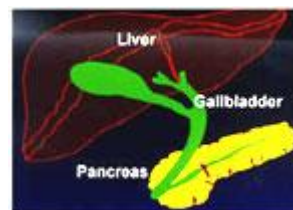


## ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)



The ducts of the gallbladder, liver, and pancreas

### What is ERCP?

ERCP is an endoscopic procedure used to take x-ray pictures of the ducts (drainage routes) of the **gallbladder**, **liver** and **pancreas**. ERCP may be recommended by your Borland-Groover Clinic physician because of unexplained abnormal liver tests or upper abdominal pain; because of pancreatic problems; or because gallstones are suspected.

### What preparation is required before ERCP?

For the safest examination, the stomach must be empty. You should have nothing to eat or drink, including water, for 6 hours before ERCP.

Your Borland-Groover Clinic physician will need to know to of any medications, major illnesses or allergies so that you can be given instructions about these prior to ERCP.

It is especially important to tell your doctor of any aspirin, arthritis medicines, warfarin (Coumadin), or any other blood "thinners" which can affect blood coagulation.

Blood tests usually are performed one to two days before ERCP.

For many patients, antibiotics are given intravenously prior to ERCP.

### What will occur during ERCP?

At the Endoscopy Center, you will be registered as a patient, given a consent form to read and to sign, and will have the opportunity to ask the nurse and doctor questions.

An IV (plastic) catheter will be placed in an arm or hand vein. Your throat will be sprayed with a local anesthetic and your Borland-Groover Clinic physician will give you medications through the vein to help you relax during the test.

Generally, patients are awake but so sedated that there is no discomfort or memory of ERCP. While lying comfortably on your left side, a small tube (the endoscope) is passed through the mouth and gently guided into the esophagus by the physician.



BGC Physician performing an ERCP

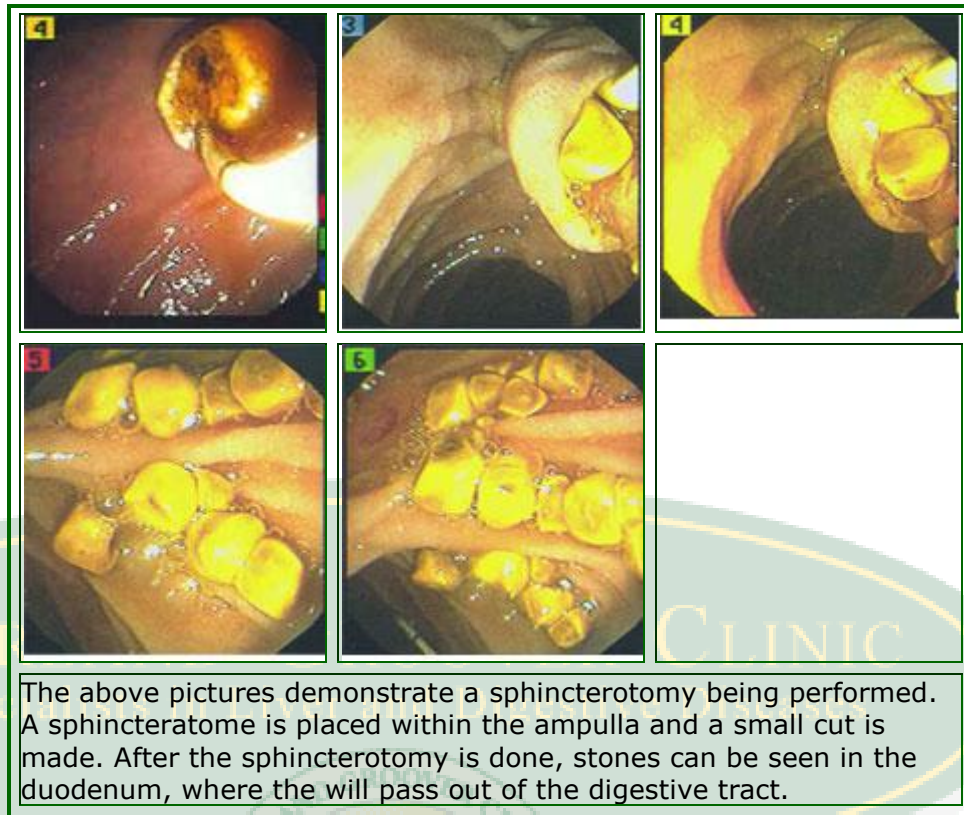


Scope advanced to the level of the bile ducts which exit into the small intestine

With ERCP, the endoscope is passed through the mouth, esophagus, and stomach into the duodenum (first part of the small intestine). A small plastic tube, called a catheter, is passed through the endoscope and manipulated by the gastroenterologist into the bile ducts and pancreatic ducts. Dye is injected and x-ray pictures are obtained. Depending upon what is seen on these x-ray pictures, your doctor may put instruments through the endoscope in order to obtain biopsies or other specimens, remove gallstones, dilate a narrowed duct, or to place a drainage tube into a duct.

In this way, ERCP often can avoid the need for surgery. Most patients have no discomfort and many patients fall asleep during the procedure.





### What happens after ERCP?

After the test, you will be monitored in the Endoscopy Center for 30-60 minutes until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of air introduced into your stomach during the test.

Most patients are allowed to resume their normal diet after leaving the Endoscopy Center. Some patients are kept overnight in the hospital for observation and administration of antibiotics.

Your Borland-Groover Clinic physician will speak to you after the test but you likely will not remember this. Someone must accompany you home from the procedure because of the sedation used during the examination. You will be asked not to drive for the rest of the day.

The physician will speak with the person driving you home and our nurse will give you written instructions and results of the procedure. A report will be sent to your primary physician in a few days.

Please plan to be at the Endoscopy Center for three hours.

### **What are the possible complications of ERCP?**

ERCP is generally safe and complications are rare when the test is performed by a Board-certified Borland-Groover Clinic gastroenterologist with special training and certification.

Your Borland-Groover Clinic physician will discuss why ERCP is being performed, potential complications from ERCP, and alternative tests that may be available.

Air introduced by the instrument may cause temporary bloating and nausea after ERCP. Irritation may occur at the vein where medications were given, sometimes leaving a tender lump lasting for several weeks. Applying hot moist towels may help relieve discomfort.

Major complications requiring hospitalization can occur but are uncommon during ERCP. They include pancreatitis (painful inflammation of the pancreas) which occurs in one in every 200 cases.

Less common complications are infections, bowel perforation, bleeding, an allergic reaction to the sedatives used, aggravation of heart or lung diseases, or death.

Often these complications can be managed without surgery, but occasionally they may require corrective surgery. These risks must be balanced against the potential benefits of the procedure and the risks of alternative surgical treatments.

Please call the Borland-Groover Clinic immediately if after ERCP you develop fever, significant pain, or bleeding.