PURPOSE:

1. To provide procedures for the preparation of the patient in order to ensure a successful examination.

2. To provide procedures for the care of the patient after the procedure.

OBJECTIVE:

To educate the nursing staff regarding the preparation of the patient, the possible post-procedure complications, and the need for close observation of the patient following ERCP.

DEFINITION:

Endoscopic retrograde cholangiopancreatography (ERCP) is an endoscopic technique for radiologic visualization of the biliary and/or pancreatic ducts in order to evaluate:

1. Causes of jaundice, pancreatitis, or persistent abdominal pain or elevated liver function tests (LFTs).
2. Presence of tumors on the pancreas and biliary tract.
4. Extra and intrahepatic biliary tract disease.
5. In conjunction with sphincterotomy and stent placement, therapeutically, ERCP provides a method of establishing internal biliary drainage.

PATIENT EDUCATION:

1. To help determine medical treatment, the patient is asked to undergo an ERCP. A long flexible tube is passed through the mouth and stomach into the duodenum (the first portion of the small intestine). The opening of the bile duct and pancreatic duct into the duodenum is identified. A small plastic tube (cannula) is then passed through the endoscope into this opening and directed into the bile duct and/or the pancreatic duct. Contrast material (dye) is then injected and x-rays are taken to study the ducts.

2. The night before endoscopy, the patient will be asked not to take anything by mouth after midnight.

3. An intravenous line is required for the procedure. The patient will be given deep sedation or anesthesia during the procedure.

4. The procedure will begin with positioning the patient prone or supine on a X-ray table. After sedation, the ERCP endoscope will be passed.
5. Following the procedure and recovery, the patient will be returned to his/her assigned room when discharge criteria are met. The patient may remain drowsy and sleep for a short time.

KNOWLEDGE BASE:

1. The patient should be aware of the risks, complications and alternatives explained by the physician before signing the consent.
2. An endoscopy nurse may be contacted to talk with the patient, if appropriate.
3. This procedure is usually performed in the Endoscopy Department with the assistance of the Endoscopy and Radiology staff. The procedure must be scheduled with Endoscopy by the physician. (Endoscopy will then schedule the case with Radiology.) This procedure can also be performed in the Operating Room.
4. Contrast material (dye) will be used in this procedure, so it is essential to ascertain the patient’s allergies, especially iodine and shellfish.

EQUIPMENT:

Assemble the following:
1. Patient gown;
2. Patient chart, Patient Labels
3. Signed procedure consent.
4. Anesthesia consent
5. Pre-op antibiotic (if ordered)

PROCEDURE:

PREPARATION

1. The nursing staff will prepare the patient according to the physician’s orders.

2. The nurse will reinforce the physician’s explanation of the procedure and obtain a written consent that is witnessed.

3. At the appropriate time, the nurse will do the following:
   a. Assist the patient into a hospital gown.
   b. Assist the patient to the bathroom.
   c. The patient should have a patent and functional IV site (preferred #20 or larger) prior to coming to Endoscopy.
   d. Empty drainage bags and document amounts.
   e. Complete documenting pertinent information in the EMR on the online Pre-op/Pre-Procedure Checklist. Assemble patient labels.
   f. The hospital Transport Team will transport the patient to the Endoscopy Unit via stretcher on call from the Endoscopy Unit. The patient will be identified prior to transport utilizing the Patient ID band information and verification of the patient name with the birth-date, social security number or patient hospital number. The Patient Transport Record must be signed off by the sending nurse and by the person transporting the
patient.
g. Prepare the room for the patient’s return.

POST-PROCEDURE
1. The patient will return to the nursing unit transported by the Transport Team following the procedure. A nurse will accompany the patient, when necessary, as indicated by SMH policy 01.PAT.23. A full telephone report will be given to the nurse caring for the patient.

2. The nurse will assess the patient, monitor vital signs per MD orders, and observe for and report any acute changes for the following:
   a. Unremittant pain
   b. Abdominal distension/firm turgor
   c. Nausea or vomiting
   d. Bleeding
   e. New fever or chills

3. Follow the physician’s orders and monitor vital signs post procedure.

POINTS OF EMPHASIS:
1. Sepsis may occur in a patient with partial obstruction of the pancreatic or common bile duct. Antibiotics may be ordered after an ERCP.

2. Post-ERCP pancreatitis may occur secondary to pancreatic duct injection. If pancreatitis does result, it usually occurs within 2 to 4 hours of the procedure.

3. Perforation may also occur, therefore, severe abdominal pain, abdominal tenderness, abdominal distention, nausea, or vomiting should be reported to the physician.

4. A cut may be made in the opening in the small intestine that accesses the biliary and pancreatric ducts. This cut is called a sphincterotomy or papillotomy. Because of this cut, the patient should be observed for post-procedure bleeding and pain.

DOCUMENTATION:


Nursing Reassessment: Document the preparation and care, as appropriate.

Medication Administration Record (eMAR): Document as appropriate.

Pre-op/Pre-Procedure Checklist (Online): Complete information.
Intake and Output Flowsheet: Document Intake and Output for inpatients in SCM.

REFERENCE:


REVIEWING AUTHOR(S):

Mary Ost, RN, Endoscopy

APPROVAL:

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