

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

What you need to know before your procedure.

Please report to the registration desk in the Endoscopy Unit, Level 0 of St. Joseph's Hospital – Grosvenor Entrance 2 on Grosvenor Street.

On: _____

Arrive at: _____

Doctor: _____

1) Sedation will be used so please arrange for a family member or friend to accompany you home. **YOUR DRIVER MUST REMAIN IN HOSPITAL DURING YOUR STAY.** You may be ready for discharge 1-3 hours after arrival. **IF YOU DO NOT HAVE SOMEONE TO ACCOMPANY YOU YOUR TEST WILL HAVE TO BE CANCELLED.**

2) If you require assistance with personal care, please arrange for someone to be with you.

*Please bring a list of ALL medications *Please leave all jewelry at home

*Please do not wear any perfumes/colognes

Your Medications

- Stop taking ASA, ASA containing medications, Plavix (clopidogrel), Ticlid (ticlopidine) Coumadin/Warfarin, fragmin (Dalteparin), Pradax (Dabigatran), for 7 days prior to your procedure. If your family doctor or referring physician feels it is unsafe for you to stop these medications contact the physician who is doing the procedure.
- If you are taking Insulin or other medication for diabetes, discuss with your family doctor the dosages to be taken the day of your procedure.
- Take cardiac or other important medications with sips of water before 6:00 am the day of the procedure.

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What preparation is required?

Nothing to eat or drink after: _____

- For the best possible examination, your stomach must be completely empty. You should have nothing to eat or drink after midnight the night before your procedure. If your procedure is after Noon, you may have a clear liquid breakfast (eg. Juices, black tea/coffee, broth, jello, water, NO MILK) before 8:00 a.m. then nothing by mouth until the procedure is done.
- Prior to the day of your appointment, notify the doctor who will be doing your procedure if you have a pacemaker or an implanted cardiac defibrillator,
- Notify your doctor if you have had an allergic reaction to iodine dye, X-ray dye or shellfish.
- It is important that you do not have any barium x-rays the week prior to this test as the barium may interfere with the ERCP.

What is an ERCP?

ERCP is an endoscopic procedure that uses x-rays to visualize the bile ducts and pancreas. A long flexible tube, approximately the size of your little finger, is passed through the mouth and into the upper digestive tract to the first portion of the small bowel (duodenum). A small plastic tube (cannula) is passed through the endoscope into the opening of the bile duct and / or pancreatic duct. Contrast material (dye) is then injected and x-rays are taken to study the ducts. Instruments may be passed through the scope and used for both diagnostic and therapeutic purposes.

What are the reasons for doing an ERCP?

ERCP is a valuable tool for the diagnosis of many diseases of the pancreas, bile ducts, liver and gallbladder. An abnormality suspected by clinical history, blood tests or x-ray can be confirmed and studied in detail. The cause of an obstruction to the flow of bile may be found in a patient who is jaundiced.

The procedure also has therapeutic applications including the removal of gallstones from the bile duct and stent placement to relieve obstruction of the bile duct.

In patients with suspected or known pancreatic disease, ERCP will help to determine the need for surgery and the best type of surgical procedure to be performed.

ERCP is generally safe and well tolerated. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your need for ERCP, do not hesitate to speak to your doctor.

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What should you expect during the procedure?

Your doctor will give you medication through a vein to make you relaxed and sleepy and your throat will be sprayed with a local anaesthetic spray. While you are lying on the x-ray table, the ERCP endoscope will be inserted through the mouth and into the duodenum. The tube will not interfere with your breathing. Gagging is usually prevented by the medication. During the procedure, while x-rays are being taken, you may be asked to change your position.

During the procedure, you may feel bloated due to the air used to inflate the intestine. As x-ray contrast material is injected into the ducts, you may feel some discomfort.

What happens after an ERCP?

You will be kept in the endoscopy unit until most of the effects of the medication have worn off. You may feel bloated and you may have a soft bowel movement because of the air and contrast materials that were introduced during the examination.

You will be able to resume your usual diet after the procedure unless instructed otherwise.

Are there any complications from an ERCP?

ERCP is safe and associated with very low risk when performed by physicians who have been specially trained and are experienced in such procedures.

One possible complication is pancreatitis. This occurs as a result of irritation of the pancreas gland during the procedure.

Sphincterotomy is the cutting of the small muscle that connects the bile duct with the duodenum. This may be complicated by pancreatitis, perforation of the duodenum and hemorrhage.

Localized irritation of the vein may occur at the site of medication injection. A tender lump may develop and remain for several weeks to several months but will eventually go away.

Other potential risks include perforation (tear) of the bowel, drug reactions and complications from unrelated diseases such as heart attack or stroke. Death is extremely rare but remains a remote possibility.

If you experience problems please contact the office of your physician through the hospital switchboard at 519-646-6000.

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