



ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAM (ERCP)

What is ERCP?

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. If your doctor has recommended an ERCP, this information sheet will give you a basic understanding of the procedure – how it's performed, how it can help, and what side effects you might experience. Please ask your doctor about anything you don't understand.

During ERCP, your doctor will pass an endoscope through your mouth, oesophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels. After your doctor sees the opening to ducts from the liver and pancreas, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays. Most patients require some therapy during ERCP such as stone removal or plastic stents (tube) insertions to unblock narrowing's.

What can I expect during ERCP?

You should fast for at least six hours (and preferably overnight) before the procedure to make sure you have an empty stomach, which is necessary for the best examination. Your doctor will give you precise instructions about how to prepare.

You should talk to your doctor about medications you take regularly and any allergies you have to medications, or intravenous contrast material. Although an allergy doesn't prevent you from having ERCP, it's important to discuss it with your doctor prior to the procedure. Also, be sure to tell your doctor if you have any major diseases.

Your doctor might apply a local anaesthetic to your throat before giving you a sedative to make you more comfortable. Some patients also receive antibiotics before the procedure. You will lie on your abdomen on an X-ray table. Your doctor will pass the endoscope through your mouth, oesophagus, stomach and into the duodenum. The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument.

Suite 7C Level 7
66 High St
RANDWICK

Ph: 93980200

Suite 704 Level 7
3 Waverley St
BONDI JUNCTION

Ph: 83050000

Suite 18 Level 3
193 Macquarie St
SYDNEY

Ph: 92372500

Suite 8 Level 3
19 Kensington St
KOGARAH

Ph: 83050000

Suite 311 Level 3
100 Carillon Ave
NEWTOWN

Ph: 83050000

What are possible complications of ERCP?

ERCP is a well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Complications or side effects requiring hospitalization occur about 1 in 20 patients. Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major medical problems. They are usually minor and resolve within 2-3 days. Complications can include pain, infections, pancreatitis (an inflammation or infection of the pancreas) and bleeding. It is rare to have more severe complications such as perforation however if any symptoms develop please inform the doctor to manage the problem immediately. Sometimes the procedure cannot be completed for technical reasons and may need an additional procedure.

What can I expect after ERCP?

If you have ERCP, you will be observed for complications until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. All patients should remain on a liquid diet until the day after the procedure and can resume normal diet if they are well.

Someone must accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day.
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