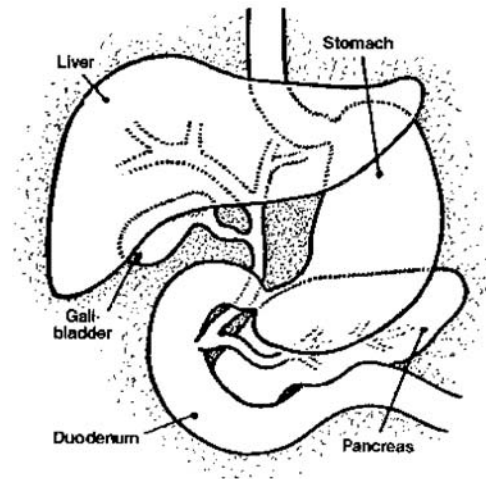


ERCP

SOME THINGS YOU SHOULD KNOW...

What is ERCP?

ERCP is a very specialized type of endoscopic examination. This is an abbreviation for **Endoscopic Retrograde Cholangio Pancreatography**. The purpose of this examination is to inject dye into the pancreatic duct and the bile duct using an endoscope and then take x-ray pictures in order to diagnose suspected problems in these organs.



What Happens During the Procedure?

The procedure will be performed at the hospital. An intravenous (IV) will be started in your arm, and enough medication will be given to make you drowsy and relaxed. Most patients do not have any sensation during the examination, and usually do not have any recollection of the procedure itself. In some cases, the procedure will be performed under general anesthesia.

ERCP is then performed by passing a flexible endoscope through the mouth, down the esophagus and stomach, and into the duodenum. The scope is used to locate the papilla (the opening of the pancreas and bile duct), and a small plastic tube is inserted into the papilla. Dye is injected through this tube into the pancreatic duct and into the bile duct and x-ray pictures are taken.

If a stone or blockage is found in the bile duct, then endoscopic sphincterotomy may be done immediately following the diagnostic ERCP. Endoscopic sphincterotomy involves placing a cutting instrument in the papilla. An electric current is then used to make a cut in the papilla to enlarge the opening into the lower end of the bile duct. Instruments may then be passed into the bile duct to remove stones or place drainage tubes to relieve a blockage in the bile duct. Stones, tumors, and other diseases may cause jaundice due to a blockage of the bile duct which can be relieved by this procedure. Some diseases of the pancreas may also be treated using this procedure.

ERCP is a technically challenging procedure. Occasionally, ERCP is unsuccessful, and alternative methods of diagnosis and treatment may be required.

Risks

This examination is very safe and complications are uncommon. Pancreatitis may occur due to irritation of the pancreatic duct by the dye injected during the test. It causes abdominal pain and vomiting, but generally will resolve within a few days. This usually requires admission to the hospital. Infection may occur, especially if a blockage is present in the bile duct. A mild sore throat may occur. Reaction to the medications given for sedation are also uncommon, but include allergic reactions, difficulty breathing, or irritation of the vein used to give the medication. We continuously monitor blood pressure, pulse, and oxygen levels during the procedure to minimize the risk of any complications related to sedation.

If endoscopic sphincterotomy is performed, the procedure is more hazardous and carries some of the same risks as major surgery. When the cut is made, there is a risk of causing bleeding or perforation of the duodenum. Most of the time these complications can be managed without surgery, but in 1-2% of cases, surgery may be required to correct a complication.

If you experience severe pain, fever, nausea or vomiting after the procedure, notify the doctor immediately.

Are there alternatives to ERCP?

Ultrasound and CT scans can provide some information about the liver and pancreas, but ERCP provides a more precise picture of these organs. The only other way to make a similar picture of the bile duct is to penetrate the body wall and then the liver with a needle (percutaneous transhepatic cholangiogram or PTC). PTC is sometimes necessary --in cases of severe blockage of the bile ducts, but ERCP is generally safer. There is no other means to study the pancreatic duct in detail. ERCP allows endoscopic sphincterotomy for treatment of stones or blockages of the bile duct, often avoiding major surgery on the bile duct as a result.

Magnetic Resonance Cholangiography (MRCP) is a new imaging technique that can help diagnose some problems in the bile duct and pancreas. This may avoid the need for ERCP to diagnose some cases, but MRCP is not a therapeutic procedure like ERCP.

After the Procedure

You will be observed for about an hour before going home. You will not be allowed to drive for the rest of the day. You may be drowsy for several hours afterward. You should take only clear liquids until the next day.

If endoscopic sphincterotomy is performed, you may be admitted to the hospital for at least a few hours to make sure there is no sign of any complication. Most patients are kept overnight.

Following the ERCP, your doctor will talk to you and your family and give them a report of the findings.

Preparation

If your procedure is scheduled in the morning, you are not to eat, drink, or chew anything after midnight until your procedure is completed. On the day of your procedure, important medications (such as those for high blood pressure or heart disease) should be taken with a small amount of clear liquid early in the morning, at least 3 hours before the procedure. Other medications can be taken after the procedure.

If your procedure is scheduled after noon, you may have one cup of clear liquids of your choice in the early morning and then nothing to eat, drink or chew until after your procedure is completed. You may take your regular prescription medications in the early morning.

If you are diabetic or taking Coumadin, you will be given specific instructions regarding these medications. Please let your doctor know if there is any chance you might be pregnant at the time of any procedure or testing. X-rays will be used during this procedure.

Updated 2/20/2001

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