



Enquiries and appointments: (08) 73250068

Here are answers to some of the commonly asked questions about ERCP. Ask your doctor if you have additional questions or concerns.

WHAT IS AN ERCP ?

The term "ERCP" stands for endoscopic retrograde cholangio-pancreatography. This means looking inside the ducts or "drainage tubes" of the liver, gallbladder and pancreas. It is a procedure performed by a gastroenterologist or a surgeon.

These ducts all drain the secretions from the liver (bile) and pancreas, through a small hole just beyond the stomach. This drainage hole is called the papilla, and the name of the intestine just beyond the stomach is the duodenum.

The main instrument that is used to look inside these ducts is the duodenoscope, which is a long, thin, flexible tube with a tiny video camera and a light on the end. It is a highly specialized endoscope, designed specifically for examining the ducts. When the duodenoscope is close to the papilla, a narrow tube (cannula) is passed through the scope and then through the papilla into the bile/pancreatic duct. Once inside these ducts x-ray dyes can be squirted into the ducts and x-rays taken.

WHY DO I NEED AN ERCP ?

ERCP can be useful in the diagnosis and treatment of a wide range of diseases of the bile ducts and pancreas. The x-rays taken during ERCP or biopsies of abnormalities can help to diagnose the problem. A common treatments performed during ERCP is removal of stones in the bile duct, which stops them causing pain, infection or blockage of the bile duct. Placement of drainage tubes (stents) to relieve blockages is another common reason for ERCP. Usually when such treatments are needed the papilla is widened a little by making a small internal cut (sphincterotomy).

HOW DO I PREPPARE FOR AN ERCP?

There are important steps that you must take to prepare for the procedure. First, be prepared to give a complete list of all the medicines you are taking, as well as any allergies you have to drugs, iodine or intravenous contrast fluid used in many x-rays. It is particularly important to tell you doctor about any blood thinners you are taking (such as aspirin, warfarin, persantin, Plavix or Iscover). Your medical team will also want to know if you have any other medical conditions that may need special attention before, during, or after the colonoscopy. Very important conditions to mention to your doctor include diabetes, sleep apnoea and past insertions of pacemakers or internal defibrillators. It essential to tell your doctor if you are pregnant, as x-rays are used during ERCP.

One very critical step is to fast from solids and milky fluids for 6 hours before the test. This will make sure there nothing in your stomach at the time of the test, so you can't swallow food into your lungs while your sleeping for the test.

You'll be asked to sign a form that gives your consent to the procedure and states that you understand what is involved. If there is anything you don't understand, ask for more information.

WHAT CAN I EXPECT DURING MY PROCEDURE?

During the procedure, everything will be done to ensure your comfort. An intravenous, or IV, line will be inserted to give you medication to make you relaxed and drowsy. For all ERCP's the standard medication involves propofol, given by an anaesthetist. With this medication, it is very unlikely you will be conscious or recall anything from the procedure. Sometimes it will be

necessary for the anaesthetist to pass a tube into your airway (intubation) to ensure your safety during the ERCP.

The time needed for ERCP varies greatly. An average procedure takes about 30 to 45 minutes.

WHAT ARE THE RISKS OF ERCP ?

ERCP is a safe and well tolerated procedure when performed by doctors who are properly trained. Although complications can occur, they are uncommon. Because of the technical difficulty of this test the most common complication is failure to enter the ducts and this can occur between 5 and 10 % of procedures.

Pancreatitis (inflammation of the pancreas) is the most frequent, serious complication and occurs in 1 to 5 % of cases. It is usually mild and settles in a couple of days with pain relief, fasting and intravenous fluids. Occasionally it can be more severe.

Other rarer complications include bleeding (when sphincterotomy is performed), infection of the bile ducts, and perforation (putting a hole in the bowel). All these complications can be treated and death occurs in less than 5 cases per 1000 ERCP's.

The risks of ERCP vary for each patient, so it's important that you have a detailed discussion with your doctor about these risks and alternative tests, before you sign a consent form.

WHAT ARE THE ALTERNATIVES TO ERCP ?

Magnetic resonance imaging (MRI) is the best X-rays non-invasive alternative to ERCP and is safer. Wherever possible these x-rays will be done. However, it is not possible to take samples of tissue (biopsies) or perform treatments with MRI.

WHAT HAPPENS AFTER THE PROCEDURE?

You will be given a copy of the ERCP report and your specialist will also speak to you after the procedure. You will also be given instructions about how soon you can eat and drink, plus other guidelines for resuming your normal routine. Most patients will need to stay overnight in hospital for observation and will usually be able to leave the following morning.

Minor discomforts may persist, such as bloating, gas, or mild cramping and sore throat. These symptoms should disappear in 24 hours or less. By the time you're ready to go home, you'll feel stronger and more alert. **You must not drive until the day after your ERCP.**

Sometimes problems can occur following your discharge home. If you have any significant pain, chills or fevers or signs of bleeding (dizziness, fainting, passing blood or black motions) please contact your specialist immediately. Bleeding following a sphincterotomy can occur up to 3 weeks following the procedure. If you have difficulty contacting him or her, contact the hospital where you had the procedure or ring the main SGIS number (08 82769888), or attend your local emergency department.

WHAT TO AVOID PRIOR TO ERCP

Warfarin/coumadin should be stopped 5 days prior to the procedure, UNLESS you have an artificial heart valve, in which case you should discuss this with your specialist

Clopidogrel (iscover/plavix) should be stopped 7 days prior to the procedure UNLESS you have a cardiac stent, in which case you should discuss this with your specialist.

Diabetics – please discuss with your specialist, but basic rules are:

Insulin – have half your normal evening dose (if you have an evening dose) the evening prior to the procedure and bring your morning dose with you so that you can have this after your procedure.

Oral medications – should be stopped 1 to 2 days prior to the procedure depending upon the medication.

