket or balloon to be inserted to grasp/trawl the stone(s), and for any small stones that may get into the bile duct in future, to pass easily into the small intestine. The sphincterotomy is permanent but does heal to allow a wider opening for small stones to escape .Occasionally, we might crush stones if there are difficult to remove
- If the problem in the bile duct is due to a blockage, then a plastic or metal tube (stent) can be placed through the blockage, which allows bile to drain freely and relieve the problem by allowing the drainage of bile or pancreatic juice
- Specimens may be taken from the ampulla or bile ducts using a small brush or forceps.
- The procedure can take up to an hour.

After the procedure

- Unless specifically instructed, you will be allowed to rest for 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 underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen.
- You will need to stay in the recovery area under observations for up to 6 hours.
- You will remain Nil by Mouth until it is safe for you to start eating and drinking and this can take up to 3 hours before you can start drinking.
- An antibiotic will be administered intravenously to prevent infections, e.g. cholangitis (infection in the bile duct).
- A suppository will be inserted into your back passage (anus) to minimize the risk of pancreatitis.
- You might experience a sore throat and bloating if there is still some air in your stomach. Both of these are normal and will get better gradually.
- The doctor will decide whether to discharge you home or admit you to a ward overnight.
- The doctor or the biliary nurse will explain the results of the ERCP, what treatment has been given or is planned.
- Since 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 an explanation of how your procedure has gone; although there will be a short written report given to you.
- Having had sedation you may feel fully alert following the investigation; however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.
- As you have had sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure you **must** have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. If you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.

Side effects

- Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat. You may also feel a little bloated if some air we use in the test has been left behind. Both of these things will pass with no need for medication.
- You may eat and drink normally on your return home.
- If you develop severe abdominal pain, a fever, black stools (melena), jaundice or are unable to stop vomiting, please consult your GP or go to the Emergency Department.
- The biliary nurse specialist will telephone you 24hours after the procedure to check that you feel well and answer any additional questions.

Contact information

Contact the Endoscopy Unit during office hours (9:00am to 5:00pm) on telephone number 0118 322 7458/7459.

Out of office hours, and weekends, please ring Sidmouth Ward on 0118 322 7469.

The risks of 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 endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Very occasionally some patients become restless and agitated; in these instances we may need to stop the procedure.

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

Summary of important information

- Patients undergoing an ERCP procedure are carefully selected. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However on an interventional list it is difficult to give patients a precise time when they will be seen. The unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify the Endoscopy Unit on 0118 322 7459 as soon as possible.
- If you may be pregnant please contact the Endoscopy Unit as soon as possible. This procedure uses X-rays.

Checklist

Things to remember before your procedure

- ❑ Read the booklet carefully.
- ❑ If you would like any of this information translated into another language or in large print format or you need an interpreter at your appointment, please let us know.
- ❑ Bring a dressing gown and slippers.
- ❑ Nothing to eat for at least 6 hours before your test.
- ❑ Nothing to drink for 2 hours before your test.
- ❑ You MUST have someone to take you home and have made arrangements to be supervised for 8 hours once home or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- ❑ Bring your medications with you.
- ❑ Remove nail varnish.
- ❑ Please telephone the Endoscopy Unit, at least 7 days before your procedure, on 0118 322 7458/5249 if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- ❑ Bring a book/magazine to read.
- ❑ Bring this booklet and consent form with you to the Endoscopy Unit.

Advice for people with diabetes undergoing an upper endoscopy (gastrointestinal procedures)

Before your upper endoscopy

You will be asked to have nothing to eat for at least six hours before the test. However, you are allowed small sips of water up to two hours before the test.

Do not take your diabetes tablets on the day of the test. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with injections of either Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia) or Bydureon: **do not take the injection 24 hours prior to the examination**. Resume once you are eating normally again.

If your diabetes is treated with Insulin

For once daily insulin only e.g. Lantus (Glargine), Levermir (Determir), Tresiba (Degludec), Toujeo (New insulin glargine), Insuman Basal, or Insulatard and Humulin I: if your insulin is due on the morning of the test **take two-thirds of your insulin dose**. Take the normal dose the following morning after your test and once you are eating.

For twice daily long acting or intermediate acting insulin such as Lantus (Glargine), Levermir, Insulatard, Humulin I or Insuman Basal: **take two-thirds of your normal dose in the morning**. Take the normal dose after the test when it is next due once you resume your normal diet.

For twice daily mixture insulin e.g. Humulin M3, Humalog mix 25, Humalog Mix 50, Novomix 30, Insuman Comb 15, Insuman Comb 25, Insuman Comb 50: **take one-third of the normal dose in the morning**. Resume your regular dose in the evening once you are eating normally.

For four or more injections a day: **omit the quick acting insulin** (Novorapid, Humalog, Apidra, Humalog 200(new), Humulin S, Actrapid or Hypurine neutral, Insuman Rapid) **while you are on water only**. **Take two-thirds of the long acting insulin in the morning** if it is due and resume the normal evening dose as soon you are able to have a meal after your procedure.

For people with Type 1 diabetes who normally take long acting insulin at night: **take 20% less of the regular dose the night before the examination**.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin): This can be discussed with a member of the Diabetes

Specialist Team but as a general rule **use a temporary basal rate reduction of 10% from 06.00 on the morning of the test.**

Remember to **monitor blood glucose levels four hourly if you are on insulin**. If your blood glucose level falls below 4mmol/L take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit.

This booklet has been reproduced from information from the British Society of Gastroenterology

This document can be made available in other languages and formats upon request.

P2P3709ERCP
Endoscopy Unit, Royal Berkshire NHS Foundation Trust, May 2019
Review due: May 2021

Gastroenterology Support Fund

The Gastroenterology Support Fund has been set up with the purpose of providing equipment to carry out gastrointestinal investigation and treatment which may not otherwise be available through NHS resources.

The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy this funding supports Specialist Nurse Training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.

How to donate

You can donate to the Gastroenterology Support Fund U200 in a number of ways (please ensure you quote the fund code U200 when making a donation):

- Cheques: Please make your cheques payable to the 'Royal Berks Charity Gastro Fund U200' and post to:

  Royal Berks Charity
  South Block Annexe
  Royal Berkshire Hospital
  London Road
  Reading RG1 5AN

  Please include your address details so we can acknowledge receipt of your donation and, if applicable, we can send you a Gift Aid form to further boost your donation if you are a UK taxpayer.

- Cash: If you wish to donate by cash, please bring your donation directly to the Charity Office or leave with Main Reception along with your contact details. The Charity Office is located upstairs in South Block Annexe.
  For safety reasons, please do not send cash in the post.

- Credit and debit card: We accept donations through all major credit and debit cards. Please call us on 0118 322 8860 and quote Gastroenterology Support Fund U200.

- Online: To donate please visit www.royalberkshirecharity.co.uk and click on the 'Donate' button. In the message box please quote Gastroenterology Support Fund U200.

Patient details

NHS
Royal Berkshire
NHS Foundation Trust

Consent form

Patient agreement to endoscopic investigation or treatment

Name of procedure(s) *(include a brief explanation if the medical term is not clear)*

Endoscopic Retrograde Cholangio Pancreatography +/-sphincterotomy +/-stent insertion. Per Rectum administration of Voltarol (Diclofenac)

X-ray and endoscopic camera examination to enable therapeutic treatment of conditions concerning the biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts)

Statement of patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that I will be given intravenous sedation with a painkiller.

Signed ***Date***

Name (print in capitals)

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional

Confirmation of consent *(to be completed by a health professional when the patient is admitted for the procedure).*

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.
I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed ***Date***

Name (print in capitals) ***Job title***

If your patient requires further information please complete last page

Patient details

NHS
Royal Berkshire
NHS Foundation Trust

Consent form

Patient agreement to endoscopic investigation or treatment

Statement of health professional *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

1. To diagnose and treat symptoms of obstructive jaundice
2. To obtain cytology/histology to aid diagnosis.
3. To insert a plastic/metal biliary stent as necessary for drainage of bile

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth, pancreatitis

Sedation or throat spray risks: Adverse reaction to any of these agents.

Risks associated with your treatment

I have discussed the serious risks associated with the treatment of your oesophageal disease and stent insertion where it is set out on pages 3 & 4 of the attached booklet.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed ***Date***

Name (print in capitals) ***Job title***

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand.

Signed ***Date***

Name (print in capitals)