

During the procedure your pulse and oxygen levels are monitored using a painless probe placed on your finger. You will receive oxygen through a mask or short prongs placed in your nostrils.

When the endoscope is in position in the duodenum (small bowel) a fine tube is inserted through the scope and into the entrance of the ducts. An x-ray dye is injected through the tube and allows the doctor to see an image of the ducts on an x-ray screen. Blockages, such as gallstones or narrowing of the ducts can be seen.

The doctor may need to enlarge the opening of the duct. For example, this may be necessary to allow the removal of gallstones. This is called a sphincterotomy. It is done with an heated wire (diathermy).

If a narrowing or obstruction is seen the doctor may insert a tiny short plastic tube (stent) that will allow the bile to drain through the duct. The stent can be left in permanently or it may be removed at a later date or replaced if it becomes blocked. This will be discussed with you following your procedure. You will not feel the stent in place.

DOES IT HURT?

The sedation is very effective for most people. It is given minutes before the procedure begins through the needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed.

A pain-killing drug is given at the same time as the sedation to make sure that you are as comfortable as possible.

The sphincterotomy does not cause pain.

YOU MUST CONTACT THE NURSE at least 1 week in advance of your procedure if any of the following applies to you:

- You are diabetic.
- You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason.
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

WHAT HAPPENS AFTER THE E.R.C.P.?

When you are awake the doctor will speak to you about the outcome of your test. If a stent has been inserted this will be discussed with you. A follow up appointment will be arranged for you prior to your discharge.

Patient Information Leaflet

**TALLAGHT
HOSPITAL** 

THE ENDOSCOPY DAY UNIT.

E.R.C.P.

**ENDOSCOPIC RETROGRADE
CHOLANGIOPANCREATOGRAPHY**

**PLEASE READ THIS
INFORMATION CAREFULLY.**

FURTHER INFORMATION OR ENQUIRES.

A nurse is available to speak to you if you have any questions about the procedure:

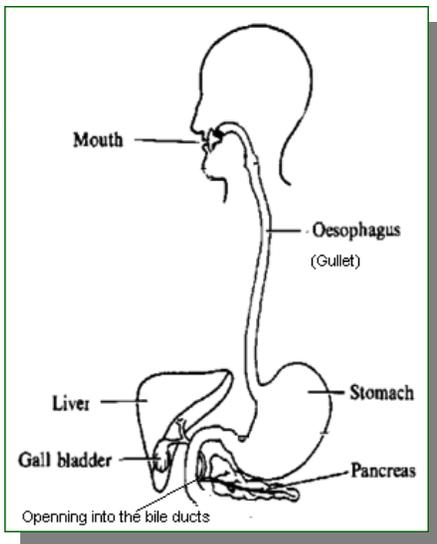
Tel: 4144183 MON-WED 8:30-4pm.

If the telephone is unattended leave your name & contact details & your call will be returned.

Confirmation/Cancellation of appointment or other clerical queries:
Tel: 4144143

WHAT IS AN E.R.C.P.?

An E.R.C.P. is a procedure that uses x-ray and endoscopy. Endoscopy involves the insertion of a slim, flexible, lighted tube through the mouth into the upper gastrointestinal tract. The upper gastrointestinal tract refers to the oesophagus (gullet), the stomach and the duodenum (part of the small bowel connected to the stomach). E.R.C.P. allows the doctor to view the ducts (drainage tubes) of the liver, pancreas and gall bladder.



E.R.C.P. is done while you are sedated. A general anaesthetic is not required for this procedure.

ALL DAY PATIENTS RECEIVING SEDATION MUST HAVE SOMEONE TO DRIVE THEM HOME FROM THE HOSPITAL AND SOMEONE TO STAY WITH THEM OVERNIGHT.

WHY DO I NEED AN E.R.C.P.?

In some cases an E.R.C.P. is used to find a cause for jaundice and/or severe right sided pain. It can also help your doctor make a diagnosis when blood tests or x-rays of the pancreas or liver are not normal.

HOW DO I PREPARE FOR AN E.R.C.P.?

You must fast from food and fluids from 12 midnight on the day before your procedure.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

There is a small risk of damage to teeth or bridgework. Serious risks are, severe bleeding and perforation (tear) in the stomach or gullet or in this case, at the entrance to the ducts (see diagram). Serious complications would require a hospital admission and perhaps surgery.

Sedation can affect breathing, heart rate and blood pressure but close monitoring allows problems to be seen early and treated quickly. Drugs are available to reverse the effects of the sedative.

[Serious complications are very rare.](#)

We make you aware of them so that you have all the information you need when deciding if you wish to have an E.R.C.P. done or not.

WHAT HAPPENS ON THE DAY OF E.R.C.P.?

On the day of your procedure a blood sample may be taken before the procedure can begin to check your clotting times.

Under certain circumstances a single dose of intravenous antibiotics might also be given.

A doctor will talk with you about the procedure and the risks. He/she will ask you to sign a consent form. Your consent means that you understand the procedure and risks and give permission for the procedure to be done.

A local anaesthetic (numbing liquid) is sprayed to the back of your throat. This is similar to the drug used by dentists to numb the gums. The spray is bitter to taste but can make the endoscope pass more comfortably.

The doctor will insert a small needle into a vein in your arm through which the sedation is given.

You will be asked to lie on your stomach with your head and shoulders turned to your left side. You will be asked to take a small doughnut shaped plastic 'mouthguard' into your mouth. This protects your teeth and gums and allows the doctor to pass the endoscope easily.