University Hospitals of Derby and Burton NHS Foundation Trust

SOP (version 2) UHDB EU 18 – ERCP requesting

ERCP lists availability across the Trust are listed in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
QHB			Dr Palejwala (AM)		
RDH	Dr Lawson (PM)	Dr Taylor (PM)	Dr Dor (AM)	Dr Austin (AM)	Mr Bhatti (AM) alternate weeks

Lists will not be undertaken when endoscopists are on-call during the day, on duty week (at QHB) or on leave. However, at least 2 lists per week will be undertaken. During holiday periods where there is limited availability of ERCP endoscopists lists will be reserved for in-patients only. In order to provide the minimum level of service endoscopists may flex to cover alternative sessions, for example following bank holidays.

The list will be booked predominantly with ERCP cases however there will also be the opportunity to undertake other procedures requiring screening such as duodenal stents, oesophageal stents and colonic stents requiring screening IN PLACE of an ERCP. Colonic stents will be undertaken by colorectal surgeons and interventional radiology, the ERCP endoscopist is not expected to be involved but instead cede the time on the list to facilitate this procedure.

Requesting ERCPs.

1. A ERCP request form is required for all patients undergoing ERCP. A Requesting Consultant should identify that a patient requires an ERCP. RDH requests will be made using Lorenzo (ERCP.). QHB requests are made using V6 for out-patients or paper request for in-patients (paper requests will be scanned into V6). **For clinically urgent cases the Requesting Consultant should undertake direct discussion with an ERCP endoscopist as lists may need to be re-prioritised.**
2. **Note - for patients requiring transfer from QHB to RDH a separate process is required- see below.**
3. Requesting doctors / ACP must provide as much information as possible in terms of clinical details, blood results (within 72 hours of request including if requiring an urgent in-patient procedure) and imaging findings. In addition, details of antiplatelets and anticoagulants must be supplied. Incomplete forms will be returned.
4. Patients should have an INR <1.5 and platelet count ≥ 70 within 72 hours of the procedure before a sphincterotomy can be performed. ERCP and sphincterotomy is considered a high-risk endoscopic procedure and anticoagulation / antiplatelets will need to be withheld prior to the procedure +/- bridging therapy depending on indication for anticoagulation. Please see **Endoscopy Anticoagulation – Full clinical guidelines (CG-T2014/206).**
5. Please indicate for in-patients if the patient is to remain as an in-patient or be discharged before the ERCP is to be scheduled.
6. RDH Out-patient ERCP requires an overnight stay on the Elective procedure unit (EPU – ward 202) in all cases. Therefore, for out-patients, please complete the EPU request form and prescribe pre-procedural medications (see below) on paper drug chart and supply to the endoscopy booking team.
7. E-mailed requests via uhdb.ercpendo@nhs.net will be accessed and printed off 3 times a day and placed in the tray in the sister's office for vetting.
8. On weekdays ERCP requests will be vetted daily by the endoscopist undertaking the list that day (RDH) or by Dr Dor and Dr Palejwala (QHB).
9. The vetting consultant may need to speak with the requesting consultant if further information is required or an ERCP is not felt to be appropriate; hence a mobile telephone number is required.
10. Patients will be allocated slots on ERCP lists depending on clinical priority and availability of lists. The Wednesday morning QHB list with be utilised as available.
11. If a subsequent decision is made to **discharge an in-patient awaiting ERCP then the requesting team must inform the endoscopy unit of this change ASAP and** complete the EPU request form and prescribe the pre-procedural medications on paper drug chart (RDH). Communication of discharges to endoscopy is essential in order to ensure patients access the correct patient pathway, failure to do this can leads to late cancellation, leading to frustration for patients and loss of capacity.
12. In the event of any queries, clinical deterioration or delays phone RDH Endoscopy unit, senior nursing staff (01332 788743). The nursing staff will put you in contact with the endoscopist undertaking the next ERCP list.
13. Alternatively, if an ERCP endoscopists is not available then advice can be sought using the UHDB ERCP group WhatsApp (Dr Palejwala and Dr Dor have access). In the event of a concern about delays the requesting consultant should telephone either Dr Taylor or Dr Austin to bring the delay to the ACDs to resolve.

QHB patients requiring ERCP at RDH.

If a QHB patient (inpatient or outpatient) requires an ERCP procedure to be undertaken the required procedure is as follows.

- Cases of biliary obstruction should not be placed on the HPB MDT for a decision on candidacy for ERCP. QHB cases should ideally be discussed directly with Dr Dor and Dr Palajwala.
- QBH to RDH ERCP request form (below) is completed by the requesting consultant and e-mailed to uhdb.ercpendo@nhs.net with automatic e-mail response.
- Endoscopy Sisters print off the e-mailed request and place in the vetting tray in the sister's office.
- Requests will be vetted by the ERCP endoscopist undertaking the list that day and booked as directed. For cases that have been vetted by Dr Palejwala or Dr Dor then this vetting step is not required. However, for urgent cases it will still need to be discuss with the endoscopist undertaking the next ERCP list as cases may need to be re-prioritised or moved to facilitate urgent cases.
- The vetting ERCP endoscopist will contact the requesting consultant if further information is required or an ERCP is not felt to be appropriate.
- If the requesting consultant needs to speak to an ERCP endoscopist either to clarify matters or because of the urgency of the request, they should telephone the endoscopy dept Sisters' Office (01332-788743) who will provide the name of the ERCP endoscopist next undertaking a list.
- If in-patients are to be discharged pending ERCP then please indicate this on the request form. If the situation changes and an in-patient recover, such that they can be discharged from QHB then please inform the sisters office at RDH endoscopy so that details can be updated.
- If a QHB patient who is awaiting ERCP at RDH deteriorates clinically clinical such that an ERCP needs to be expedited, then the QHB consultant responsible for the patient must contact the ERCP endoscopist undertaking the next list to re-prioritise the case. The Sister's office (01332-788743) at RDH can provide the contact details.
- All patients not currently in-patients at RDH will need to have a bed booked on the EPU. This includes QHB in-patients. Transport delays mean that it is not safe to have in-patients attend as day-case procedures to the endoscopy unit. Considerable delays have been experienced with unwell patients who are left in endoscopy recovery into the evening without a doctor readily available. The RDH booking team will request the EPU bed as required.
- **For patients requiring transfer to RDH for urgent ERCP, who are under respiratory isolation (e.g., Covid or influenza), will need transfer to a side room on ward 304 which will need to be arranged with the RDH service week consultant.**

On the day of the procedure.

- Patients must attend the endoscopy unit starved for 6 hours and NBM for 2 hours.
- Patients must be changed into a hospital gown and have at least a 22G cannula placed ideally in the back of the right hand (due to position at ERCP).
- Patients must attend the endoscopy unit with a completed consent form. Consent should be done using the pre-printed ERCP consent booklets which includes full details of the procedure in particular the risks, benefits and alternatives.
- For patients unable to give consent the appropriate capacity assessment, best interests form and the form for patients unable to consent to investigations and treatment (as per MCA Consent process for patients without capacity-Clinical Guideline).
- Prophylactic antibiotics (Ciprofloxacin 750mg orally 1hr pre-procedure) should be prescribed to all patients (If allergic then suitable alternative as per microbiology guideline). If a patient is currently receiving antibiotics for cholangitis, then additional prophylactic antibiotics are not required.
- Diclofenac 100mg (pre-procedure) should be given except in those with an eGFR<30 or where clear contra-indications, in order to reduce the incidence of post-ERCP pancreatitis
- 500mls 0.9% saline should be given over 1hr prior to the procedure to reduce risk of dehydration and renal impairment post-procedure.

Reporting

- A Medilogik report will be generated for all ERCP procedures.
- Following the ERCP the report will either be sent to the ward for in-patients or sent to the requesting consultant.
- For any QHB patient undergoing an ERCP at RDH the endoscopy unit will e-mail the requesting consultant to alert them that the procedure has been undertaken and also use the generic gastro/surgery sec email address. Subsequently a copy of the ERCP report is placed on V6.
- Unless otherwise indicated on the ERCP report, the requesting Consultant and his team are responsible for prescribing urgent treatment (e.g., antibiotics), referring to HPB MDT (where appropriate) and arranging follow-up investigations or repeat procedures.
- Information for restarting anticoagulation should be supplied by the performing endoscopist on the ERCP report (generally 2-3 days post-procedure) but if not please refer to the Endoscopy Anticoagulation – Full clinical guidelines (CG-T2014/206).

For QHB patients undergoing ERCP at RDH

1) The patient will either be discharged from EPU or transferred back to QHB
2) The booking team will subsequently ensure a copy of the ERCP report is placed on V6
3) The admin team will maintain a data base on the ERCP service to include patients undergoing ERCPs at QHB, RDH and QHB patients undergoing ERCP at RDH. This will include date of request received at hospital undertaking procedure, and date procedure performed.

Appendix 1:

Interprovider ERCP request form for QHB patients requiring ERCP at RDH

4) **ERCP Request Form – complete and email to uhdb.ercpendo@nhs.net from an nhs email address**
5) **This form must be completed by the requesting consultant (or SpR on their behalf).**
6) **All fields on this form are MANDATORY and must be completed.**

Surname		Date of request	
Forename		Requesting consultant	
Hospital Number		Mobile number of referring consultant	
NHS number		Email address	
D.O.B		Current location of patient	

Urgency of procedure - Procedure to be performed as

Inpatient (state current ward)	Outpatient
If planned repeat - date when due	

Indication and clinical history. Please include if previous failed procedure and also specify if already discussed with an ERCP endoscopist

Imaging performed and results

Ultrasound	Yes	No
CT	Yes	No
MRCP	Yes	No
OTC	Yes	No
Previous	Yes	No

ERCP/PTC/EUS			

Blood results	
Bilirubin	
INR – result and date	
Platelet count	

Special considerations

Has patient had any previous Gastric surgery?	Yes	No	
Billroth 2?	Yes	No	
Roux-en- y?	Yes	No	

Anticoagulants/antiplatelets For ERCP aspirin can be continued but all other anticoagulants should be withheld - please see intranet for specific guidelines

Warfarin - please specify indication	
Clopiogrel/prasugrel/ticagrelor please specify indication	
DOAC (rivaroxaban/apixaban/dibigatran - please specify indication	

Infection risk

MRSA		TB	
CDIFF		vCJD	
Hepatitis B/C		Barrier Nursed	
CRE/CRO		Other	

Allergies

Radiological contrast agent Yes/No		Latex	Yes/No
Other, please specify			
Implantable device?	Pacemaker Yes/No	ICD/defibrillator	Yes/No
Interpreter required		Yes	No

Consent is the responsibility of the referring team and patients must attend the unit with a valid consent form - the procedure will be cancelled if this is not the case. Consent form will be countersigned by endoscopist

Date vetted by consultant		
Name of Consultant vetting form		
Accepted	Declined	If approved Urgency and inpatient or outpatient

If declined please state reason If procedure being declined, Vetting consultant must phone referring consultant	

If discussion with ERCP endoscopist required due to clinical urgency phone RDH endoscopy Sisters' office 01332 788744 to ask for name of ERCP endoscopist undertaking next ERP list
In event of any apparent delay contact either Dr Nicholas Taylor ACD endoscopy or Dr Din ACD Gastroenterology directly

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