ERCP (Endoscopic Retrograde Cholangiopancreatography)



Pre-Procedure Patient Information

www.interiorhealth.ca

| Hospital | | | | |
|---------------------------------------|--|--|--|--|
| Address | | | | |
| | | | | |
| Phone | | | | |
| Date of Procedure | | | | |
| Time of Arrival | | | | |
| If you need to cancel your procedure, | | | | |

please contact your endoscopist's office AS SOON AS POSSIBLE.

What is an ERCP?

ERCP stands for Endoscopic Retrograde Cholangiopancreatography. The doctor may spray the back of your throat with medicine to numb it first. A small flexible tube with a miniature camera attached to one end, called an endoscope. The endoscope is used to look at your bile ducts, pancreatic ducts and gallbladder. The endoscope passed through your mouth, down the back of your throat, through your stomach and into your small intestine. You can still breathe normally. The doctor may put some air into the scope to see better. This air can make your stomach feel bloated.

The doctor uses different instruments through the endoscope to potentially remove gallstones, take a tissue sample (biopsy), and insert a small plastic tube (stent) in the bile or pancreatic duct to keep it open. Contrast dye may also be injected through the endoscope so x-rays can be taken.

Who will do the Procedure?

A gastroenterologist or a general surgeon will explain the procedure to you and perform it. A nurse will assist the doctor and you, as the patient, throughout the procedure. The procedure will take about 30-60 minutes.

How do I get ready?

- Before your ERCP, you need to STOP EATING AND DRINKING AT MIDNIGHT on your procedure day. The procedure MUST be done with an empty stomach to allow the doctor good visualization and to prevent stomach contents from going into your lungs.
- Wear comfortable clothing to the hospital that is easy to take off and put on.
- Avoid wearing jewelry and scented products such as perfume or aftershave.
- If you have a caregiver that assists you to dress, please have them accompany you to the hospital.
- If you require an interpreter, please bring them with you.
- Expect to be at the hospital for 3-5 hours.
- Bring a list of medications and allergies to the hospital.
- If you wear hearing aids, and bring the case with you for safe storage during the procedure.
- Please do not bring valuables as the hospital is not responsible for any items that go missing.

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| Healthlink BC | Nurse | 24 hours a day | Daily | Call 8-1-1 to speak with a nurse, |
|---------------------|------------------|----------------|---------|---|
| Call 8-1-1 | Dietitian | 9 am–5 pm | Mon-Fri | |
| Call 0-1-1 | Pharmacist | 5 pm–9 am | Daily | ask a dietitian about nutrition, or a pharmacist about your medication. |
| www.healthlinkbc.ca | Hearing Impaired | Call 7-1-1 | | |

Stopping Medications

- If you are taking blood thinners and/or diabetes medications, call your primary care provider or endoscopist for instructions about your dosage AT LEAST 2 WEEKS BEFORE the procedure.
- If you have a Pre-Surgical Screening (PSS) appointment scheduled prior to your procedure date, your medications will be reviewed then.
- Continue to take essential medications such as heart and blood pressure pills early in the morning on your procedure day with a sip of water.
- If you have any questions about your medications, call your primary care provider, endoscopist, or Pre-Surgical Screening Clinic.

Are there any Risks?

- As with any medical procedure, ERCP has a small risk of complication.
- Serious complications are rare and can include a reaction to the medication used for sedation, heart or lung problems, an infection, bleeding, inflammation of the pancreas, fluid can get into the lungs and may cause pneumonia, and/or perforation (a hole could be made that may require surgery).
- If a complication occurs, treatment including antibiotics, blood transfusion, hospitalization, repeat ERCP or surgery may be required.
- Laparoscopic surgery is an alternative to ERCP for some patients who do not want to, or cannot proceed with an ERCP. ERCP is preferred as it is less invasive than surgery, has a lower risk of complications, and has a high rate of success.

Care after the Procedure

- You **MUST** arrange for a responsible adult to take you home after your procedure and stay with you for 24 hours.
- You can resume your normal activities, except those restricted for 24 hours after conscious sedation, as you are considered legally impaired.
- Take your medications as scheduled, unless told otherwise by your doctor.
- Start with a light meal and slowly increase from there.

The following is NORMAL:

- Cramping or pressure in your abdomen. This can be relieved by expelling air from the bowel. Walking may help move the air along faster.
- » You may or may not remember what happened during your procedure.
- » Mild nausea.
- » Sore throat.

Go to the nearest Emergency Department if you experience any of the following symptoms:

- Extreme sleepiness.
- Breathing difficulties.
- Skin is pale with bluish coloring to lips, fingers or toes.
- Pain is getting worse and not relieved by medication.
- Persistent nausea and vomiting (more than 16 hours after the procedure).
- Fever of 38.5°C / 101.3°F or greater.
- Vomit that contains blood or looks like coffeeground material.