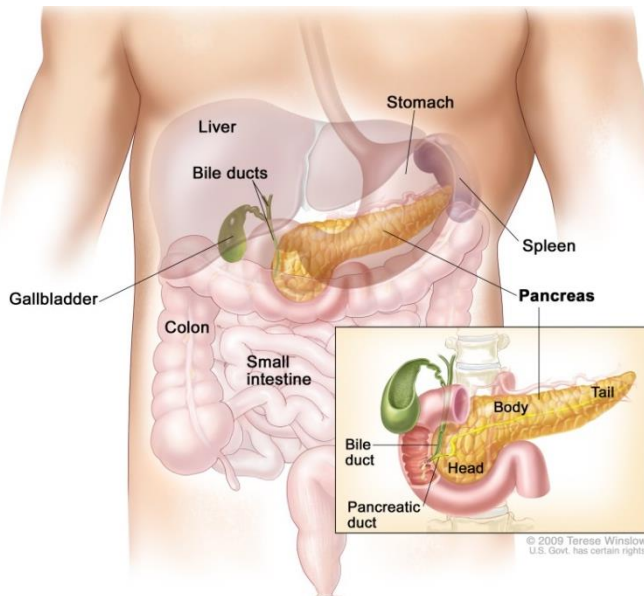


ERCP



Overview

The liver makes bile, which travels through bile ducts to the gall bladder, where it is stored. When needed, bile from the gall bladder goes through the common bile duct to the duodenum, the part of the small intestine that attaches to the stomach. Bile breaks down fats.

Digestive juices from the pancreas, which contain enzymes, travel through the pancreatic ducts to the duodenum.

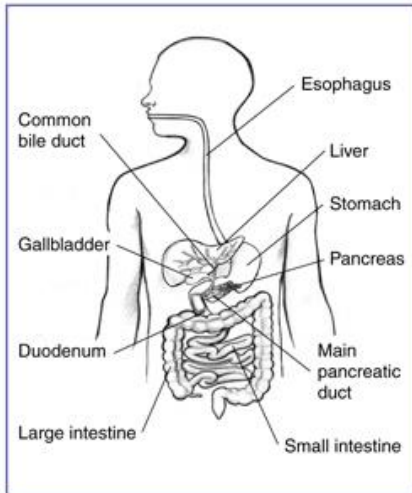
Together, bile and pancreatic juices help us digest fats, proteins, and carbohydrates.

What is ERCP?

- Endoscopic retrograde cholangiopancreatography, or **ERCP**, is a procedure used to diagnose and treat problems of the bile ducts, pancreatic ducts, and gall bladder. It combines upper GI endoscopy with cholangiography and pancreatography.
- An **Upper GI endoscopy** lets your doctor look inside your body and examine the lining of your esophagus, stomach, and the first part of the small intestine (duodenum) using an instrument called an endoscope. The endoscope has a tiny light and lens attached to a long, thin tube, and it produces images your doctor can see on a video monitor.
- **Cholangiography** is a series of x-rays of the bile ducts.
- **Pancreatography** is a series of x-rays to look at the pancreas and its ducts.
- Dye can be injected into the bile ducts and pancreas so they can be seen on x-rays.
- Your doctor can also obtain tissue and fluid samples or place a stent (small tube) in a duct to keep fluids flowing properly.

Preparation

- Your nurse or doctor will give you detailed instructions on how to prepare.
- **Stop eating and drinking eight (8) hours before your procedure except for water. Stop drinking water 2 hours before your procedure.**
- **You must have someone to drive you home after your test** because the medication used to help you relax will keep you from being able to drive for a day.



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During the Procedure

- At the start of the ERCP, you will lie on your left side, back, or stomach, on the table.
- You will have an IV (intravenous) line inserted into a vein to give you medication to help you relax—you may fall asleep.
- The doctor will spray medication into the back of your throat to numb it, and then insert the endoscope.
- The endoscope is a long, thin tube. It is guided down your esophagus (food tube), through your stomach, and into your duodenum (upper intestine) until the doctor can see where the ducts from the pancreas (pancreatic ducts) and gallbladder (bile ducts) drain into the duodenum.
- You will be able to breathe normally with the endoscope in place. You may feel slight discomfort having the scope in your throat, but it is only about as wide as a pen, and no bigger than many of the foods you swallow.
- The doctor will inject a small amount of air into the duodenum to make it easier to see. Dye, also called contrast medium, is injected through a thin tube passed through the endoscope. The dye makes the ducts show up clearly on x-rays.
- After the dye has been injected, x-rays are taken. They will show any widening, narrowing, or blockage of the ducts.
- If the exam shows a gallstone or narrowing of the ducts, the doctor can insert instruments through the endoscope to remove or relieve the obstruction.
- Tissue and fluid samples can be taken for further testing.
- When the examination is done, the endoscope is slowly withdrawn.
- An ERCP can take from 30 minutes to over an hour, depending on your particular anatomy and what the doctor needs to do once he or she can see the duct systems.

After the Procedure

- We will monitor you in the recovery room for an hour or so after your test.
- When the anesthetic wears off, you may have a sore throat for 1-2 days. Throat lozenges or ice chips may help ease soreness.
- You may feel bloated from the air that was put into your stomach during the procedure but you can eat after you leave, unless your doctor tells you otherwise. Start with water and then try drinking other liquids.
- You may also feel drowsy from the sedative, so you should sit up slowly.
- When you are ready, **you must have a responsible adult to drive you home.**
- You may be sleepy for several hours or more because of the sedation medication. **Do not drive, operate dangerous machinery, or drink alcohol for 24 hours after your procedure.**

What are the Risks?

ERCP is a common, safe procedure. The following complications are rare, but possible:

- inflammation of the pancreas or bile ducts
- an allergic reaction to the contrast medium
- damage to nearby organs
- excessive blood loss
- infection

When Should I Call the Doctor?

Call your doctor immediately if you have:

- nausea or vomiting
- new or increased pain in your abdomen
- **a fever of 100.4°F (38°C) or higher**
- bloody or black bowel movements
- extreme dizziness or weakness

GI Center

716-845-4010

- The center is open Monday - Friday, 8:00 a.m. to 5:00 p.m.
- Your call will be answered by a triage nurse if the Center is closed.
- If you are having non-life threatening symptoms, you may be referred to our Assessment and Treatment Center (ATC), which is open 24 hours a day. You must be referred by a provider; this is not a walk-in clinic.

Emergencies: If you feel your symptoms are life threatening, call 911 or go to the nearest hospital emergency department. If you go to the ER or are admitted to another hospital, please call and let us know.