



Information for patients undergoing Endoscopic Retrograde Cholangio Pancreatography (ERCP)

INTRODUCTION

Your doctor wishes you to have an ERCP examination of your bile duct and pancreas, so that he can have an understanding of any disease process or condition which is present. This will help him to understand and treat your symptoms. This is a standard procedure used in the diagnosis and treatment of diseases of the pancreas, bile ducts and gallbladder. It is a similar examination to the common gastroscopy, in that it is a procedure done through the mouth to examine the bile duct and pancreatic duct. Furthermore, this procedure is also used to perform possible therapeutic procedures, such as extracting common bile duct stones. X-Rays are taken at the time of the procedure and you should inform us if there is a possibility of pregnancy.

Preparation for the examination requires that you have an empty stomach. This means you must not take any food or drink or anything by mouth for several hours (usually overnight) before the examination. Solid foods should definitely be avoided 6 hours before the procedure, and liquids 4 hours before the procedure.

INDICATIONS

Evaluation of the patient with jaundice that could be due to obstruction of the bile ducts.

Evaluation of other diseases of bile ducts.

Evaluation of patient's with suspected pancreatic cancer, recurrent pancreatitis, or pancreatic cysts.

Evaluation of bile ducts or pancreatic duct after trauma.

To determine the anatomy of the bile ducts and pancreatic ducts before surgery.

PROCEDURE

The doctor and/or nurse will explain the procedure to you before to the examination. Because many patients are nervous and apprehensive about the examination, we usually administer "conscious sedation" – (see "Conscious Sedation – what you need to know"). We usually administer a small dose of Dormicum®, or similar sedative, into the vein. If you have had an unfavourable reaction to any drug, you should tell the examining physician before the medication is given. A local anaesthetic is given to numb the back of the throat and ease the passage of the instrument into the oesophagus.

You will need to remove dentures, contact lenses, spectacles and jewellery.

The procedure is performed on an X-Ray table. Your throat will be sprayed with a local anaesthetic. A mouth guard will be placed between your teeth. The instrument is passed through your mouth into the oesophagus. The endoscope will not interfere with your breathing and will not cause pain. The procedure may take 30 – 60 minutes.

After the procedure you may experience numbness in your throat. You should not eat or drink anything for 1 hour afterwards, and you will not be able to drive a vehicle, as the sedation impairs your reflexes and judgements.

RISK AND POSSIBLE COMPLICATIONS

This procedure is generally safe, but can result in complications such as

- * Pancreatitis (inflammation in the pancreas) - (in 0,7 – 9 % of procedures).
- * Infections in bile ducts (0,65 – 0,8 %).
- * Perforations and bleeding (rare).

These complications might be serious enough to require urgent treatment, hospitalisation or even an operation.

ERCP TREATMENTS (THERAPY)

If the X-Rays reveal that stones or other obstruction are present in the bile ducts, the opening of the bile duct can be enlarged, by cutting with an electrical wire, and stones removed or the obstruction relieved by inserting a plastic tube (stent) through the narrowed area to allow bile to flow freely into the intestine.

QUESTIONS AND PROBLEMS AFTER THE PROCEDURE

Contact the doctor who performed the procedure, or your referring doctor, or in case of emergency, go to your nearest 24-H casualty for assistance.