

ERCP Information

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized 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, past the oesophagus and stomach into the first part of the small intestine. A small plastic tube will then be placed through the instrument and into the bile duct and/or the pancreatic duct and X-ray dye injected in order to obtain a picture of these ducts. Sometimes the muscle surrounding the opening to the bile duct is cut (“sphincterotomy”) in order to perform other procedures eg: remove stones, biopsy, place stents (drainage tubes) or stretch narrowing of the bile duct.

Preparation Instructions

You should not eat or drink for at least six hours before the procedure.

It is OK to take regular medications with a small sip of water on the morning of the procedure.

Please advise the doctor and nursing staff if you have any **allergies** including but not limited to: medications, iodine or intravenous contrast material.

Please advise staff if you are taking **blood-thinning medications** (such as persantin, warfarin, Xarelto, Plavix or Iscover) as it may need to be stopped 1 week prior to ERCP.

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**.

Consent to risks involved with 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 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. 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. You should also be aware that there may be risks of not having the procedure.

Post ERCP procedure

If you have ERCP as an outpatient, you will be observed for complications 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 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.