

## What is an E.R.C.P?

ERCP stands for **Endoscopic Retrograde Cholangio-Pancreatography**

**Endoscopic**: a flexible tube that shines a beam of light so that the doctor can see directly into your body. Special fibres and a camera relay pictures to a monitor for the doctor to observe.

**Retrograde**: means “against the flow”. Dye is injected down the tube into the bile and pancreatic ducts, against the normal flow of bile.

**Cholangio-Pancreatography**: the taking of x-ray pictures of the bile and pancreatic ducts after the dye has been injected. This type of x-ray is the most accurate method of diagnosing and treating many problems within the bile and pancreatic ducts. Use of this test may help planning for surgery or procedures done during the test may remove the need for surgery.

## What preparation is necessary?

You will be sent a form to have a blood sample taken (if you are an outpatient) three days before your ERCP.

- **Nothing to eat or drink from 12 midnight before a morning appointment.** However, if you normally take tablets for your heart or blood pressure please take these with a sip of water in the morning.
- **Nothing to eat or drink from 7am for an afternoon appointment.** However, if you normally take tablets for your heart or blood pressure please take these with a sip of water at 7am.
- It is important that you notify the staff about any medication you are taking, especially **Warfarin, Insulin or Diabetes tablets**, if you have any allergies, if you have an artificial heart valve or joint replacements.

You may be given antibiotics before or after the procedure.

Following an explanation of the procedure, you will be asked to sign a consent form with the Doctor agreeing to have an E.R.C.P.

## Who will be there during the procedure?

The doctor, 3 nurses and a radiographer.

## Will I be awake during the procedure?

Yes, but you will be given a sedative prior to the examination. This will make you feel relaxed and sleepy. This will be given via an injection in your hand.

## What happens during an ERCP?

You will be asked to lie on your stomach on the X-ray table. You may be given throat spray to numb your throat. You will then be given the sedation which will make you sleepy. A flexible tube called a duodenoscope will be passed into your mouth, down your gullet and stomach to where the pancreatic and bile ducts open. X-rays will be taken. If a blockage is seen, a small cut at the lower end of the bile duct may be performed to help the flow of bile, or the removal of any stones that may be found. Occasionally, blockage to the bile duct can be helped by placing a “stent” (a small hollow plastic tube) into the bile duct. The stent can drain the bile internally into the bowel.

## What will I feel?

You may feel soreness in your throat and / or discomfort in your stomach.

## How long does it take?

Your actual procedure takes between 20 and 40 minutes, approx. However please note that your appointment time is when your initial assessment will be done with one of the nurses. **Following this please allow for up to four hours for the completion of your appointment.**

## Are there any risks ?

While complications do occur in some patients (less than 5%), the benefits are considered to outweigh the risks. The most common of these complications is some abdominal discomfort.

Infection may be introduced into the bile duct, causing abdominal pain and fever. Inflammation of the pancreatic gland (a condition called pancreatitis) causing abdominal pain may also occur, damage to the intestinal wall, and if an internal cut has been made, bleeding may occur. Very rarely perforation of the small bowel may be caused.

Some complications require admission to hospital and rarely, surgical intervention is required. All intravenous sedation carries a potential risk. Please discuss any concerns with the doctor.

## After the E.R.C.P

You will be encouraged to have a sleep afterwards. Nothing to eat or drink until instructed. You may have some abdominal discomfort for a short time. Discharge information will be given to you.

## When can I go home?

Outpatients can go home approximately 2 - 3 hours after the procedure following assessment by the Doctor. **As you are given sedation for this procedure, you MUST NOT drive**, use machinery or undertake any other hazardous activities for at least 12 hours. It is preferable to have someone stay with you for the rest of the day.

**You must arrange for someone to take you home after the procedure. They must pick you up from inside the Gastroenterology Department on the 1<sup>st</sup> floor. You are unable to leave the dept without an accompanying adult.** This dept closes at 5pm; please arrange to be picked up before this time.

**Will my doctor get a report ?** Yes      **Will I get a report ?** Yes.

### IF YOU NEED A TRAINED INTERPRETER – PLEASE TELL YOUR NURSE OR DOCTOR

Maori	Memea kaore koe e mohio ki te korero whaaki ngai ki te takuta (korero)
Samoaan	Afai ete le malamalama ile gagana fa'a peretania f'amolemole talanoa ilau form'l
Tongan	Ka'olu 'ikai ke mahino kiate koe 'a e lea fakapilitani fakamolemole 'o tala ki ho'o toketa
Cook Island	Me kare koe e marama I te tuatua papaa e akakite mai ki te taote
Vietnamese	Neu quy vi can thông dịch viên thánh thao xin hoi nhán viên bệnh viên
Chinese (Mandarin)	假若你不懂英語，請告知醫生或護士。
Niuean	Ka ai iloa poke ai maama e kow e vagahau faka peritania fak amolemole talaage ke he ekekafo (toketa)
Korean	통역사의 도움이 필요하시면 간호사에게 부탁드립니다.