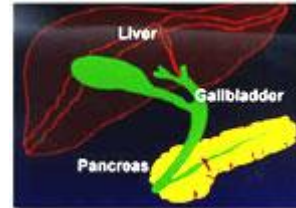


## ERCP and Sphincter of Oddi Manometry



The ducts of the gallbladder, liver, and pancreas

### What is Sphincter of Oddi Manometry?

ERCP with sphincter of oddi Manometry is an endoscopic procedure used to take x-ray pictures of the ducts (drainage routes) of the **gallbladder**, **liver** and **pancreas** and obtain pressures of the muscle called the sphincter of oddi. This procedure may be recommended by your physician because of unexplained abnormal liver tests or upper abdominal pain; after your gallbladder has been removed, or in conditions of recurrent unexplained pancreatitis. [Click for more information on Sphincter of Oddi Manometry.](#)

Sphincter of oddi Manometry is used during ERCP, to measure the pressures of the muscle (sphincter of oddi) that controls the flow of fluid exiting your pancreatic and common bile duct into the **duodenum** (the first part of the **small bowel**).

### What preparation is required before ERCP with sphincter of Oddi Manometry?

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 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 and sphincter of Oddi Manometry?

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.

A plastic catheter (IV) 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 Borland-Groover Clinic 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. At this point, this catheter is connected to a small computer, that allows real time measurement readings of the pressures of the sphincter of oddi. Depending upon what is seen with respect to the pressure measurements, your doctor may or may not make a small cut known as a sphincterotomy. In addition, if something else is noted with the injection of contrast, biopsies may be taken via the scope. If a stone is found within one of the ducts, it may be removed, or if a stricture is present a stent might be placed.

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 and sphincter of Oddi Manometry?**

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 eat after leaving the Endoscopy Center. Patients are rarely 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.

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 and sphincter of Oddi Manometry?**

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 without the addition of Sphincter of Oddi Manometry. With the addition of Manometry, the risk of pancreatitis goes up. In some of the medical literature it has been reported to be as high as in 25% of cases. We use a technique known as aspiration Manometry and have found that the risk is much less than the reported 25%, reported by Dr. Sherman's group. In a poster presentation at the annual Digestive Disease Week in 2002, our group reported a decrease in the incidence of pancreatitis associated with SOD manometry..

Less common are other serious infections, such as 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 do 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.

