Mountain West Gastroenterology, P.C.

ERCP – ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPY

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You are scheduled to undergo an endoscopic examination (ERCP) of the bile ducts and pancreatic ducts (tubes draining bile from the liver and pancreatic juice from the pancreas into the small intestine). This is done by passing a lighted tube through the mouth, into the intestine and injecting contrast, or dye, into the ducts and taking x-ray pictures. The tube is thinner than most foods that you swallow. **It is important NOT to eat or drink anything the morning of the test.**

On the morning of the test, after your blood pressure and pulse are checked, you will be asked to lie down on the examination table. A small IV catheter will be put into a vein of your arm or hand so that medicine to relax you can be given. You will be transported to a room where x-rays can be taken, and once you are situated on the examination table, sedative medications will be administered. These usually include Fentanyl (a narcotic) and Versed (a sedative). In addition, the back of your throat will be sprayed with a numbing medication to prevent gagging. Some patient's may also need antibiotics at the time of the procedure.

Once you are very sleepy and relaxed, the doctor will help you swallow the tube (endoscope). After the tube has been swallowed, the examination takes from 15 minutes to over an hour. If abnormalities are seen on the x-ray (such as gallstones, strictures [scars], or tumors), further procedures may be performed through the endoscope. This may consist of a sphincterotomy (cutting the muscle of the valve that controls flow of the digestive secretions through these ducts and into the intestine), removal of a stone with a balloon or basket, or passage of a stent (a hollow pipe) across a scar or tumor to allow drainage of the digestive secretions into the intestine. The endoscope is then taken out after the examination is complete. Most patients are awake enough to leave within an hour. However, for safety reasons, you should not drive or operate dangerous machinery, tools, or appliances for 24 hours, as the full effect of the medicine wears off slowly. If a sphincterotomy is done, or a stent has been placed, some patients are admitted to the hospital and observed overnight. Before you leave to go home, a checkout sheet will be given to you explaining the results of the test. Your primary care doctor will receive a report of this examination.

Possible complications from this test include abdominal pain or cramping, belching, sore throat, and soreness, redness, or bruising at the IV site. In addition, more serious complications can occur. These include, but are not limited to, heart or breathing problems which occur in 1/500 examinations; tear or perforation (hole) in the intestinal tract which occurs in 1/1000 examinations, bleeding which occurs in 1/1000 examinations, pancreatitis (inflammation of the pancreatic gland) which occurs in 1/100 examinations; and death, which is rare, occurring in less than 1/5000 examinations. If a sphincterotomy is performed and/or stent is placed across a blockage in the digestive ducts, perforation may occur in up to 1/100 examinations, and bleeding in 2-3/100 examinations. In addition, infection of the pancreas or bile duct system can occur in 1-2/100 examinations. If any of the above complications occur, then hospitalization, blood transfusion, and/or surgery may be necessary.

Any questions you have about ERCP or its possible complications should be discussed with the doctor <u>before</u> the examination begins.

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Patient's Signature Date	Patient's Printed Name	Patient Date of Birth