

What to Know Before Your ERCP Carolyn Brooks, MD

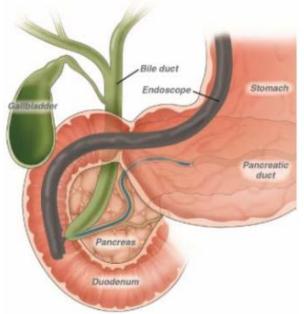
What is an ERCP?

- Stands for endoscopic retrograde cholangiopancreatography
- Used to visualize and treat problems in your bile ducts, pancreatic ducts, or gallbladder
- These "ducts" are tiny tubes that take digestive juices from your liver and pancreas to the small intestine
- Uses an endoscope (long, flexible tube with a camera at the end) and X-ray imaging techniques

Why do I need an ERCP?

You may need an ERCP if you have any of the following:

- Gallstones trapped in the bile duct or pancreatic ducts
- Narrowing of your bile ducts or pancreatic ducts
- Jaundice: yellowing of your skin and the whites of your eyes
- Acute or chronic pancreatitis: inflammation of the pancreas that can cause severe abdominal pain and nausea/vomiting
- Infection of your gallbladder or bile duct
- A bile leak or fluid collection in the bile or pancreatic ducts





What happens during an ERCP?

First, you will be given medicine to put you to sleep and keep you comfortable throughout the procedure – you shouldn't feel any of what happens next!

An endoscope (camera at the tip of a long tube) will go down your esophagus, past your stomach, into the first part of the small intestine – the duodenum



Once in the duodenum, your endoscopist will inject a dye into the ducts to better see any narrowing or blockages on X-ray



Your endoscopist can use their equipment to place stents to open narrow ducts, remove stones, or take a biopsy if there are any concerning masses



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Before your procedure:

- Talk to your doctor about any medications you take that may need to be held before ERCP, particularly:
 - oBlood thinners
 - ODiabetes medications
- Also tell your doctor if you have ever had gastric bypass surgery, if you have a pacemaker or other implantable devices, or if you have an allergy to contrast
- Do not eat or drink after midnight the day before your procedure
- You cannot drive the whole day after getting sedation

What are the risks of ERCP?

ERCP is generally well-tolerated. You may feel some belly discomfort, gas, or sore throat afterwards. Less likely complications include:

Bleeding: 1-2% risk

a small amount of bleeding in stool after your procedure may be expected. This typically resolves on its own but is an emergency if it does not stop

Pancreatitis: 3.5-7% risk

symptoms include vomiting and sharp, constant abdominal pain that radiates to your back. Requires hospital admission for monitoring and symptom management

Infection: 1-5% risk

symptoms include fever, chills, vomiting, and belly pain. Requires antibiotic treatment, and likely hospital admission

Perforation: 0.08-1% risk

ERCP equipment may puncture or tear the gut lining. May require surgery or further procedures

Image credit: Endos copic Retrograde Cholangiopancreatography. AGA GI Patient Center. https://patient.gastro.org/endoscopic-retrograde-cholangiopancreatographyercp/https://patient.gastro.org/endoscopic-retrograde-cholangiopancreatography-ercp/ Image Credit: "Biliary Tree" MUSC Health. https://muschealth.org/medical-services/ddc/patients/digestive-

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Incidence Rates of Post-Ercp Complications: A Systematic Survey of Prospective Studies.

Andriulli A, Loperfido S, Napolitano G, et al. The American Journal of Gastroenterology. 2007;102(8):1781-8. doi:10.1111/j.1572-0241.2007.01279.x. If you feel severe abdominal pain or bloating, uncontrollable nausea/vomiting, fever, shortness of breath, or persistent blood in vomit or stool after your ERCP, call your doctor!