

## **ERCP (ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY)**

### **What is ERCP?**

ERCP is a specialised technique used to examine the biliary system (drainage tubes of the gallbladder and liver) and sometimes the pancreas, and to treat abnormalities such as stones in these areas. ERCP is usually performed after other investigations or surgery, but in some cases may precede surgery on the gallbladder, bile ducts or pancreas.

This procedure is usually undertaken when other less invasive tests have failed to reveal a clear diagnosis. It is commonly performed for the removal of gallstone/s or when blockage of the bile duct is likely. Stones in the bile duct can result in serious infection or inflammation of the pancreas.

As X-rays are used as part of the procedure, it is essential for women that there is no possibility of pregnancy.

### **What preparation is required?**

You will need to fast for at least 6 hours prior to the procedure. Generally, you should take all your regular medications with a sip of water even in the morning of the procedure. If you are taking **Aspirin, NSAIDs, Persantin, Warfarin, Iscover, Plavix, Pradaxa, or Xarelto**, you must discuss whether these should still be taken in the days before the procedure. If you have a metal heart valve or pacemaker or are a diabetic, please inform Dr Alexander.

Before the procedure, you will be given intravenous sedation to make you sleepy. Most people remember little or none of the procedure. You will lie on your left side or your stomach. The instrument will not interfere with your breathing. The procedure takes approximately 30-45 minutes and is carried out in the hospital radiology department.

### **What is done during the procedure?**

During the procedure a flexible thin camera tube is passed through the mouth into the first part the small intestine (duodenum). The opening of the bile and pancreatic ducts is identified. A small plastic tube is then put into the bile duct and/or pancreatic duct and X-ray dye is injected to obtain pictures of these ducts. Often the muscle surrounding the opening to the bile duct is cut with a special electro-cautery catheter (this process is known as a **sphincterotomy**) in order to complete the procedure.

For example, a sphincterotomy may be required to remove stones, place stents (plastic or metal drainage tubes) or to take a biopsy. The cut is small, and it heals by itself.

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A stent may sometimes be inserted in either the pancreatic or bile duct. These stents may fall out or may need to be removed during another procedure. You will be given follow-up instructions if a stent is inserted.

### **What are the risks?**

ERCP is a well tolerated and safe procedure when performed by doctors who are specially trained in the technique. The main complication is the possibility of inflammation of the pancreas (pancreatitis resulting in abdominal pain). This can occur in 3-5% of patients, and is often mild, but can in rare cases be severe. In these rare cases it may require prolonged hospital stay including intensive care admission and sometimes surgery. Severe pancreatitis and/or death are extremely uncommon. Usually, post-ERCP pancreatitis settles with hospital stay, pain relief, bowel rest and intravenous fluids.

Other less common complications include bleeding, infection and bowel or bile duct perforation. Patients may rarely require blood transfusion or surgery after ERCP. Occasionally, the procedure cannot be completed for anatomical reasons.

It is generally accepted that the risk of possible complications stemming from ERCP is less than the risk of complications from other modalities, including observation (doing nothing at all), surgery, or a radiological approach (accessing bile ducts via the liver).

### **What to expect after the procedure?**

You may be asked to stay in hospital overnight.

If you have an outpatient ERCP you will be observed for complications until most of the effects of the medications have worn off. Someone must accompany you home. You must not drive until the next day.

You may experience bloating or pass gas due to the air introduced during the procedure. You will be required to fast for 4 hours after the procedure and then only have clear fluids overnight (unless specifically informed otherwise). The next day, if you do not have any pain, you can have light (non-fatty) food. Afterwards you can follow a normal diet.

If you develop any fever, severe abdominal pain, or pass any black stools following the procedure, you must contact Dr Alexander during working hours on 5229 4480. After hours, attend the Accident and Emergency department and ask your doctor to contact Dr Alexander.

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