Intermountain® Healthcare

Endoscopic Retrograde Cholangio Pancreatography (ERCP)

What is it?

ERCP stands for **endoscopic retrograde cholangio pancreatography.** It is a procedure that allows your doctor to find and treat stones, tumors, and narrowing in the bile ducts. The bile ducts, along with the liver, gall bladder, and pancreas are all part of your gastrointestinal (GI) tract.

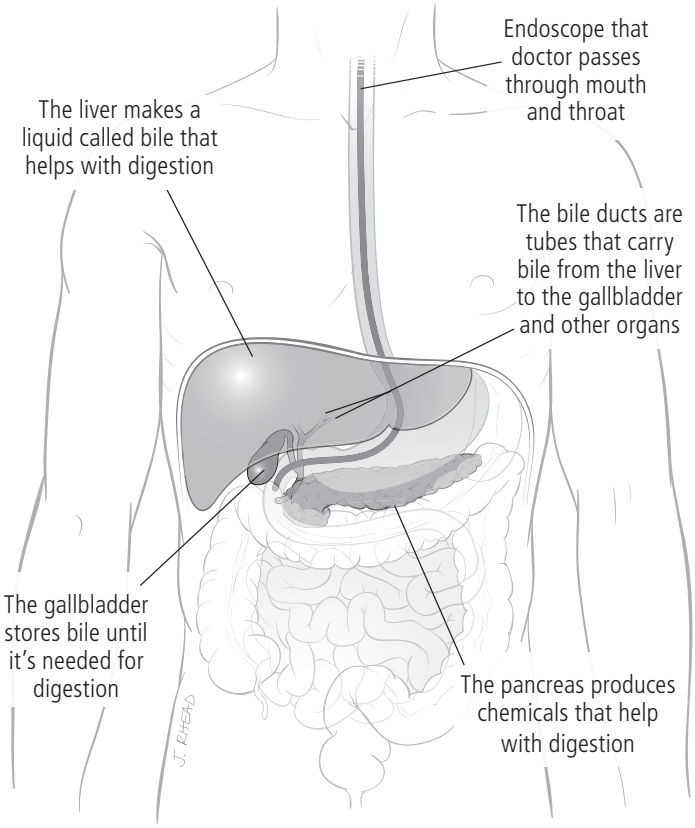
To look inside your bile ducts and GI tract, your doctor passes an **endoscope** (a thin, flexible tube with a camera at the end) through your mouth and throat. The doctor can then inject a dye into the bile ducts to help them show up on x-rays.

Why do I need it?

Your doctor may recommend an ERCP if you have:

- jaundice (a condition that makes the whites of your eyes turn yellow)
- abdominal pain
- an abnormal blood test

These could indicate problems that block the movement of bile and prevent it from helping with digestion. Problems include gallstones, tumors, scarring, inflammation, and pancreatitis. If your doctor finds a problem during an ERCP, it can usually be treated as part of the procedure.



The pancreas and the bile duct system help with digestion. An ERCP can help diagnose and treat problems that prevent the pancreas and bile ducts from doing their work.

Potential benefits	Risks and potential complications	Alternatives
Relieve symptoms such as jaundice and abdominal pain.	Complications are rare, but may include: • Mild to severe inflammation (swelling) of the pancreas • Perforation (hole) • Allergic reaction to the dye or to the anesthesia • Infection • In rare cases, complications can require extended hospitalization	Your doctor can tell you if other tests or treatments are options for you.

What happens before?

Follow these instructions before the procedure:

- Don't eat or drink anything for 6 hours before.
- A healthcare provider will ask about your current medication. Make sure to report all the medications you're taking, especially aspirin, anything containing aspirin, or blood thinners.
- A healthcare provider will ask about your allergies to medicines. Report any allergic reactions you have had, especially to antibiotics or pain medication.
- A healthcare provider will explain the procedure, including risks and benefits. You will be asked to sign a consent form, which means that you understand the procedure and agree to have it done. Listen carefully and ask any questions you have.

What happens during?

The ERCP procedure usually follows the steps below.

Inserting the endoscope

- You will lie on your left side on an examining table in an x-ray room. Your blood pressure, pulse, and oxygen levels will be monitored.
- You may be given a medication to numb the back of your throat and a sedative to help you relax. Most patients feel drowsy, but remain awake. If your doctor feels it's necessary, you may be given general anesthesia so you sleep through the procedure.
- The doctor will insert an endoscope (a flexible tube with a camera at the end) through your mouth and esophagus. This may cause you to gag. As the doctor passes the endoscope through your stomach, you may feel some stretching. The doctor will move the endoscope into the opening of the bile duct and pancreatic duct.

Taking x-rays

- You will be turned to lie flat on your stomach.
- The doctor will insert a plastic catheter (tube) through the endoscope and inject a contrast dye into the bile ducts. This helps the outlines of the ducts show up on an x-ray.
- The doctor will take an x-ray and look for widening, narrowing, or blockages of the ducts.

Treating problems

Some problems can be treated during the procedure:

- If a stone is blocking a duct, the doctor may be able to remove it using a tool attached to the endoscope.
- If a duct is narrowed, the doctor may pass a wire balloon through the endoscope and inflate it to open a narrowed passage. The doctor may insert a plastic stent (support) to keep it open.

What happens after?

You will remain in a recovery area for a few hours. Healthcare providers will monitor your condition.

- Most patients go home the day of the procedure. Your doctor will decide when you go home based on your medical condition.
- You may be sleepy from the sedative you were given. For the first day:
  - Do not drive a car
  - Do not operate machinery
  - Do not drink alcohol
- Your doctor will tell you when you can eat and drink again. Usually this is within a few hours.
- The procedure may have let more air into your digestive tract. For the first day or two, this air may cause you to:
  - Continue to feel full and pass gas
  - Pass softer stools, or have other brief changes in bowel habits

What should I report to my doctor?

If you experience any of the following after the procedure, be sure to contact your doctor.

- Bleeding from your rectum
- Black, tarry stools
- Vomiting
- Severe abdominal pain
- Weakness or dizziness
- Fever over 100 degrees F.

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