

Management of stents inserted at Endoscopic Retrograde Cholangiopancreatography (ERCP) Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

This Standard Operating Procedure (SOP) is for the management of stents that are inserted at Endoscopic Retrograde Cholangiopancreatography (ERCP). It identifies the types of stents and how to manage each accordingly.

The standards in this policy should be adhered to by all Endoscopy staff across the Trust. All Endoscopy staff have a responsibility to follow procedures correctly and be able to inform others who may not be aware of the correct procedures. The document is important in that it allows staff to be safe in their roles and to provide clarity and reassurance for all staff and patients within their care.

2. SOP Governance

Department: Endoscopy	No of pages: 3	Version & Date: V1 03.04.2024
Author: Dr R Dor	Authorised by: Dr Taylor	Review date: 03.04.2027
Frequency and Time frame: eg Annual, Quarterly, Monthly, Weekly. Return due by XX date/ Nth day of month		

3. Key indicators, output or purpose from this procedure

Eg, National indicator description(s), Ref within IPR, to inform annual survey of XYZ etc

The SOP allows standardisation of the management of stent placement at ERCP to maintain patient safety.

4. Data Source(s)

Describe and provide hyperlinks where appropriate to shared drive or internet/ intranet sites

This SOP is to be used alongside of the patient information booklet for Endoscopic retrograde cholangio-pancreatography (ERCP).

5. Process

1.	Set out instructions of what to do, similar to current process. Where detailed guidance of <i>how to do it</i> is appropriate, use hyperlink to supporting instructions in section 10	<input checked="" type="checkbox"/>
① 2.	Where there are checks, decision points or potential sign-off/ stage boundaries, indicate so that these are distinct from other steps within the process	<input checked="" type="checkbox"/>
3.	etc	<input checked="" type="checkbox"/>

Pancreatic stents

Most pancreatic stents inserted at ERCP will pass spontaneously within 4 weeks.

If a pancreatic stent is inserted at ERCP, the endoscopist should then request an abdominal Xray in 4 weeks' time and organise an gastroscopy for stent removal if the stent remains in situ.

If no stent is visible on the Xray at 4 weeks, no further action is required.

Biliary stents

Metal stents (SEMS)

- Uncovered SEMS cannot be removed after 24 hours of insertion and are inserted as a permanent solution to biliary obstruction. Once inserted, no further action required from the endoscopist.
- Covered SEMS are removeable and should be removed/ replaced within 6 months of insertion. They can, however, be placed as a permanent solution to biliary drainage in cases of malignant biliary obstruction.

The endoscopist to document on the ERCP report whether the stent requires removal and if so, request this contemporaneously.

If it is unclear whether the stent requires removal or not (such as in cases of locally advanced pancreatic cancer and awaiting an MDT review) then this should be documented as such on the ERCP report. In such cases, the request to remove the stent to be made after the MDT by the MDT chair.

Plastic stents

If a plastic stent is placed, then the endoscopist should document and request a repeat ERCP at the appropriate timeframe for stent removal/ replacement. (see appendix 1)

If a patient has had more than 4 ERCPs for recurrent CBD stenting, the endoscopist to comment on the endoscopy report that this is the case and comment on any co-morbidities, for the attention of the referrer in order to plan long term management.

Results management

Results of ERCP to be sent to the relevant referring team's generic email address

- For QHB gastroenterology and surgery: uhdb.gastroenterologysecretaries@nhs.net
- For RDH gastroenterology: dhft.gastrosecretaries@nhs.net
- For RDH upper GI surgery: dhft.ugisecretaries@nhs.net
- For RDH lower GI surgery: dhft.ugisecretaries@nhs.net

6. Validation Checks

These might be included within the process in (5) above, but validation of data is absolutely critical, so suggest that there should be a description of validation checks required that recaps checks within the process above, and might also add further checks to be completed on the final data set

The processes in this SOP will be audited in approximately 6 months' time.

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	XXX	XXX
Supervisor/ Lead review:	Dr Riaz Dor	08.04.2024
Information Asset Owner/ Trust Lead:	XXX	XXX

8. Information Governance

Record details of any IG considerations and approvals – for example, are data flows identified and documented, are information sharing agreements in place where applicable, is there a need for DPO advice, is the purpose and legal basis for processing and sharing clear?

N/A

9. Export/ use of data

Detail where/ how the information is to be used/ shared/ uploaded or exported. Include any specific considerations such as the format and whether there is a need for password protection.

N/A

10. Detailed Instructions

① 1 – How to xxx

Set out detail

① 2 – How to xxx

Set out detail

Please see section 5 for detailed instructions for this SOP.