

# Endoscopic Retrograde Cholangio Pancreatography (ERCP)

## What is ERCP?

ERCP stands for **endoscopic** [en-duh-SKOP-ik] **retrograde** [RE-truh-greyd] **cholangio** [ko-LAN-gee-oh] **pancreatography** [pan-kree-TOG-ruf-fee].

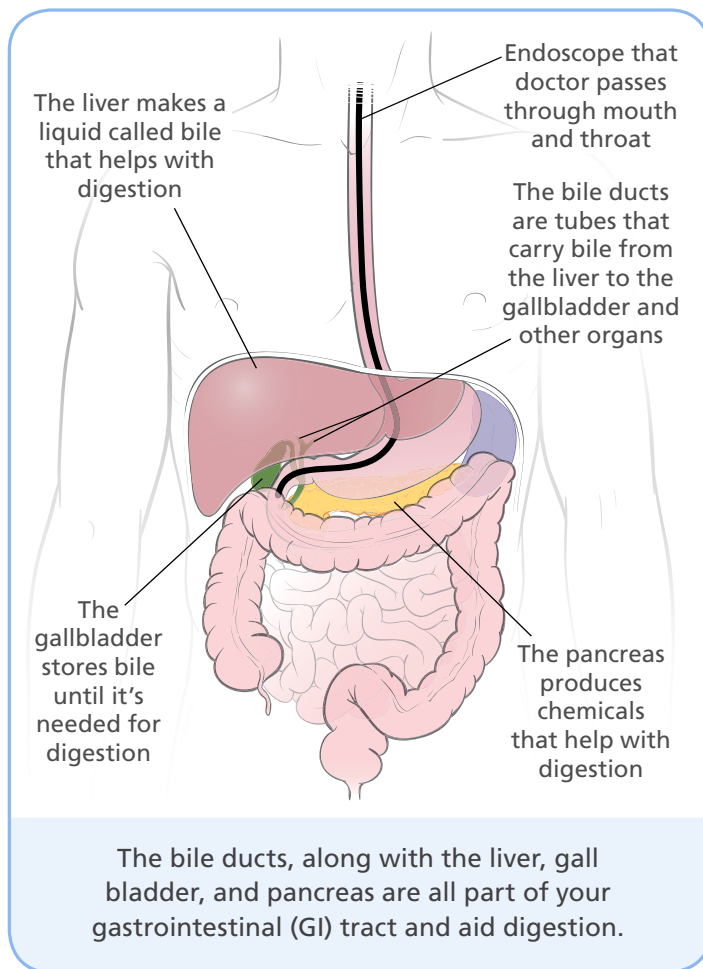
This procedure allows your doctor to find and treat problems that block the movement of bile, which helps with digestion. Problems include gallstones, tumors, scarring, inflammation, and **pancreatitis** [pan-kree-uh-TAHY-tis].

During an ERCP, your doctor passes a thin, flexible tube with a tiny camera at one end (an **endoscope**) through your mouth and throat. The doctor can then inject a dye into the bile ducts to help them show up on x-rays. Some problems can then be treated during the procedure.

## Why do I need this procedure?

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



Potential benefits	Risks and potential complications	Alternatives
Relieve symptoms such as jaundice and abdominal pain	Complications are rare, but may include: <ul style="list-style-type: none"> <li>• Mild-to-severe inflammation (swelling) of the pancreas</li> <li>• Perforation (hole)</li> <li>• Allergic reaction to the dye or to the anesthesia</li> <li>• Infection</li> <li>• In rare cases, extended hospitalization due to complications</li> </ul>	Your doctor can tell you if other tests or treatments are options for you.

## What do I need to do to prepare?

- **Give your doctor a list of all your medicines.** Be sure to include over-the-counter medicines (such as cold and allergy medicines), vitamin supplements, inhalers, liquid medicines, and patches.
- **Follow your doctor's instructions concerning your medicines.** Some medicines can increase your risk of bleeding. You may have to stop taking them for a few days before the procedure.
- **Follow all instructions on when to stop eating and drinking before your surgery.** This will help avoid complications and ensure that the doctor can see any problems clearly.
- **Arrange for a responsible adult to drive you home after the procedure.**

## What happens before?

- In most cases, you'll be given a sedative through an **intravenous line (IV)** inserted into a vein in your arm. This will help you relax and feel drowsy, but most people remain awake.
- Your doctor or nurse may also spray your throat with a local anesthetic to keep you from coughing or gagging when the endoscope is inserted. A mouth guard may be used to protect your teeth and the endoscope.
- If your doctor feels it is necessary, you may be given general anesthesia to sleep through the procedure.

## What happens during?

The ERCP procedure usually follows the steps below.

- **To insert the endoscope:**
  - You'll lie on your left side while the doctor inserts the endoscope through your mouth and into your esophagus, stomach, and first part of your intestine. (The endoscope is thinner than most food you swallow, so you should be able to breathe normally.)
  - The camera at the tip of the endoscope sends images of these organs to a monitor. The scope puts air into these organs to inflate them, creating a better view.

- The doctor will move the endoscope into the opening of the bile duct and pancreatic duct.

- **To take 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 to outline the ducts on x-ray.
- The doctor will then take an x-ray and look for widening, narrowing, or blockages of the ducts.

- **To treat stones or narrowed ducts, a doctor may:**

- Remove stones using a tool attached to the endoscope.
- Pass a wire balloon through the endoscope and inflate it to open a narrowed passage. The doctor may also be able to insert a plastic **stent** (support) to keep it open.

## What happens after?

- Most patients go home a few hours after the procedure. Your doctor will decide based on your medical condition.
- You may be sleepy from the sedative you were given. **For the first day, DO NOT** drive a car, operate machinery, or drink alcohol.
- Your doctor will tell you when you can eat and drink again. Usually this is within a few hours.
- For the first day or 2, you may feel full, pass gas, pass softer stools, or have other brief changes in bowel habits due to the air let into your digestive tract during the procedure.



### *When should I call my doctor?*

After ERCP, contact your doctor if you experience:

- Bleeding from the rectum
- Black, tarry stools
- Vomiting
- Severe abdominal pain
- Weakness or dizziness
- Fever over 101° F. (38° C.)

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