

**(ERCP)**

**Endoscopic Retrograde Cholangiopancreatography**  
**Procedure Information Sheet**

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**PROCEDURE DATE**.....

**ARRIVAL TIME**.....

**HOSPITAL** St Vincent's Northside, 627 Rode Rd, Chermside

**What is an Endoscopic Retrograde Cholangiopancreatography?**

ERCP (Endoscopic Retrograde Cholangiopancreatography) is used in the diagnosis of disorders of the pancreas, bile duct, liver and gallbladder. The doctor passes an endoscope (a thin flexible tube) through your mouth, to inspect your stomach and duodenum so the bile duct can be identified. The doctor then injects radio-opaque dye into one or both ducts and takes detailed X-rays. In approximately 5% of patients it is impossible for anatomical reasons to pass the plastic tube into the appropriate duct.

**Preparation**

You are to consume **NO FOOD** from midnight the day of your procedure. If your appointment is later in the day you may have **CLEAR FLUIDS ONLY** (water, apple juice, lemonade, black tea and coffee) **until four hours prior to your procedure.**

**If you have had any recent radiology scans, please bring the films with you to your procedure.**

**Medications**

- **DO NOT TAKE ANTACIDS for 12 hours prior to your procedure**

Continue taking all medications as usual unless otherwise instructed. If your procedure is early in the morning you can:

- Take medications as usual prior to your nil by mouth time
- After your nil by mouth time take medications with a small sip of water (i.e. approx. 20ml)
- Bring the medication with you to hospital to have after your procedure (unless you take heart or blood pressure medication, in which case you should take this as normal with a small sip of water)

**Please inform our rooms if you take:**

- **Blood thinning medications (eg. Warfarin, Xarelto, Plavix, etc.)**
- **Any diabetic medications – particularly Insulin, Forxiga, Xigduo, Qtern, Jardiance, Jardiamet & Glyxambi**

- Please inform us if there is any possibility of pregnancy, as X-rays are used.
- Please inform staff if you are allergic / sensitive to any drugs, especially iodine or dyes.

**After your procedure – Important post-procedure care instructions**

***You will most likely require hospitalisation for up to 24 hours post procedure.***

***If you are not hospitalised you will need to take note of the following requirements:***

You will remain in the endoscopy unit until the main effects of the sedation wear off and you have had something to eat/drink. You may feel slightly bloated due to the air that has been introduced through the endoscope. This will quickly pass. You should avoid alcohol for at least 12 hours after your procedure.

The doctor will talk to you after your procedure to let you know of the results. You will also receive a copy of the typed report as you may still be drowsy at the time the doctor talks to you. The whole process generally takes approximately 4 hours from the time you arrive to discharge time.

**For legal reasons you MUST NOT drive a vehicle or operate machinery for the remainder of the day following intravenous sedation.** Failure to do so carries the same implications as drink driving.

**You MUST have a responsible adult escort you home and stay with you for overnight after the procedure.** (i.e. You should not go to work).

You should not care for dependent persons without responsible help for at least 12 hours after your procedure.

***IF THESE REQUIREMENTS ARE NOT MET YOUR PROCEDURE MAY BE CANCELLED.***  
*These are compulsory requirements for all hospitals and anaesthetists.*

You are also advised to be very careful in simple household tasks in the 12 hours after receiving sedation. Your coordination may be impaired for some time and it is important, therefore, not to use sharp knives, risk kitchen burns etc.

If you develop any pain, fever, vomiting or blood loss after the procedure, you should contact your doctor immediately or the hospital where your procedure took place. Alternately, after hours, you can contact our after hours service on 3261 9570.

### **What will happen?**

Your doctor will explain the procedure and answer your questions. You will wear a hospital gown and remove your eyeglasses and/or contact lenses. Local anaesthetic will be sprayed to numb your throat and you will be given medication by injection through a vein to make you sleepy and relaxed. A guard will be placed to protect your teeth. You will be asked to lie on your stomach. While in this position the doctor will pass the endoscope through your mouth, oesophagus and stomach into the duodenum so that the opening of the bile duct and pancreatic ducts can be identified. The endoscope will not interfere with your breathing and will not cause any pain. The procedure takes 30-60 minutes.

### **Risks**

ERCP can result in complications such as pancreatitis (inflammation of the pancreas), perforation (tear) of the intestine, bile duct or pancreatic duct, bleeding, infection or reaction to medication. Mild complications occur in 5-10 percent of cases. Mild complications may require several nights in the hospital, a period of nil by mouth with intravenous fluids, intravenous or oral pain relief or antibiotics. If any of the complications is severe you may require treatment in the Intensive Care Unit, surgery, or a prolonged hospital stay. Severe pancreatitis may result in diabetes and/or permanent disability. Severe complications occur in 0.5-1 percent of cases. Deaths have occurred as a result of this procedure, but are very rare. The majority of complications following ERCP occur within six to eight hours.

### **ERCP Treatments**

One of the major indications for ERCP is to determine if stones are present in the bile duct. Patients with stones in their bile ducts are likely to suffer serious complications such as blocking of the bile duct or pancreatic duct. This is likely to result in either severe pancreatitis, jaundice or bile duct/liver infection. For these reasons it is recommended that all bile stones be removed either by surgical procedure or at the time of ERCP.

The two other most common indications for ERCP are treatment of obstruction of the bile duct due to a tumour or treatment of a bile leak. There are other indications for ERCP and if applicable to you, these will be discussed in detail by your doctor. Currently, an alternative test (magnetic resonance cholangio-pancreatography: MRCP) can provide reasonably good images of the bile and pancreatic ducts. This test does not however, allow the removal of stones, the treatment of bile duct obstruction or other therapeutic interventions.

**Sphincterotomy:** If the x-rays show a gallstone or other blockage of the bile duct, the doctor can enlarge the opening of the bile duct by performing a small cut in the sphincter (outflow valve) at the papilla. This is called “sphincterotomy” and is done with a small electrically heated wire. You will not feel this. Sphincterotomy facilitates stone removal and stent placement.

**Stenting:** A stent is a small plastic tube, which is pushed through the endoscope and into a narrowed area of the bile duct. This relieves the obstruction (and any jaundice) by allowing the bile duct to drain freely into the intestine. Stents are also sometimes placed in the pancreatic duct when it is narrowed or blocked. The vast majority of stents are made of plastic, although self-expanding metal stents can also be used in certain situations. **In the majority of cases, plastic stents need to be removed or replaced during a subsequent ERCP in three to six months.** Metal stents cannot be removed. If a stent becomes blocked you may experience pain in the right side of the upper abdomen, fevers, chills and/or jaundice. If any of these symptoms develop, you should notify your treating specialist or your local doctor immediately as it is likely you will require antibiotics and removal/replacement of the stent.