

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) AND ASSOCIATED ENDOSCOPIC TREATMENTS

Information and instructions for ERCP

THE PROCEDURE

ERCP is a technique to examine the pancreatic and bile ducts. A flexible tube called an endoscope is passed through the oesophagus and stomach into the duodenum, and the opening of the bile duct and pancreatic ducts are identified. The aim of the procedure is to pass a small plastic tube into one or both ducts to inject dye and then take x-rays. In up to 10% of patients it is impossible for technical reasons to pass the plastic tube into the appropriate duct. ERCP will normally only be advised when other less invasive procedures have failed to provide a clear diagnosis. You will be given a light anaesthetic for the procedure.

PREPARATION

It is essential for females that THERE IS NO POSSIBILITY OF PREGNANCY as x-rays are used. Please notify Dr Taylor if you are: diabetic, using blood thinning agents such as warfarin, Plavix, or Iscover, or suffering from a disease affecting the heart valves. If you are diabetic, you will need to discuss your medication with your doctor or Dr Taylor.

If you are on blood-thinning medication, such as warfarin, Plavix or Iscover you should discuss this with your doctor or Dr Taylor to decide whether to continue or cease. If considered safe, then these medications should be ceased **7 days before the procedure**. If you are on aspirin, (which maybe know as Astrix, Cartia or Cardiprin), you should continue with this medication.

On the day of the test you must consume no food from six hours before the scheduled time of your procedure. You may drink clear fluid until four hours before your procedure. **You should take nothing by mouth after this time.**

Please inform the staff if you are sensitive (allergic) to any drugs or other substances especially iodine.

Treatments performed during ERCP

1. Removal of stones from the bile duct.

One of the major reasons for undertaking ERCP is to determine whether stones are present in the bile duct. It is recommended that all bile duct stones be removed either by surgical procedure or by endoscopic sphincterotomy done at the time of the ERCP. In the endoscopic sphincterotomy, a small knife is inserted into the opening of the bile duct and a cut made to enlarge the opening. The stone is then extracted using either a balloon or a wire basket. Occasionally it is not possible to remove the stones in this way.

2. Stenting

The technique of biliary or pancreatic stenting involves passing a flexible guide-wire into the biliary or pancreatic ducts and the pushing a plastic tube over the guide-wire so that one end lies in the bile or pancreatic duct and the other in the duodenum. The usual purpose of inserting such a stent is to relieve blockage of the bile duct caused by bile duct or pancreatic cancer. Occasionally such stents are used for strictures (benign narrowings) of the bile or pancreatic duct, or where stones cannot be removed. Such stents will become blocked over a period of time and will usually have to be replaced three to six monthly.

COMPLICATIONS

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any endoscopic or other interventional procedure.

Complications of ERCP include reactions to sedation. These are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely, however, particularly in patients with severe cardiac or chest disease, sedation reactions can be serious. These include inhaling stomach contents, an unusual reaction to the drugs affecting lung or heart function and local reaction to the medications at the site of the injection.

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COMPLICATIONS (Continued from previous page)

Very rarely, it is possible for a stone to become wedged during the extraction procedure and immediate surgical intervention will be required. 5 – 7% of patients may develop complications but in general the complication rate is less than for open surgical operation. The other significant complications of endoscopic sphincterotomy are haemorrhage or a hole in the bowel, which may require operation.

The most frequent serious complication of ERCP is inflammation of the pancreas (pancreatitis). This complication occurs in up to 5% of examinations and can cause abdominal pain severe enough to require hospitalisation for several days. Very rarely, pancreatitis can be life-threatening and involves prolonged hospitalisation for a surgical operation. Infection of the bile duct or pancreas can also occur. If such complications are found or are known before the procedure antibiotics will be advised.

AFTER THE PROCEDURE

The sedative/analgesic you will receive at the time of the procedure is very effective in reducing any discomfort. However, it may also impair your memory for some hours after the procedure. For this reason you should be accompanied by a relative or friend. If you are alone and do not recall discussions following the procedure, you should contact Dr Taylor or the hospital at your earliest convenience.

You will be kept in hospital for observation for four hours following your procedure. You will be sleepy for some time after the procedure and should not drive, or carry out demanding tasks for the remainder of the day.

Because the sedative may interfere with your judgment or ability to concentrate, **you should not drive a motor car, ride a bicycle or travel unaccompanied, use dangerous machinery or sign important documents for the remainder of the day. It is necessary to arrange for a friend or relative to take you home from the hospital. You must have an adult staying with you in the home overnight following your procedure.**

DISCHARGE INFORMATION RELATED TO ERCP

After discharge from the hospital, if you develop **fever, severe abdominal pain, vomiting, the passage of black stools or any other symptom of concern**, you should contact one of the following:

Dr Andrew Taylor: 9890 3977 or pager: 9387 1000

Epworth Eastern Private Hospital: 8807 7100

St Vincent's Private Hospital:

9411 7111

Day:	Date:
No food after:	Admission time:
You may have water until: then nothing by mouth	
However, you should take your normal medications with a sip of water – except for those medications you have been specifically advised not to take.	Estimated Procedure Time:

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