



Education

Endoscopic Retrograde Cholangiopancreatography (ERCP)

What is endoscopic retrograde cholangiopancreatography (ERCP)?

ERCP is a test to examine your liver, gallbladder, bile ducts, and pancreas. Your health care provider uses x-rays and a slim, flexible, lighted tube called an endoscope to look at these parts of your body. Your provider may use contrast dye to highlight them on the x-rays. ERCP may be used to remove stones or blockages in the bile ducts.

When is it used?

ERCP is used mainly to diagnose and treat problems in the bile ducts. Your common bile duct connects your liver, gallbladder, and pancreas to your small intestine. Your pancreatic duct connects your pancreas to your common bile duct. The sphincter of Oddi is a circular muscle around the opening where your common bile duct enters your small intestine. It opens and closes to allow fluid to pass into your small intestine to help with digestion.

Your health care provider may suggest this procedure if:

- You have particular forms of jaundice.
- He or she suspects you have a stone lodged in the common bile duct.
- You have a blockage in the pancreatic duct.
- You have a sphincter of Oddi that is too tight.
- You have a growth of tissue in the bile duct or pancreatic duct.

Examples of alternatives to this test are:

- having an operation to explore the common bile duct
- having a CT scan of the abdomen
- having similar x-rays done with the use of a needle placed into the bile duct through the liver (a procedure called a percutaneous transhepatic cholangiogram)
- choosing not to have treatment, while recognizing the risks of your condition.

You should ask your health care provider about these choices.

How do I prepare for an ERCP?

- Your stomach and duodenum must be empty for the procedure to be accurate and safe. You will not be able to eat or drink anything after midnight the night before the test, or for 6 to 8 hours before the test, depending on the time of your test.
- Tell your provider if you are allergic to any medicines or iodine, which is in the dye.
- Follow your health care provider's instructions about not smoking before and after the procedure.
- Arrange for someone to drive you home after the exam.
- Follow any other instructions your health care provider gives you.

What happens during the procedure?

The test may be done in an outpatient clinic or hospital.

You will be given a sedative to relax you. The back of your throat will be sprayed with a local anesthetic to prevent gagging on the scope. The doctor will insert a tube into your mouth, down your throat, and through your esophagus, stomach, and small intestine until it reaches the point at which the common bile duct opens into the intestine (the sphincter of Oddi).

The doctor will pass a small tube through the scope and inject a contrast dye through the tube into the ducts. This makes the ducts show up clearly on x-rays.

If the exam shows stones, the doctor may use a tool to break them and move them into the intestine. The doctor may also enlarge the opening of the sphincter of Oddi by cutting into the muscle wall to allow the stones to pass through to the intestine more easily. Tissue samples may be taken for testing in the lab.

The test takes 30 minutes to 2 hours.

What happens after the procedure?

You will need to stay at the clinic or hospital for 1 to 2 hours until the most of the sedative wears off. If any kind of treatment is done during ERCP, such as removing a gallstone, you may need to stay in the hospital overnight.

After the procedure:

- Do not eat or drink for at least 1 hour. Your throat may still be numb, causing you to choke if you eat or drink too soon.
- After 1 hour, try taking small sips of water. Then try other liquids. Once you can swallow easily, you may have solid food.
- Your throat may feel sore when the anesthetic wears off. This discomfort may last for 3 to 4 days. Throat lozenges and gargling with warm saltwater will help.
- You may feel bloated and pass a soft bowel movement because of the air and dye used during the test.

Ask your health care provider what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

Your health care provider may understand your problem better and be able to suggest further care.

You may get relief from the problem. If you have a blockage, the doctor may be able to relieve it without abdominal surgery. Abdominal surgery has more risks, causes more discomfort, and requires a longer hospital stay and greater expense.

What are the risks associated with this procedure?

- Your esophagus, stomach, intestine or common bile duct may be hurt or punctured.
- You may develop inflammation in the liver, common bile duct, or pancreas.
- The procedure may not work: If there is a blockage or if you have stones, your doctor may not be able to clear either one.
- You may have infection or bleeding.
- If the muscle needed to be cut, the wall of the duodenum could be injured, which would require an operation to fix.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You have severe abdominal pain.
 - You feel nauseated.
 - You vomit.
 - You have a fever.
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Call your provider during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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