

# Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

## Patient Information – Gastrointestinal Endoscopy Unit

### Understanding ERCP

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Your doctor has decided that an ERCP procedure is needed to treat your condition. This information sheet has been prepared to help you understand the procedure. Please read it carefully.

### What is an ERCP?

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An ERCP allows the endoscopist (doctor) to examine the ducts (drainage routes) of the gall bladder, pancreas and liver (bile ducts).

To do this, a thin flexible tube called a duodenoscope is passed through your mouth, into your stomach and then into the duodenum (first part of the small intestine).

Once in the duodenum, the common opening to the duct from the liver and pancreas is identified and X-ray dye (contrast) is gently injected through a catheter (thin, plastic tube), which is passed through the duodenoscope into the duct.

X-ray films are then taken to identify what needs to be treated.

### How do I prepare?

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A few days before the procedure you will need to have a blood test to check your blood clotting levels and liver function. Please take the enclosed laboratory form with you to your local blood testing centre to have your blood tests.

- **NO food** after midnight (2400) the evening before your procedure
- Then **clear fluids only** from midnight until 6:00am (the morning of your procedure)
- **Nil by mouth** from 6:00am on the morning of your procedure

## Clear fluid suggestions:

- Water (still & sparkling)
- Clear broth / bouillon
- Clear apple or orange juice
- Yellow coloured jelly
- Black tea or black coffee
- Yellow or orange barley sugars
- Lemonade or Ginger Ale
- Gastrolyte: lemon flavour only
- Clear salty fluids e.g. strained chicken noodle soup.
- Strained Miso soup
- Lemon or Lime flavoured / coloured electrolyte drinks  
Like: Replace, Gatorade or Powerade

## What about my current medications?

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Please contact us as soon as possible on 0800 500 444 for further instructions if you are:

- Taking an anticoagulant medication such as **warfarin, dabigatran, rivaroxaban** *OR* anti-platelet therapy such **clopidogrel, dipyridamole or ticagrelor**.
- Have a pacemaker *OR* internal cardiac defibrillator.
- If you are taking aspirin, please continue this as normal.

All other essential medications such as heart medications, psychiatric medications, steroids and epilepsy medications, can be taken as usual with a small mouthful of water.

Please bring all your medications to the appointment, especially any nitrolingual sprays, asthma inhalers or diabetic medications.

If you need advice on how to manage your diabetes before to the procedure, please contact your GP. Information is also available on [www.healthinfo.co.nz](http://www.healthinfo.co.nz)

## Where can I park?

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Parking at Christchurch Hospital is limited. Please allow at least 30mins to find a car park.

Information about parking is available at:

<http://www.cdhb.health.nz/patients-visitors/pages/parking.aspx>

## On arrival

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Please report to:      Gastrointestinal Endoscopy Unit  
   2nd floor  
   Riverside building  
   Christchurch Hospital.

The receptionist will check your details and a nurse will take your medical history and conduct a nursing assessment of you, prior to the procedure.

A doctor may also complete a medical assessment, prescribe medication to take prior to the procedure and ask you to sign a consent form.

## Consent

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Before the procedure can begin you will need to sign a consent form to agree to proceed. This consent form has been sent to you in the mail, so you can read it, and think of any questions you would like to ask.

A nurse and doctor will discuss the procedure with you and explain the possible complications and side effects before asking you to sign the consent form.

If you later change your mind, you are entitled to withdraw your consent even *after* signing.

## What can be expected during the procedure?

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Once the nurse and a doctor have completed an assessment of your health, an IV cannula will be inserted into your right hand or arm. A bag of IV fluids will be commenced to keep you hydrated. The nurse will also administer a Diclofenac suppository (anti-inflammatory), this is to help prevent pain after the procedure.

You will be taken to the radiology department on a bed by an orderly and greeted by a radiographer who will check your details with you. Once the procedure room is ready, the nurse will disconnect your IV fluids and either walk with you into the procedure room, or take you in on the bed.

Your throat will be sprayed with a local anesthetic spray (bitter taste) to make it numb. You will be asked to lie on an x-ray bed, on your stomach with your left arm stretched above you (similar to the freestyle swimming position), with your head turned to the right. A small mouth-guard will be placed between your teeth to stop you from biting the duodenoscope. If you have loose dentures we will remove them for safe-keeping during the procedure.

A mild sedative and pain relief will be administered through a small needle placed in the back of your hand or arm to help you relax. This will be given at regular intervals throughout the procedure to keep you comfortable. This medication has a mild amnesia-like effect, so you may not remember having the procedure at all.

You will also receive oxygen throughout the procedure via a nasal cannula that sits in your nose. You will have a small peg-like device clipped on to your ear. This device will monitor your heart rate and oxygen levels.

The endoscopist will gently insert the duodenoscope through the mouth-guard, down your oesophagus, into your stomach and the duodenum. You may experience some mild discomfort as air is used to inflate your stomach and duodenum so the endoscopist can clearly see the lining. This is not painful and will not make breathing difficult. There is plenty of space to allow you to breathe normally. A nurse may also use a small suction tube to clear the saliva from your mouth regularly during the procedure.

If the endoscopist finds gallstones in the bile duct during the ERCP, the opening of the bile duct may be enlarged with a cut using an electrical current (diathermy). This will allow the stones to be removed.

If a narrowing is found, a small plastic tube (stent) may be inserted to allow the bile to drain. This may stay in place permanently or be removed at a later date.

Once the procedure is finished, the air will be removed from your stomach and duodenum to make you more comfortable. You will then be escorted back to the Gastrointestinal Endoscopy Unit to recover.

## After the procedure

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Your blood pressure, heart rate, breathing and oxygen levels will be monitored until you are more awake. Depending on your procedure, you may be allowed to drink a few hours after it has finished.

A nurse will explain the procedure findings to you and give you a copy of the ERCP report to take home. A copy will also be sent to your referring doctor.

## How long will it take?

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Please allow at least 6 hours for your appointment at the hospital as delays may occur.

We advise you to bring a book, magazine, phone or iPad with you to help pass the time. The procedure itself takes between 30-60 minutes, but as you will receive sedation and have undergone a complex procedure, you will need at least 3-4 hours to recover.

## When you leave the Gastrointestinal Endoscopy Unit

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Please make arrangements for someone to collect you and care for you 24 hours after the procedure. This is for your own safety and protection. The sedation makes you forgetful and can impair your judgment and reflexes.

Even if you feel alert after the procedure you must not do any of the following for 24hrs:

- *Drive a car*
- *Operate machinery*
- *Drink alcohol*
- *Sign any legal documents or*
- *Ride on public transport alone*

## Possible complications post ERCP

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ERCP is generally a well-tolerated procedure when undertaken by experienced endoscopists. But the risk of complications increases when additional procedures are done at the same time, such as cutting the bile duct and/or removing gallstones.

Serious complications may require hospitalisation after the procedure, such as:

- **Adverse reaction to medication** that can affect your breathing making it slow and shallow.
- **Perforation** or making a hole in the lining of the gastrointestinal tract that may require hospitalisation or surgery.
- **Inflammation of the pancreas** (pancreatitis) This occurs in approx. 5% of people and can

cause abdominal discomfort requiring hospitalisation. In rare instances pancreatitis can become serious and lead to a lengthy stay in hospital, surgery and even death

- **Bleeding** may occur at the time of the procedure, this will usually stop on its own or be controlled with the use of specialised tools through the duodenoscope.

***Note:** The risk of complications after ERCP are compared against the potential benefits of the procedure and the risks of alternative surgical treatment of your condition. This can be discussed further with the endoscopist before the procedure.*

## Confirm your appointment

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Please telephone to confirm your appointment:

**Phone: 0800 555 400**

If you do not have a relative or support person who can care for you 24 hours after the procedure, please talk to our staff about your 'after procedure' care options when you confirm your appointment.

## Interpreter service

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If you require an interpreter service, please ask an English-speaking person to call us as soon as possible so we can arrange an interpreter for you. This service is free. Please do not ask family or friends to act as an interpreter for you at this appointment.