

**Patient  
Information**

# Discharge advice following an ERCP procedure

## Introduction

This leaflet gives you information about care following your ERCP (Endoscopic Retrograde Cholangiopancreatography) procedure.

## Sedation

The medications used for sedation can remain in the body for at least 24 hours, gradually wearing off.

**It is therefore very important that a capable adult is available to take you home and stay with you for the next 24 hours.**

It is also important that for the next 24 hours you follow the advice below:

- You should not drive or ride a bicycle as your reflexes and judgement will be impaired.
- Sedation can make you unsteady on your feet. Please be careful on stairs and have someone with you if you feel unsteady.
- Your judgement may be affected so do not make any important decisions or sign any legal documents.
- Be careful using social media.
- You should not return to work, look after dependants, cook or operate machinery.
- You should not drink any alcohol or take sleeping tablets.

## When can you eat and drink?

You can have a drink from:

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You can eat from:

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You can eat and drink normally after discharge from the time indicated above; although we do recommend a lighter diet for today.

Reference No.

**GHPI1517\_04\_23**

Department

**Endoscopy**

Review due

**April 2026**

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## Medication

You can take your usual prescribed medications when they are next due unless otherwise stated by the Endoscopist or discharging nurse. For blood thinning medications (anticoagulants) separate advice will be given.

## After effects

You may experience the following:

- A bloated, windy feeling – moving around may help to relieve this.
- A sore throat for a short time after the procedure. This is normal and should pass within 2 days.

Following an ERCP, there is a small risk of:

- Inflammation of the pancreas, this is called pancreatitis. It can be painful and usually requires admission to hospital for treatment.

## What happens next?

- A report will be sent to your GP.
- If a consultant follow up is needed you will receive an appointment letter in the post.

A member of the nursing team will have explained to you what has been done today and any further tests that you may need.

## When to seek advice

Serious side effects are rare. However, if any of the following occur within 48 hours after your ERCP please contact the Endoscopy Unit where you had the procedure.

- Severe pain in the neck, chest or abdomen.
- Vomiting blood or bowel motion turns black.
- Abdominal pain and/or bloating.
- High temperature (fever) or you feel generally unwell.
- Disorientation (feeling lost or confused).

## Patient Information

You have been given Buscopan® to relax your stomach during the procedure. Please seek urgent medical advice if you experience any of the following:

- Painful red eye with loss of vision.
- Blurred, misty or foggy vision.
- Nausea and/or vomiting.
- Unable to pass urine.

If you have any concerns, please contact one of the following for advice:

- ERCP Advice Line (answer machine)
- Endoscopy Unit where you were seen
- Your GP
- NHS 111

If you think you require **immediate** medical attention, please phone 999 or go to your nearest Accident & Emergency Department.

### **ERCP Advice Line (answer machine)**

Tel: 0300 422 2314

Monday to Friday, 8:00am to 6:00pm

### **Endoscopy Unit**

#### **Gloucestershire Royal Hospital**

Tel: 0300 422 8222

Monday to Friday, 8:00am to 6:00pm

#### **Cheltenham General Hospital**

Tel: 0300 422 3593

Monday to Friday, 8:00am to 6:00pm

Between 6:00pm and 8:00am you should contact the:

### **Gloucestershire Hospitals Switchboard**

Tel: 0300 422 2222

When prompted please ask for the operator. Ask the operator to contact the Site Management Team. The operator will then contact a Senior Nurse to advise you.

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## Feedback

To help the Endoscopy Department understand what is important to you and how we can improve our service, we would appreciate if you would take the time to complete a feedback survey.

All responses will be anonymous and any information provided will be used sensitively and stored securely.

To access the survey, please use the QR code below or type the 'case sensitive' link into your internet browser.



<https://bit.ly/3MH0XIG>

## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85