

Endoscopic Retrograde Cholangiopancreatography (ERCP): An Overview

- **PLEASE READ THE FOLLOWING INFORMATION AND INCLOSED PREP INSTRUCTIONS TODAY.**

An early understanding of the requirements for a successful ERCP can help prevent the rescheduling and lengthy delay of your appointment.

- As with any procedure, ERCP can present risks. The information enclosed is not intended to replace the medical advice of your doctor, but is presented as a general overview of the procedure. If after reading the enclosed materials you believe you would benefit from meeting with your gastroenterologist prior to your procedure, please call us to schedule an office appointment. (Scheduling office time may require rescheduling and delaying the date of your procedure).

ERCP enables the physician to diagnose problems in the liver, gallbladder, bile ducts, and pancreas. The liver is a large organ that, among other things, makes bile, a liquid that helps with digestion. The gallbladder is a small, pear-shaped organ that stores bile until it is needed for digestion. The bile ducts are tubes that carry bile from the liver to the gallbladder and small intestine. These ducts are sometimes called the biliary tree. The pancreas is a large gland that produces chemicals that help with digestion and hormones such as insulin.

ERCP is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer. ERCP combines the use of x rays and an endoscope, which is a long, flexible, lighted tube. Through the endoscope, the physician can see the inside of the stomach and duodenum, and inject dyes into the ducts in the biliary tree and pancreas so they can be seen on x-rays.

On the day of the procedure, you will briefly meet with your doctor prior to undergoing sedation or anesthesia. Your procedure will be performed by this gastroenterologist with the aid of nurses and a medical technician. You will wear a hospital gown and be given a pain reliever and sedated intravenously (in your vein). You will feel relaxed and drowsy. Your doctor can increase the amount of sedation as needed.

During the procedure, you will lie on your left side on an examining table in an x-ray room. You will be given medication to help numb the back of your throat and a sedative to help you relax during the exam. You will swallow the endoscope, and the physician will then guide the scope through your esophagus, stomach, and duodenum until it reaches the spot where the ducts of the biliary tree and pancreas open into the duodenum. At this time, you will be turned to lie flat on your stomach, and the physician will pass a small plastic tube through the scope. Through the tube, the physician will inject a dye into the ducts to make them show up clearly on x-rays. X-rays are taken as soon as the dye is injected.

If the exam shows a gallstone or narrowing of the ducts, the physician can insert instruments into the scope to remove or relieve the obstruction. Also, tissue samples (biopsy) can be taken for further testing.

ERCP takes from 30 minutes to 2 hours. You may have some discomfort when the physician blows air into the duodenum and injects the dye into the ducts. However, the pain medicine and sedative should keep you from feeling too much discomfort. After the procedure, you will need to stay at the hospital for 1 to 2 hours until the sedative wears off. The physician will make sure you do not have signs of complications before you leave. In general patients are discharged home after recovering from procedure, but in certain circumstances the physician may advise you to stay in the hospital.

Fasting is necessary for a successful ERCP; you will not be able to eat anything after midnight the night before your procedure. It is very important that you read and follow the enclosed instructions (“prep”) well in advance of the test. If, after reading the instructions, you still have questions, please call us to ensure a successful prep.

Transportation is another important factor to consider previous to the day of your procedure. Due to sedation, you are required to have a driver who will remain with you at the facility and drive you home after your procedure. Public transportation and “drop off/pick up” is not allowed. You and your driver can expect to be at the facility for up to 4 hours. Your physician may give you other special instructions.

Risks: Possible complications of ERCP include pancreatitis (inflammation of the pancreas), infection, bleeding, and perforation of the duodenum, and death. Except for pancreatitis, such problems are uncommon. You may have tenderness or a lump where the sedative was injected, or a sore throat, but that should go away in a few days.