

Gastroenterology Clinic
Lawrence General Hospital – Ambulatory Care Center
1 General Street – Level 1
Lawrence, MA

Endoscopic Retrograde Cholangio-Pancreatography (ERCP) Pre-Procedure Instruction List

It is very important to follow the endoscopic retrograde cholangio-pancreatography (ERCP) prep instructions. If you do not follow these instructions as directed, there is a chance that you will not be ready for the procedure and you will need to reschedule for another day.

Planning for Your Endoscopic Retrograde Cholangio-Pancreatography

Please take a moment to read through all information as soon as you receive it. You can check off each item as you complete it and understand what you need to do.

- ☐ **You must complete prep as specified by your gastroenterology provider.** If you have not received instructions on prep, please call the Lawrence General Hospital Gastroenterology Clinic at **978-946-8487**.
- ☐ **Your prep will be: Nothing by mouth prior to your procedure.** Please do not eat or drink anything after midnight prior to your endoscopic retrograde cholangio-pancreatography.
- ☐ **If you take anticoagulant medications (blood thinners), please contact your cardiologist or the prescribing doctor to get information on how to manage these while you are prepping for the colonoscopy.**
- ☐ **If you are diabetic, please call the clinic (978-946-8487) to discussion your medications before your procedure.**
- ☐ **You need to have a responsible adult driver with you at the procedure.** This person will need to be present with you at check-in and when you are discharged after the procedure. If you do not have a driver with you at check-in, we will need to reschedule your appointment. The driver will need to remain at the hospital during the procedure, which can take 1-2 hours to complete.
- ☐ **Please bring a current list of your medications with you.**
- ☐ **Please wear comfortable clothing, do not bring jewelry, contact lens, or other valuables with you.**

If you need to cancel or reschedule your procedure, please call the clinic immediately **978-946-8487**.

What is an Endoscopic Retrograde Cholangio-Pancreatography (ERCP)?

Endoscopic Retrograde Cholangio-Pancreatography (ERCP) is used in the diagnosis of disorders of the pancreas, bile duct, liver and gallbladder. The doctor passes endoscope (a thin flexible telescope) through the mouth, to inspect the stomach and duodenum. The doctor then injects the contrast dye into the drainage hole (papilla) from the bile ducts and pancreas, to take detailed x-ray pictures. Since x-rays are taken, you should inform us if there is any possibility of pregnancy.

Preparation

To allow a clear view, you should not eat or drink anything after midnight. If you must take prescription medicines, use only small sips of water. **DO NOT TAKE ANTACIDS.**

What will happen

The doctor and/or nurse will explain the procedure, and answer your questions. Please tell them if you have had any other endoscopy examinations, or any allergies/reactions to medications or contrast dye. You will be asked to sign a consent form, which gives your permission for the procedure. You will need to put on hospital gown, remove your glasses, contacts and dentures.

The examination is performed on an x-ray table. You will be given medication by injection through a vein to make you sleepy and relaxed. While in a comfortable position on your left side, the doctor will pass the endoscope through your mouth and down your throat. A guard will be placed to protect your teeth. The endoscope will not interfere with your breathing and will not cause pain. You may be asked to change position during the examination, assisted by a nurse. The procedure takes 15-60 minutes.

Afterward

Your throat may feel numb and slightly sore. Because of the local anesthetic and sedation, you should not attempt to take anything by mouth for at least an hour. It is wise to only have clear liquids for the remainder of the day. You will remain in a clinical area for at least one hour. A responsible adult must be present to drive you home, as the sedation impairs your reflexes and judgements. For the remainder of the day you should not drive a car, operate machinery, or make any important decisions. We suggest that you rest quietly.

Risks

The risks with ERCP are limited and uncommon (occurring in approximately less than 1 in 1000 cases) and include, but are not limited to: reactions to medications, perforation of the intestine and bleeding. Injection of contrast through the endoscope can cause allergic reactions, inflammation of the pancreas (pancreatitis) and of the bile duct (cholangitis). These complications are rare, but may require urgent treatment, and even operation. Be sure to inform us if you have any pain, fever or vomiting in the 24 hours after ERCP.

If you have any questions about your procedure, please call the clinic at **978-946-8487**.

ERCP Treatments

Sphincterotomy

If the x-ray shows a gallstone, or other blockage, the doctor can enlarge the opening of the bile duct. This is called "sphincterotomy," and is done with electrically heated wire, which you will not feel. Any stones will be collected into a tiny basket or left to pass into the intestine.

Stenting

A stent is a small plastic tube which is pushed through the endoscope and into a narrowed area in bile duct. This relieves jaundice, by allowing the bile to drain freely into the intestine. Stents are sometimes placed in the pancreatic duct, when it is narrow or blocked.

Nasobiliary Tube

Sometimes a small plastic tube is left in the bile duct and brought out through the nose for a few days. This helps with the drainage of bile and allows for further x-rays to be taken to check when the duct is clear. The presence of the tube may be slightly uncomfortable at first but will not interfere with eating or drinking.

Risks

These treatments for stones and blockages have been developed and recommended to you because they are more simple and safer than standard surgical operations. However, you should realize that they are not always successful, and problems can arise. Potential complications include: perforation of the intestine, bleeding, inflammation of the pancreas (pancreatitis) and infection of the bile duct (cholangitis). These complications are rare, but may be serious enough to require urgent treatment, and even an operation.

It is very unusual for other biliary problems to develop in the months or years after sphincterotomy, but jaundice, fevers, and even new stones can occur. Usually these can be dealt with by another endoscopic procedure.

Stents can become blocked with debris after many months. This will result in recurrence of jaundice, usually associated with fevers or chills. If this happens, you should inform your doctor or call your primary care doctor within one or two days. You will need antibiotics, and consideration of stent change.

If you have any questions about your procedure, please call the clinic at 978-946-8487.