



➤ ERCP (Endoscopic Retrograde Cholangiopancreatography)

What is ERCP?

Endoscopic retrograde cholangiopancreatography (ERCP) is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. The liver is a large organ that, among other things, makes a liquid called bile that helps with digestion. The gallbladder is a small, pear-shaped organ that stores bile until it is needed for digestion. The bile ducts are tubes that carry bile from the liver to the gallbladder and small intestine. These ducts are sometimes called the biliary tree. The pancreas is a large gland that produces chemicals that help with digestion and hormones such as insulin.

ERCP is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer. ERCP combines the use of x-rays and an endoscope, which is a long, flexible, lighted tube. Through the endoscope, the physician can see the inside of the stomach and duodenum, and inject dyes into the ducts in the biliary tree and pancreas so they can be seen on x-rays.

What Preparation is Required for the Procedure?

Your stomach and duodenum must be empty for the procedure to be accurate and safe. You will not be able to eat or drink anything after midnight the night before the procedure or for at least 6 to 8 hours beforehand. Also, your physician will need to know whether you have any allergies, especially to iodine, which is in the dye used in the procedure. You must also arrange for someone to take you home afterward, because you will not be allowed to drive after being sedated. The doctor may give you other special instructions which should be followed closely.

What Can I Expect During ERCP?

During ERCP, you will lie on your left side on an exam table in an x-ray equipped room. You will be given medication to help numb the back of your throat and a sedative to help you relax during the exam. You will swallow the endoscope, and the physician will then guide the scope through your esophagus, stomach, and duodenum until it reaches the spot where the ducts of the biliary tree and pancreas open into the duodenum. At this time, you will be turned to lie flat on your stomach, and the physician will pass a small plastic tube through the scope. Through the tube, the physician will inject a dye into the ducts to make them show up clearly on x-rays. X-rays are taken as soon as the dye is injected.

What if an Abnormality is Found During the ERCP?

If the exam shows a gallstone or narrowing of the ducts, the physician can insert instruments into the scope to remove or relieve the obstruction. If your doctor finds an area that needs further evaluation, your physician may take a biopsy to be analyzed by an expert gastrointestinal pathologist. Biopsies are used to identify many conditions, and your doctor may take one even if he or she doesn't suspect cancer.

What Happens After ERCP?

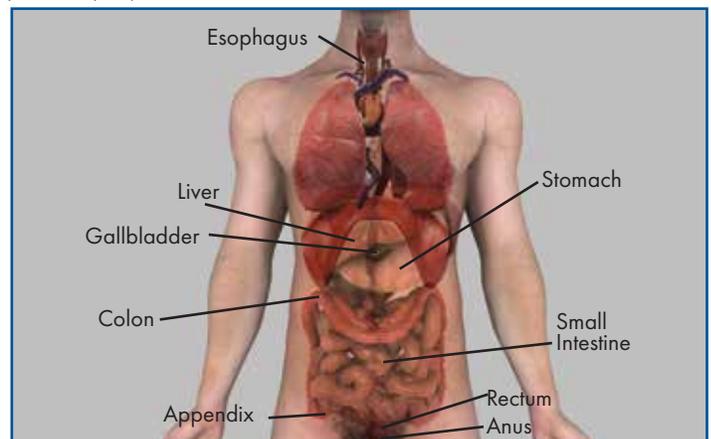
ERCP takes 30 minutes to 2 hours to perform. You may feel some discomfort when the physician introduces air into the duodenum and injects dye into the ducts. However, the pain medicine and sedative should keep you from feeling too much discomfort. After the procedure, you will need to be monitored for 1 to 2 hours until the sedative wears off. Your doctor will make sure you do not have signs of complications before you leave. Normally, you can resume your usual diet unless you are instructed otherwise. If any kind of treatment is done during ERCP, such as removing a gallstone, you may be requested to stay overnight.

Your physician can generally inform you of the results of the procedure on that day; however, the results of some tests (including biopsy) may take several days to receive.

What are Possible Complications of an ERCP?

ERCP is a well-tolerated procedure and though complications can occur, they are uncommon. Possible complications of ERCP include pancreatitis (inflammation of the pancreas), infection, bleeding, and perforation of the duodenum. Except for pancreatitis, such problems are rare. You may have tenderness or a lump where the sedative was injected, but that should diminish after a few days. Risks vary, depending on why the procedure is performed, what is found during the test, what therapeutic intervention is utilized and whether a patient has a major medical problem. Your doctor will discuss your likelihood of complications before you undergo the procedure.

Important Information: The information included on this sheet is intended only to provide general guidance and not as a definitive basis for diagnosis or treatment in any instance. It is extremely important that you consult a physician about your specific condition.



*Content derived from the National Digestive Disease Information Clearinghouse (NDDIC) & the American Society of Gastrointestinal Endoscopy.

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