

Contact phone numbers:

Wellington Hospital – Emergency Department or the
Gastroenterology doctor on call

04-3855999

Gastroenterology and Upper GI Services

04-3855999 ext 5336 (0730-1600)

Day Procedure Unit, Ward 40

04-3855999 ext 4040 (0730-1600)

Extended Day Surgery Unit

04-3855999 ext 5010 (0730-1600)

On call Medical Registrar 24 hours via hospital number

Understanding Endoscopic Retrograde Cholangio- Pancreatography (ERCP)

**Gastroenterology & Upper GI Services
Wellington and Kenepuru Hospitals**

Endoscopic Retrograde Cholangio-pancreatography (ERCP)

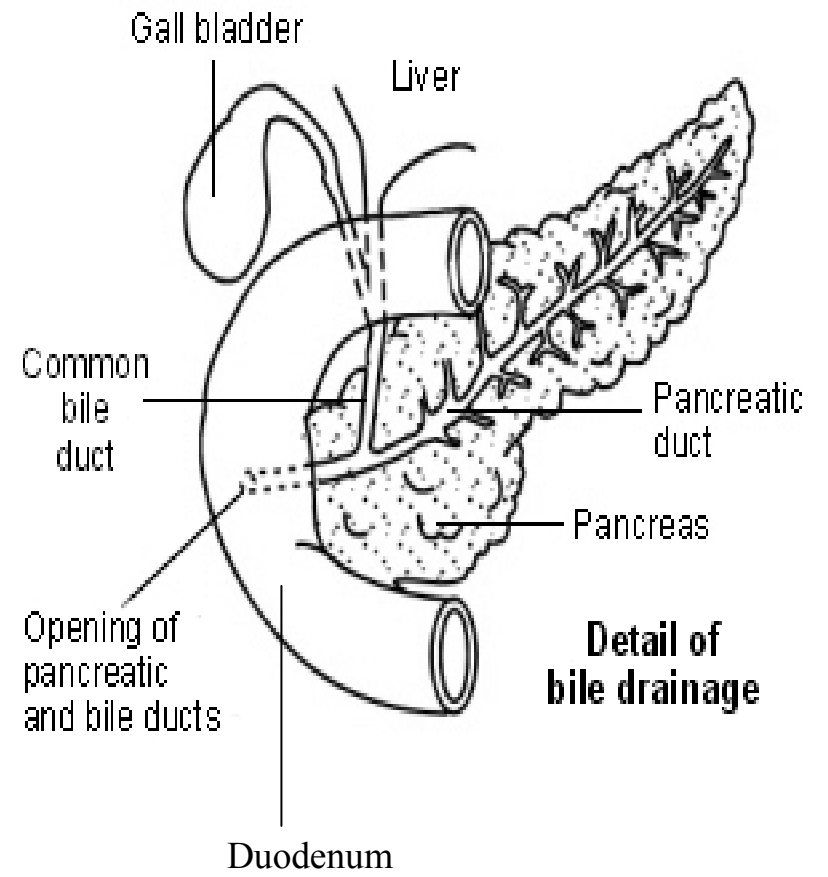
Your doctor has recommended that **ERCP** is the best way to further evaluate or treat your condition. This information booklet has been prepared to help you understand the procedure. Please read it carefully.

ERCP is an invasive but usually very helpful procedure. Complications are uncommon but can be serious. Before the procedure, medical staff obtaining your consent will discuss possible complications of the procedure with you. If you have any questions, please feel free to discuss them with the endoscopy nurse or your physician before signing the consent.

X-ray films or scans will be taken, it is important that women of childbearing age tell their physician if there is any chance that they are pregnant.

The anatomy

ERCP is a procedure to diagnose possible disorders of the pancreas and bile duct systems. The drainage tubes from the liver are called bile or biliary ducts. Bile is produced in the liver and stored in the gallbladder until food is eaten. Bile is then discharged through the cystic bile duct and into the common bile duct. Bile dissolves fat (like a detergent). The pancreas produces digestive enzymes that flow through the pancreatic duct. The bile and pancreatic ducts join and pass through the ampulla into the duodenum.



Why is ERCP done?

Diagnostic ERCP

ERCP is a valuable tool that is used for diagnosing many diseases of the pancreas, bile ducts and gallbladder. Blockage and other structural abnormalities suggested by symptoms, physical examination, laboratory tests, or x-ray or MRI scan can be shown in detail.

Conditions that affect the pancreas and bile duct systems include:

- Obstruction of the bile duct and / or pancreatic duct by
 - gallstones or pancreatic stones
 - narrowing (stricture) of the ducts by cancers or by inflammation or scar tissue. Cancers may arise from the pancreas, ampulla, bile duct or spread from a different organ
- Chronic pancreatitis (inflamed pancreas)

Common symptoms of these conditions are jaundice (yellow discoloration of skin and eyes), pain in the upper abdomen, weight loss etc.

Therapeutic ERCP

Therapies delivered by ERCP may include:

- Removal of obstructing gall stones. Generally this requires cutting of the valve at the lower end of the bile duct (Sphincterotomy).

Special Instructions

You should not drive a vehicle of any sort, drink alcohol, operate machinery or make important decisions for 24 hours following the procedure. You must have a responsible adult with you overnight.

If you develop severe abdominal pain, fever/chills, continuous nausea, vomiting or pass any blood, you must contact or go to your nearest Emergency Department who will contact the Gastroenterology Registrar or Gastroenterologist on call as necessary.

What can I expect after ERCP?

Many patients have ERCP as an outpatient. Some patients are admitted to the hospital overnight. After the procedure, you will be transferred to the recovery ward where you will be observed for any complications. You will go home with the person caring for you after the sedation effects have worn off.

You might experience mild abdominal pain, bloating or pass gas because of the air introduced during the examination. You should have a clear fluid diet, eg water, lemonade, black tea or coffee, or broth until the next day, then a light breakfast and then resume your usual diet unless instructed otherwise.

Resuming your normal medication at home

You should be able to resume most of your usual medicines. Specific instructions for some medicines may be required according to procedures performed on you.

You may be asked to withhold any **medicines that reduces blood clotting** while the internal cuts heal, or not to take any aspirin containing medicines eg. aspirin, disprin, cartia, for at least 5 days. You may also need to continue or commence **antibiotics** for a specified number of days. Please check with your doctor before leaving hospital for specific instructions.

- Re-establish the flow of bile disrupted by narrowing from cancer, inflammation or fibrosis etc. (stenting).
- Obtain bile or tissue for analysis (biopsies, brushing)

ERCP can also be used to help determine whether surgery is necessary. When surgery is necessary, ERCP can be helpful in providing the anatomic detail the surgeon needs to plan an operation.

What preparation is required?

It is necessary to have a completely empty stomach. You must fast (no food) for at least 6 hours before the procedure.

You should talk to your doctor about medications you take regularly, especially warfarin and aspirin, and any allergies you have to medications, or intravenous contrast fluids or iodine. Although an allergy doesn't prevent you from having ERCP, it is important to discuss it with your doctor prior to the procedure. Also be sure to tell your doctor if you have a heart or lung condition, or other diseases.

You will need to have up to date blood tests and may need antibiotics and / or medicines to help your blood clots.

Because of the sedation you are given, you must arrange for someone to accompany you home after the procedure and stay with you that night. Even if you feel alert after the procedure, your judgement and reflexes will be impaired by the

sedation, making it unsafe for you to drive, operate any machinery or make any important decision. If a complication occurs, you may need to be hospitalized until it resolves.

It is important to follow all the instructions given by your doctor/nurse. Failure to do so may lead to cancellation of the procedure.

The procedure

Before ERCP, a local anaesthetic may be sprayed on your throat and an intravenous sedative is usually given to make you quite sleepy and more comfortable. Most patients receive antibiotics and medicines to relax the bowel before the procedure. Additional oxygen will be directed up your nose and your pulse and blood oxygen level will be monitored. You will be lying on your stomach on the X-ray table. An endoscope (flexible thin tube, with a video camera at the tip that allows the physician to see inside the bowel) is passed through the mouth, oesophagus and stomach into the duodenum (first part of the small intestine). Puffs of air may be introduced through the endoscope to give a better view.

The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument.

After entering the duodenum, a catheter (narrow plastic tube) is passed down the endoscope into the ampulla. Contrast liquid is then gently injected into the ducts (pancreatic or biliary) and x-ray films are taken. As indicated, various therapeutic treatments may be performed through the endoscope.

What are possible complications of ERCP?

ERCP is a well-tolerated procedure when performed by physicians who are specially trained and experienced in the technique. Although complications requiring hospitalization are uncommon, these can occur and can be very serious, even fatal. Risks vary, depending on your age, why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major pre-existing medical problems.

Complications can include pancreatitis (inflammation or infection of pancreas), infections, bowel perforation or bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons. Patients undergoing therapeutic ERCP, such as for stone removal, have a higher risk of complications than patients undergoing diagnostic ERCP. Your physician will discuss your likelihood of complications before you undergo the test.