

What to expect, *continued*

The doctor may spray the back of your throat with medicine to numb it. The doctor will give you sedation through the IV to make you relaxed and sleepy. They will pass the endoscope very gently into your mouth and down your esophagus. You can still breathe normally. The doctor may put some air into the scope to see better. This air can make your stomach feel bloated or swollen.

During this procedure the doctor will pass the endoscope through your mouth, esophagus and stomach into the first part of the small intestine (duodenum). After they see the opening where the bile and pancreatic ducts empty into the duodenum (the ampulla) they will pass a small plastic tube (catheter) through the endoscope into the ducts. We inject x-ray dye through the catheter into the ducts and take x-rays. The doctor can use different instruments through the endoscope to remove gallstones or open a blocked duct.

After ERCP

After your ERCP we will watch you for about two hours. You may feel bloated and have gas. You can have clear fluids such as apple juice and water after your ERCP.

You can eat normally the next day. Your friend or family member will need to pick you up in the GI Clinic and go home with you. They should stay with you for a few hours or overnight to make sure everything is OK. Do not drive or go back to work on the day of your ERCP. If you have any fever, chills, severe nausea, vomiting or pain, go to the nearest Emergency.

Results

Your doctor or nurse will talk to you about the results of your test before you go home. Depending on what we do during your ERCP, we will tell you how to follow up. If we take a biopsy, we will analyze it in about two weeks. If the biopsy is not normal, we will call you to make an appointment to talk about the results.

Questions

If you have any questions, please talk to your family doctor or your specialist.

Patient Information - GI Clinic



How you want to be treated.

What is ERCP?

Endoscopic Retrograde Cholangiopancreatography

endoscopic retrograde
co-lan-gee-o-pan-cree-ah-tog-gra-fee

ERCP stands for Endoscopic Retrograde Cholangiopancreatography. We use this technique to study and treat your bile ducts, pancreatic ducts and gallbladder. This procedure is done by a gastroenterologist, a doctor with specialized education about the stomach and intestinal tract.

This material has been reviewed and approved by patients, families and staff.

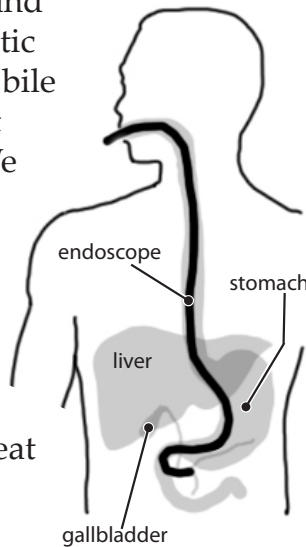


How you want to be treated.

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FK.140.En255.PHC (Nov-14)

During this procedure the doctor uses a thin, flexible tube called an endoscope. This instrument has a lens and light source at its tip and sends images to a video monitor. We pass the endoscope through your throat and stomach. During ERCP the doctor uses different instruments through the endoscope. We use these instruments to remove gallstones, take a tissue sample (biopsy), and insert a small plastic tube (stent) in the bile or pancreatic duct to keep it open. We also inject x-ray dye through the endoscope and take x-rays.



Why we do ERCP

We do ERCP to treat these conditions:

- undiagnosed upper abdominal pain.
- gallstones trapped in the main bile duct.
- blockage of the bile duct.
- yellow jaundice, which turns the skin yellow and the urine dark.
- cancer of the bile ducts or pancreas.
- inflammation of the pancreas (pancreatitis).

Risks

As with any medical procedure, there are risks to having ERCP. However, complications are not common. About 10% of people who have ERCP experience complications. Possible complications include:

- inflammation of the pancreas
- infection
- a perforation, or tear in the lining of your bowels.
- bleeding where we take a biopsy or unblock a duct.
- bad (adverse) reaction to the sedation medicine we give to make you relaxed.

The doctor will tell you more about the risks before you sign the consent form for the test.

How you get ready for ERCP

- take the whole day off work. Make arrangements with a friend or family member to drive you home afterwards and stay with you for a few hours or overnight.
- do not eat or drink anything, not even water, after midnight the night before the test.

- talk to your family doctor and your specialist about the medications you are taking and any allergies to medications, x-ray dye or iodine products.
- tell your family doctor and your specialist if you are taking ASA products (Aspirin/acetylsalicylic acid), arthritis medications, or blood thinners (warfarin, heparin, Plavix/clopidogrel).
- also tell your family doctor and your specialist if you take insulin.
- they will tell you if you should stop taking these medicines or take a different dose before the ERCP.

What to Expect

Your ERCP will take about an hour. We do this procedure in an x-ray room so we can take x-rays.

We will store your dentures and eyeglasses and give you a patient gown to wear. We will start an intravenous (IV) in your arm or hand. We will monitor your blood pressure, pulse and oxygen levels during the procedure. You will lie on your stomach and put a small plastic mouthpiece between your teeth to hold your mouth open.