Why is ERCP done?

ERCP is a specialized technique used to examine, diagnose and treat problems of the liver, bile ducts, pancreas and, occasionally, the gallbladder. Ducts are drainage tubes or channels. The drainage channels from the liver to the intestine are called bile or biliary ducts. The pancreatic duct is the drainage channel from the pancreas to the intestine.

How is ERCP performed?

During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your digestive tract. After your doctor sees the common opening to the ducts from the liver and pancreas, called the major duodenal papilla, your doctor will pass a narrow, plastic tube called a catheter through the endoscope and into the ducts. Your doctor will then inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays.

When needed, other procedures can be performed during ERCP such as removal of gallstones, stretching of narrowed areas (called strictures), insertion of stents and obtaining biopsies (tissue samples).

What preparation is required?

First, let your doctor know about any medical conditions you have, such as heart or lung disease. Also, be sure to mention any allergies you have to medications, latex or contrast dye. Most medications can be continued as usual, but some medications may interfere with the preparation or the examination. Inform your doctor about any medications you are taking, particularly insulin, aspirin products, arthritis medications, anticoagulants (blood thinners, such as warfarin or heparin), and other drugs that interfere with clotting such as clopidogrel (Plavix).

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when you should start fasting, as the timing can vary.

What can I expect during ERCP?

For an ERCP examination, you will receive medication to help you relax, make you sleepy and to minimize discomfort. Your doctor might ask an anesthesia specialist to give these medications or insert a tube into your airway to assist with breathing (general anesthesia). You will probably start by lying flat on your abdomen. Your doctor will pass a long flexible tube (endoscope) through your mouth, esophagus and stomach into the duodenum (the first part of the small intestine). The instrument does not interfere with your ability to breathe. The examination generally takes less than 60 minutes.

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Because individual circumstances may vary, this brochure may not answer all of your questions. Please ask your doctor about anything you do not understand.
Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. Ducts are drainage tubes or channels. The drainage channels from the liver to the intestine are called bile or biliary ducts. The pancreatic duct is the drainage channel from the pancreas to the intestine.

What are possible complications of ERCP?

ERCP is a well-tolerated procedure when performed by doctors who are specially trained in the technique. Risks vary, depending on why the test is performed, what is found during the procedure, what therapy is done and whether the patient has major health problems. Although complications requiring hospitalization can occur, they are uncommon. Your doctor will discuss your likelihood of complications with you before you undergo the test. Complications can include pancreatitis (inflammation of the pancreas), bleeding, infections, and perforation (a hole or tear in the gastrointestinal tract lining). Some patients might have a change in heart rate, blood pressure or breathing from the medications. Some complications might require a blood transfusion, hospitalization or, rarely, surgery. It is possible your doctor will give you medications or place a stent to minimize these risks. Sometimes the procedure cannot be completed and could require another form of treatment or repeating the procedure.

It is important to recognize early signs of possible complications. Contact your doctor immediately if you have a fever after the test or if you notice trouble swallowing or increasing throat, chest or abdominal pain, or bleeding, including black stools. If you have any concerns about a possible complication, it is always best to contact your doctor right away.

What can I expect after ERCP?

You will be sent home after the procedure when 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. You can resume your usual diet unless you are instructed otherwise. Someone must accompany you home from the procedure because of the medications used during the examination. You should not drive, operate machinery, or make legal decisions the day of the procedure to make sure that the effects of the medication have worn off. Even if you feel alert after the procedure, the medications can affect your judgment and reflexes for the rest of the day.

Your doctor generally can inform you of the preliminary results of the procedure that day, but the results of some tests, including biopsies, may take several days.

Important Reminder:
This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.

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