



Endoscopic Retrograde

Cholangiopancreatography (ERCP)

Important! This exam requires that you have an empty stomach. You should not consume any food for 8 hrs before the procedure. Stop drinking all fluids (including clear liquids and water) 4 hrs before the exam (minimal sips are allowed only to take your usual medications). Avoid gum and hard candy.

Medications: If you take insulin or other diabetic medicines, dosage adjustments will be provided for you. Bring your insulin with you so that you can take it after the procedure if necessary. If you are on blood thinners such as Plavix, Coumadin, Eliquis, Xarelto, or any other medications that thin your blood, let us know at the time of scheduling because they may need to be held. All other meds should be taken at their usual time with a few sips of water.

What is it and why do I need it?

ERCP is a specialized endoscopic procedure that is used to examine the ducts that are associated with the liver (bile ducts), gallbladder and pancreas. These ducts can become diseased in a variety of ways and ERCP can diagnose and treat these conditions. When the bile ducts are blocked, infection, pain, jaundice or abnormal liver tests may occur. ERCP is most often used to remove stones from bile ducts, dilate bile duct strictures or place stents into the ducts to keep them open.

The risks

You will be asked to sign a consent form at the time of the exam. Most ERCP risks occur at a low rate (under 1%), but do include bleeding, infection, perforation, tearing, aspiration, medication reactions and heart/lung problems. The greatest risk of ERCP is pancreatitis (5-25%), which is pancreas inflammation. Most cases of ERCP-associated pancreatitis are mild requiring a short hospital stay. In rare circumstances, pancreatitis may be severe and even lead to death. If you have concerns about these risks, please contact your physician before your procedure. You will also be able to discuss this with your physician at the time of the exam.

The procedure

In the preparation area, you will be asked questions about your health history. Your procedure usually takes 30-90 minutes and you will be sedated for it. Once you are asleep, the endoscope will be inserted through your mouth and advanced into your esophagus, stomach and duodenum. A catheter is then advanced through the endoscope and into the duct of interest. Contrast is injected into the duct and x-rays are taken to identify the problem. Appropriate treatment is performed directly through the endoscope.

After the procedure

In the recovery unit, your physician will discuss the results with you and give you discharge instructions. You and your driver will remain there until your sedation has worn off to a satisfactory level. Rarely, patients are admitted to the hospital for observation or if complications occur. After discharge, you may resume your usual activities and diet and return to work the following day. However, **you may not drive, make important decisions or operate machinery the rest of the day. You must have someone at least 18 yrs old with you during the entire time from check-in through recovery and to drive you home after the exam (a taxi or bus is not an option).** A report will be sent to your

referring physician. If any biopsies are taken, you will be contacted with the results.