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Title of Leaflet	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)				
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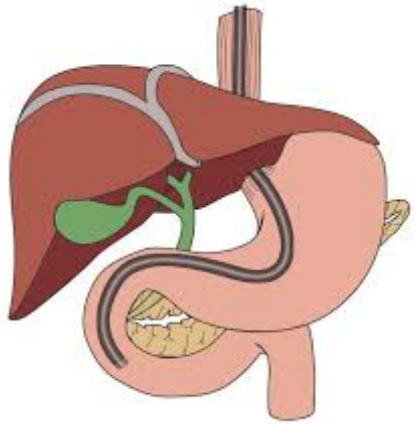
Endoscopic Retrograde Cholangio-Pancreatography (ERCP)



Information for patients, relatives and carers

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What is an ERCP?

An ERCP is a procedure that combines x-ray imaging with an endoscope (camera) examination. It allows the doctor to examine and/or treat conditions of the biliary system (liver, gall bladder, pancreas, pancreatic and bile ducts). The procedure is completed in the radiology department.

Why has an ERCP been recommended?

The main reasons for having an ERCP are due to jaundice (yellowing of the skin or eyes), abnormal liver function tests or a blockage of the bile or pancreatic ducts. Blockages of these ducts can be caused by stones, strictures (narrowing of the ducts), growths or cancers.

How do I prepare for an ERCP?

You will be asked to be nil by mouth (**nothing** to eat or drink) for 6 hours before the procedure. This is to ensure that your stomach is empty and thorough visualisation can be achieved. It also reduces the risk of vomiting during the procedure.

It is important to advise us before you attend for the procedure if you are taking any blood thinning medication (e.g., warfarin, clopidogrel, aspirin, rivaroxban). You may need to stop taking these prior to the procedure, so please discuss with your hospital doctor or nurse. Please also alert us if you are diabetic.
As this procedure involves x-rays, you should not have this procedure if you are pregnant.

You can use this page to note down any questions or concerns.

minimal in those who have appropriately been nil by mouth before the procedure.

- Perforation (a hole) can be made in the wall of the duodenum as a result of a sphincterotomy or the endoscope itself, but this is very rare.
- Cholangitis (infection of the bile ducts) is rare, but requires antibiotic therapy.

What is the alternative to an ERCP?

Percutaneous trans hepatic cholangiogram (PTC) is an alternative intervention but this does not allow the bile ducts to be seen directly and is not without its own risks.

CT, MRI and ultrasounds are diagnostic procedures but they do not allow for actual treatment. An endoscopic ultrasound scan (EUS) does not allow for the surgeon to remove stones, make a sphincterotomy or insert a stent.

Contact us

If you are an in-patient and you require any further information or have a question, please speak to your nurse.

If you are an out-patient, feel free to contact the Upper GI Clinical Nurse Specialists on 01276 526533.

What happens before and during an ERCP?

You will be asked to put on a hospital gown and remove dentures, glasses and jewellery. The doctor will explain the procedure to you and ask for your permission to proceed by signing a consent form. A small needle (cannula) will be inserted into your arm or hand to allow for administration of the sedation.

Before the procedure, you will be attached to a montitor to record your blood pressure, heart rate and oxygen levels. You will be given the sedation and once you are asleep the procedure will commence.

An endoscope is passed through your mouth, into the stomach and round into the beginning of the small intestine (duodenum). A fine wire is then inserted via the endoscope, into the bile ducts and dye is injected (this shows up on x-ray). X-rays are then taken of your biliary or pancreatic system.

If stones are to be removed from the ducts, a small cut (sphincterotomy) will be made at the bile duct opening. A basket or balloon can be passed to grasp the stone and future stones will pass more easily into the intestine.

If required, stents can be placed in the bile ducts to relieve obstruction and allow bile to drain into the

intestine. Stents can also be placed in the pancreatic duct if it is narrowed or obstructed. Specimens may be taken during the procedure from the bile ducts using a small brush or foreceps.

During the procedure a non-steroidal anti-inflammatory drug will be given in the form of a suppository.

How long does an ERCP take?

The procedure can last between 15 minutes and 90 minutes. The time we ask you to attend is not the time of the procedure.

What happens after an ERCP?

Following the ERCP you will be monitored whilst the sedation wears off. Generally, ERCPs are completed as day case procedures, so once the team are happy for you to be discharged, you can go home. It is not always possible for the doctor to discuss the findings after the procedure but, depending on the findings, further management and follow up will be arranged.

Normal activities can be resumed when you feel well enough. Because of the heavy sedation, you should not drive, operate machinery or make important decisions for the 24 hours following the procedure.

Due to the sedation, you must make arrangements to have someone stay with you overnight.

A report outlining the procedure will be sent to your GP. If a specimen has been taken, this will be sent to the laboratory for analysis. The result of the specimen will be given to you by either the professional who requested the procedure at a clinic appointment or by letter.

What are the potential risks?

ERCP is generally a safe procedure but complications can sometimes occur. Your team will balance these risks with other procedures and the risk of doing nothing before suggesting an ERCP.

Possible complications can include:

- Abdominal discomfort
- Sore throat
- Inflammation of the pancreas (pancreatitis) can present as abdominal pain a few hours after the procedure and last a few days. It can occur in 3-5% of people undergoing ERCP and requires hospital treatment in the form of analgesia and intravenous fluids. Sometimes pancreatitis can be severe, although this is rare.
- Bleeding can occur if a sphincterotomy has been performed; this usually stops by itself, but may require intervention if it does not.
- Aspiration (inhalation of food or fluids into the lungs) can lead to pneumonia, but this risk is