

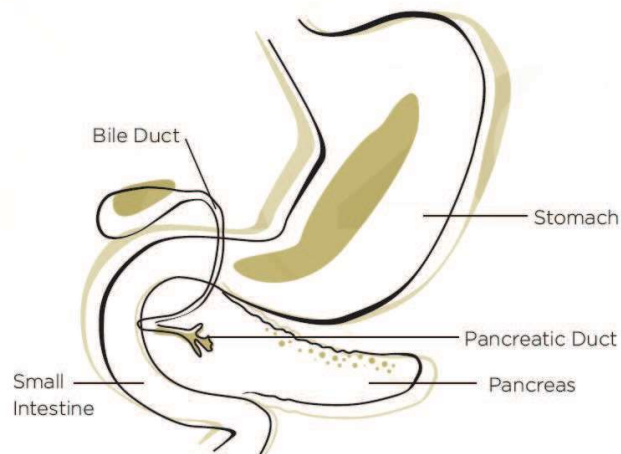
Information about ERCP

What is an ERCP?

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialised technique used to study the ducts or “drainage tubes” of the gallbladder, pancreas and liver.

During the procedure an endoscope (a thin, flexible tube) will be passed through your mouth, into the oesophagus and stomach and then into the first part of the small intestine. This is the area of the bowel where the ‘drainage tubes’ (“bile duct” and “pancreatic duct”) connect onto the bowel. A small plastic instrument will then be placed through the endoscope and passed into the bile duct and/ or the pancreatic duct and x-ray dye is injected in order to obtain a picture of these ducts. Sometimes a small cut is made into the muscle surrounding the opening to the bile duct (“sphincterotomy”) in order to allow better drainage of the bile duct or to perform other procedures eg: remove stones, biopsy, place stents (drainage tubes) or stretch narrowing of the bile duct.

Stomach, Small Intestine, Bile and Pancreatic Ducts:



What preparation is required?

You should not eat or drink for at least six hours before the procedure to make sure you have an empty stomach, which is necessary for a safe examination.

Generally, you should take all your regular medications with a sip of water, even on the morning of the procedure. However, if you are taking blood-thinning medications (such as aspirin, persantin, warfarin or Plavix or Iscover), your doctor will need to discuss whether these should still be taken in the weeks before the procedure. Let your doctor know about any allergies you have to medications (especially antibiotics), iodine or intravenous contrast material. If you are diabetic your doctor will need to make special arrangements to ensure that your blood sugar is managed well around the time of the procedure. X rays are used as part of the procedure. Therefore, it is essential to tell your doctor if you could be pregnant.



An information leaflet for patients and interested members of the general public prepared by the Digestive Health Foundation

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What can I expect during ERCP?

You will receive an intravenous sedative to make you more comfortable. Some patients also receive antibiotics before the procedure. You will lie on your left side or stomach on an X-ray table. Most people remember little or none of the procedure. The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument. If you have a pacemaker defibrillator, special precautions may be needed during the procedure.

What are risks of ERCP?

ERCP is a safe and well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalisation can occur, they are uncommon. Complications can include pancreatitis (inflammation of the pancreas), infections, bowel perforation (a hole in the wall of the bowel) and bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons. Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major medical problems. Pancreatitis is the most frequent serious complication and causes pain in the abdomen. It is usually mild and settles within a couple of days in hospital with pain relief, bowel rest and intravenous fluids. However, occasionally pancreatitis can be more severe, and very rarely can even result in death. Since the risks vary with each patient you should have a detailed conversation with your doctor about the risks to you.

What can I expect after ERCP?

If you have ERCP as a day only procedure, you will be observed in the endoscopy unit until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. Your doctor may recommend dietary restrictions for 1-2 days following the procedure. Someone must accompany you home from the procedure because of the sedatives used during the examination. Ideally, a responsible adult should stay with you overnight. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day.

You must not drive until the next day.

Contact your doctor or the hospital promptly if you are experiencing any problems after the procedure. The main complication after going home is pancreatitis, which can occasionally occur up to 48 hours after the procedure. This causes severe pain in the abdomen. Occasionally an infection can occur, which may cause pain, fevers or chills. If a sphincterotomy was performed there is a small chance of bleeding. This can occur up to 3 weeks after the procedure. Symptoms of bleeding include dizziness, fainting or passing blood or black bowel movements. If any of these symptoms occur you should let your doctor know immediately or proceed to the Emergency Department.

Who can I contact if I have any questions?

If you have any questions or need advice please consult your doctor prior to undergoing the procedure.

Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation (DHF) as an aid to people who have been referred for a colonoscopy or for those who wish to know more about this topic. This is not meant to replace personal advice from your medical practitioner.

The DHF is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia (GESA), the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal (GI) disorders. GI disorders are the most common health-related problems affecting the community.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal and liver conditions is available on our website – www.gesa.org.au

dhf

Digestive Health Foundation

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This leaflet is promoted as a public service by the Digestive Health Foundation. It cannot be comprehensive and is intended as a guide only. The information given here is current at the time of printing but may change in the future. If you have further questions you should raise them with your own doctor.