

SAGES

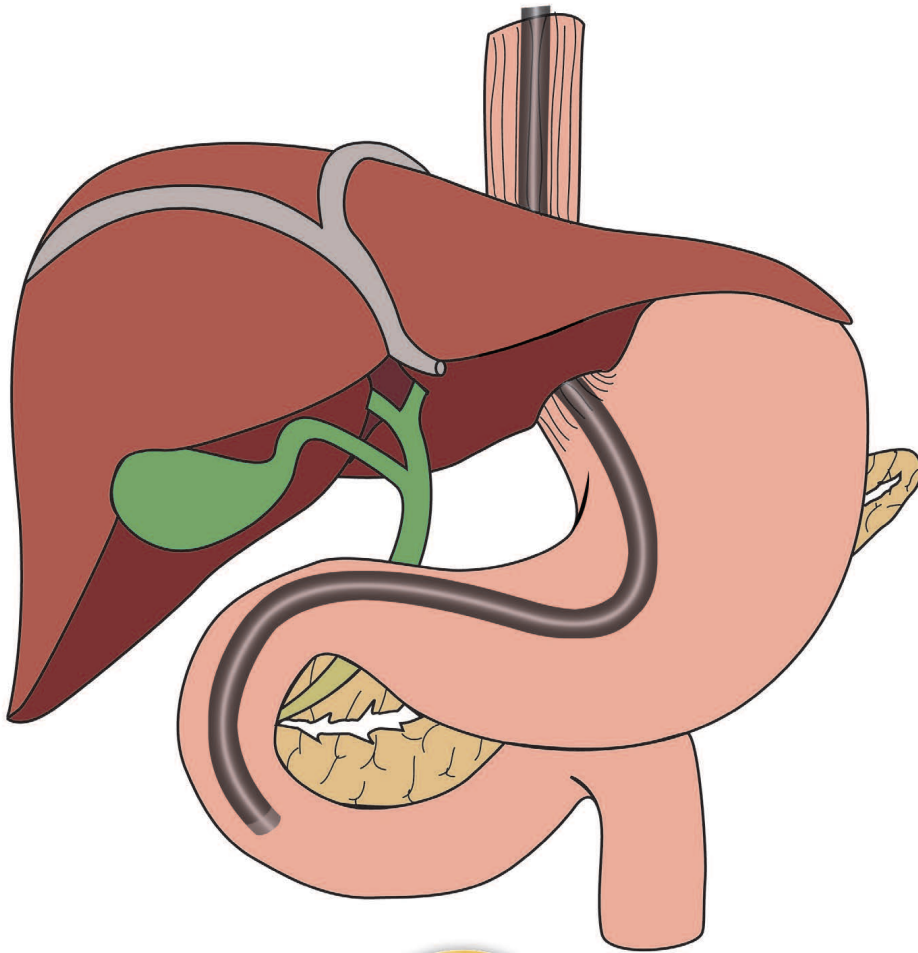
Society of American Gastrointestinal and Endoscopic Surgeons

<http://www.sages.org>

ERCP (Endoscopic Retrograde Cholangio-Pancreatography) Patient Information from SAGES

Author : SAGES Webmaster



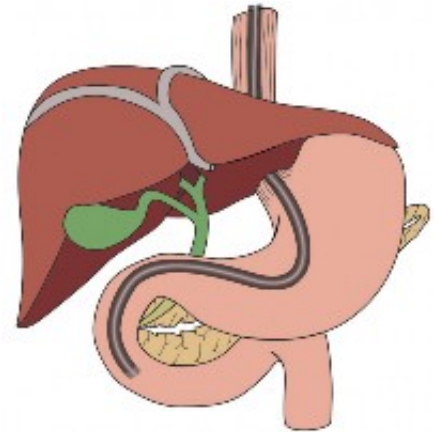


ERCP
(ENDOSCOPIC RETROGRADE
CHOLANGIO-PANCREATOGRAPHY)

patient information from your surgeon & SAGES

What is ERCP?

(Endoscopic Retrograde Cholangio-Pancreatography)



ERCP is a procedure that enables your physician to examine the pancreatic and bile ducts. A bendable, lighted tube (endoscope) about the thickness of your index finger is placed through your mouth and into your stomach and first part of the small intestine (duodenum). In the duodenum a small opening is identified (ampulla) and a small plastic tube (cannula) is passed through the endoscope and into this opening. Dye (contrast material) is injected and X-rays are taken to study the ducts of the pancreas and liver.



ERCP normal ampulla

ERCP sphincterotomy

X-ray image obtained during ERCP

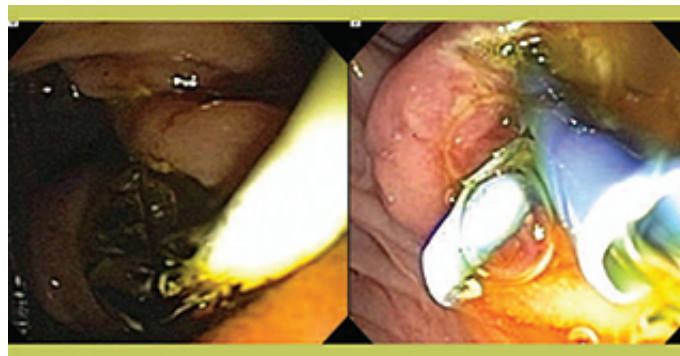
About ERCP

Why is an ERCP Performed?

ERCP is most commonly performed to diagnose conditions of the pancreas or bile ducts, and is also used to treat those conditions. It is used to evaluate symptoms suggestive of disease in these organs, or to further clarify abnormal results from blood tests or imaging tests such as ultrasound or CT scan. The most common reasons to do ERCP include abdominal pain, weight loss, jaundice (yellowing of the skin), or an ultrasound or CT scan that shows stones or a mass in these organs.

ERCP may be used before or after gallbladder surgery to assist in the performance of that operation. Bile duct stones can be diagnosed and removed with an ERCP. Tumors, both cancerous and noncancerous, can be diagnosed and then treated with indwelling plastic tubes that are used to bypass a blockage of the bile duct. Complications from gallbladder surgery can also sometimes be diagnosed and treated with ERCP.

In patients with suspected or known pancreatic disease, ERCP will help determine the need for surgery or the best type of surgical procedure to be performed. Occasionally, pancreatic stones can be removed by ERCP.



*ERCP balloon dilation
of ampulla*

*ERCP stent with freely
draining bile and contrast*

Before the Procedure

What Preparation is Required?

Your stomach must be empty, so you should not eat or drink anything for approximately 8 hours before the examination. Your physician will be more specific about the time to begin fasting depending on the time of day that your test is scheduled.

Your current medications may need to be adjusted or avoided. Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, non-steroidal anti-inflammatories, blood thinners and insulin should be discussed with your physician prior to the examination as well as any other medication you might be taking. It is therefore best to inform your physician of any allergies to medications, iodine, or shellfish. It is essential that you alert your physician if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to ERCP.

Also, if you have any major diseases, such as heart or lung disease that may require special attention during the procedure, discuss this with your physician.

To make the examination comfortable, you will be sedated during the procedure, and, therefore, you will need someone to drive you home afterward. Sedatives will affect your judgment and reflexes for the rest of the day, so you should not drive or operate machinery until the next day.

Laparoscopic Adrenal Gland Removal

What Can Be Expected During the ERCP?

Your throat will be sprayed with a local anesthetic before the test begins to numb your throat and prevent gagging. You will be given medication intravenously to help you relax during the examination. While you are lying in a comfortable position on an X-ray table, an endoscope will be gently passed through your mouth, down your esophagus, and into your stomach and duodenum. The procedure usually lasts about an hour, but this may vary depending on the planned intervention. The endoscope does not interfere with your breathing. Most patients fall asleep during the procedure or find it only slightly uncomfortable. You may feel temporarily bloated during and after the procedure due to the air used to inflate the duodenum. As X-ray contrast material is injected into the pancreatic or bile ducts, you may feel some minor discomfort.

After the Procedure

What Happens after ERCP?

You will be monitored in the endoscopy area for 1-2 hours until the effects of the sedatives have worn off. Your throat may be sore for a day or two. You will be able to resume your diet and take your routine medication after you leave the endoscopy area, unless otherwise instructed.

Your physician will usually inform you of your test results on the day of the procedure. Biopsy results take several days to return, and you should make arrangements with your physician to get these results. The effects of sedation may make you forget what you were instructed to do after the procedure. Call your surgeon's office for the results or any further questions.

Expected Outcomes

What Complications Can Occur?

ERCP is safe when performed by physicians who have had specific training and are experienced in this specialized endoscopic procedure. Complications are rare, however, they can occur.

Pancreatitis due to irritation of the pancreatic duct by the X-ray contrast material or cannula is the most common complication. A reaction to the sedatives can occur. Irritation to the vein in which medications were given is uncommon, but may cause a tender lump lasting days to a few weeks. Warm moist towels will help relieve this discomfort.

If your ERCP included a therapeutic procedure such as removal of stones or placement of a stent (drain), there are additional small risks of bleeding or perforation (making a hole in the intestine or bile duct). Blood transfusions are rarely required. It is important for you to recognize the early signs of possible complications and to contact your physician if you notice symptoms of severe abdominal pain, fever, chills, vomiting, or rectal bleeding.

This brochure is not intended to take the place of a discussion with your surgeon about your need for an ERCP. If you have any questions about your need for an ERCP, alternative tests, billing and insurance coverage, or your surgeon's training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the exam or subsequent follow-up, please discuss them with your surgeon before or after the examination.

