



Endoscopic Retrograde Cholangiopancreatography (ERCP)

Definition:

The ERCP is an X-ray of the pancreatic ducts and biliary tree, which provide enzymes used in digestion. The test is used to look for stones or tumors in the ducts, a narrowing of the ducts, or cancer.

How the test is performed:

This test is usually done in the hospital. Your throat is sprayed with a local anesthetic. A sedative and pain killer are given through a vein. A special flexible tube (endoscope) is inserted through your mouth into the duodenum (the portion of the small intestine that is closest to the stomach).

A catheter is advanced through the endoscope and inserted into the pancreatic or biliary ducts. A contrast agent is injected into these ducts and X-rays are taken to evaluate their caliber, length and course. Narrowing, stones, and tumors can be identified.

Special instruments can be placed through the scope and into the ducts to open the entry of the ducts into the bowel, stretch out narrow segments, remove or crush stones, take tissue samples, and drain obstructed areas.

How to prepare for the test:

You will need to fast at least 6 hours before the test and sign a consent form. Remove all jewelry so that it will not interfere with the X-ray.

How the test will feel:

There may be some gagging as the tube is passed down the esophagus. As the scope is positioned, there will be some stretching of the stomach and duodenum. Occasionally, stretching of the ducts can be felt.

Air, used to inflate the stomach and bowel, can cause some bloating or gas. After the procedure, you may have a sore throat for 3 to 4 days. Some people have a bad reaction to the dye or the drugs used to relax the duodenum which can cause symptoms like nausea, hives, burning sensation, blurred vision, and urine retention.

Why the test is performed:

The procedure identifies any abnormality of the pancreas or bile ducts that can cause abdominal pain, jaundice, fever, or malabsorption.

What the risks are:

There is a possibility of side effects from the dye and the drug used to relax the duodenum. These may include nausea, hives, blurred vision, or a dry mouth, a feeling of burning or flushing, and retention of urine.

Side effects of anesthetics used may rarely lead to respiratory depression and low blood pressure. The risks of the procedure are determined by the therapy delivered.

The main risks of ERCP are bleeding, perforation of the bowel, and pancreatitis. These risks are increased if the opening in the small bowel is enlarged by electrocautery (called a sphincterotomy). The risk of any complication is less than 10%. Severe complications (severe pancreatitis, severe bleeding) occur less frequently.



Preparation Instructions for Endoscopic Retrograde Cholangiopancreatography (ERCP)

Name: _____ MR#: _____

Date: _____ Time: _____ Physician: _____

LOCATION:

Please report to the **Admissions Office** located on the **1st Floor** at Kaiser Permanente Medical Center, 27400 Hesperian Boulevard, Hayward, CA 94545.

PLEASE FOLLOW THESE INSTRUCTIONS:

****Seven days before the examination, stop taking aspirin and nonsteroidal anti-inflammatory drugs (eg. Motrin, Advil, Feldene, Naprosyn, Aleve). Tylenol is an acceptable substitute unless instructed otherwise by your doctor. If you are taking blood thinners (eg. Coumadin, heparin, ticlid, or persantine) or have a bleeding disorder, please discuss this with your physician at least several days before the examination.**

Your stomach must be completely empty to allow for an adequate examination. Please do not eat anything after midnight on the evening before the procedure. However, if you have an afternoon appointment, you may have a clear liquid breakfast on the day of the examination until 7:00 AM. Clear liquids consist of: water, tea, coffee (no milk), soda, broth, strained fruit juice, popsicles, and Jell-O. ****Do not ingest red liquids.****

On the day of the endoscopy you should **take your regular medications** with clear water, unless otherwise instructed by your doctor. Please do not take antacids or carafate the morning of your procedure.

Diabetic patients: Check your blood sugar the evening prior to and the morning of the procedure.

Insulin – You may use ½ dose of regular insulin the night before procedure. **DO NOT take any regular insulin the day of your procedure.**

Diabetic tablets/pills - If you are on tablet medications for your diabetes, DO NOT take your medications the morning of the procedure.

High Blood Pressure medication: Take your usual dose on the morning of the procedure with a sip of water.

Due to possible lingering effects from the sedation, you cannot drive until the morning following the procedure and therefore must have a ride home. **For your own safety, unless a relative or friend is present to drive you home, your procedure may be cancelled and rescheduled.**

If you have questions or need to reschedule your appointment, please call the Gastroenterology Office at 510-784-4813.