

What is ERCP?

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the bile ducts, pancreatic duct and gallbladder. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. The pancreatic duct is the drainage channel from the pancreas.

During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels. After your doctor sees the common opening to the ducts from the liver and pancreas, called the major duodenal papilla, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays.

Preparation

To obtain the full benefits of the exam and achieve the highest degree of accuracy, the stomach must be emptying and free of food. Our experienced staff will provide instructions on how to do this. It involves following dietary restrictions. Although an allergy doesn't prevent you from having ERCP, it's important to discuss it with your doctor prior to the procedure, as you may require specific allergy medications before the ERCP.

Medication Adjustments

Most medications can be continued as usual, but certain medications can interfere with the preparation or the examination. Inform your doctor about medications you are taking, particularly aspirin, arthritis medications, anti-coagulants and blood thinners (such as warfarin, heparin), clopidogrel, diabetes medications, and blood pressure medications.

The Procedure

ERCP is usually performed on an outpatient basis at a hospital based surgery center. You are moderately or deeply sedated to help you relax. The endoscope is then inserted through your mouth and advanced into the esophagus, stomach, and proximal small intestine. The endoscope does not interfere with your breathing. The procedure takes approximately 60-120 minutes, although you should plan on 3 to 4 hours for waiting, preparation, and recovery. A recovery area is available to monitor vital signs until you are fully awake.

Why is ERCP done?

ERCP is mainly done to diagnose and treat diseases of the bile and pancreas ducts. These include but are not limited to stones, cancers, strictures(narrowing or blockage), chronic pancreatitis.

Possible Risks

ERCP is a well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalization can occur, they are uncommon. Complications can include pancreatitis (inflammation of the pancreas), infections, bowel perforation and 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. Your doctor will discuss your likelihood of complications before you undergo the test.

These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition. Other potential risks include allergic or adverse drug reactions to the medications, blood pressure changes and/or cardiac or respiratory problems with the use of sedatives. The physician, anesthesiologist, and the endoscopy team also have advanced training to deal with these rare complications. Your doctor will discuss these in detail with you prior to the procedure.

What can I expect after ERCP?

If you have ERCP as an outpatient, you will be observed for complications until most of the effects of the medications have worn off before being sent home. You might experience bloating or pass gas because of the air introduced during the examination. You can resume your usual diet unless you are instructed otherwise.

Someone must accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day.