

ERCP Information Sheet

General indications for the procedure:

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. This helps the doctor evaluate symptoms of upper abdominal pain, nausea, vomiting or weight loss. It's an excellent test for finding the cause of jaundice, pancreatitis, and removal of gallstones causing a blockage as well as investigating cancers of the pancreas.

Preparation for the procedure:

An empty stomach allows for the best and safest examination, so the patient should have nothing to eat or drink, including water, for approximately six hours before the examination. The doctor will tell the patient when to start fasting

Description of Procedure:

Prior to the procedure the throat may be sprayed with a local anesthetic and intravenous sedation is given to cause drowsiness and make the patient more comfortable. Some patients also receive antibiotics before the procedure. The patient will lie on his/her left side on an X-ray table. During ERCP, the doctor will pass a thin flexible tube called an endoscope, which has its own lens and light source, into the mouth, esophagus, stomach, and finally into the duodenum (first part of the small intestine). The images will be viewed on a monitor. The patient may feel a bloating sensation because of the air introduced through the instrument. After the common opening to the ducts from the liver and pancreas are detected, a narrow plastic tube called a catheter is passed through the endoscope and into the opening. A contrast material (dye) is then injected into the pancreatic or biliary ducts and X-rays are taken. If necessary during the test, small brushes and biopsy forceps can be passed thru the endoscope in order to obtain cells or small tissue samples for analysis. An ERCP is also used to treat conditions that may cause blockage of the liver or pancreas ducts. Small instruments can be passed thru the endoscope channel to directly treat many abnormalities with little or no discomfort. For example, the doctor might stretch a narrowed area, remove a stone, or place a plastic catheter called a stent across a blocked area to allow drainage

After the procedure:

The patient will be monitored until most of the effects of the medication have worn off. The throat may be a little sore, and the patient may feel bloated because of the air introduced into the stomach during the test. The patient will be able to eat after he/she leaves unless the doctor instructs otherwise. If the patient received sedatives, he/she will not be allowed to drive after the procedure even though the patient may not feel tired. The patient should arrange for someone to accompany him/her home because the sedatives might affect their judgment and reflexes for the rest of the day.

Risks of the Procedure:

Although complications requiring hospitalization can occur, they are uncommon. Complications are rare and can include pancreatitis, an inflammation or infection of the pancreas, infections, bowel perforation or bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons. 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. Patients undergoing therapeutic ERCP, such as for stone removal, face a higher risk of complications than patients undergoing diagnostic ERCP. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining) which are uncommon.

Procedure Alternatives:

No endoscopy or biopsy. CT scans and MRI can help with the diagnosis but no tissue sampling or therapy may be possible. Placing a needle through the liver by a Radiologist and injecting dye or placing a catheter in the bile ducts.

Probable Consequences of Refusing Procedure:

Not knowing the cause of the intestinal problem and possible undetected cancers. Blocked areas in the drainage system of the liver can give rise to infection.

Person(s) performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a gastroenterology fellow who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Parts of the procedure which they perform will be based on their level of competency.