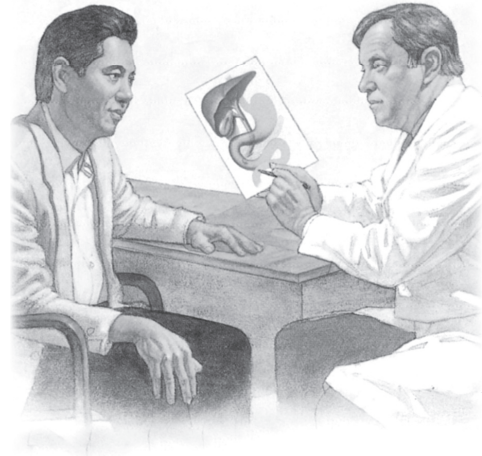


## What is ERCP?

ERCP stands for endoscopic retrograde cholangiopancreatography. This procedure is used to view the common bile duct. ERCP is used to help locate and treat blockages in the duct. It helps find the source of pain and plan surgery. It may also be used to locate pancreas problems. ERCP is done by a **gastroenterologist**. This is a doctor with special training in treating the digestive system.



## Preparing for ERCP

- Talk to your doctor about any health problems you have or medications you take. Discuss any allergies, especially to contrast material (the special dye used for some x-rays).
- Ask your doctor about the risks of ERCP. These include pancreatitis, irritation of infection, bleeding, bowel perforation, and reactions to medications used during ERCP.
- You may be asked to take antibiotics ahead of time.
- Try to avoid blood-thinning medications such as aspirin for 1 week before ERCP.
- Be sure your stomach is empty. Do not eat or drink for 8-12 hours before ERCP.
- Have someone ready to take you home.

## The Procedure

ERCP is most often done in a radiology or endoscopy suite. The doctor, nurses, or technicians, and often a radiologist, are present. ERCP takes 20-90 minutes. An IV is started to give you medications. You will be given something that makes you very sleepy.

## Placing the Endoscope

While you're lying down, your throat is numbed. A narrow tube (endoscope) is placed into your throat. An image of the inside of your digestive tract shows up on a video screen. The scope lets the doctor see the way through the esophagus, stomach,

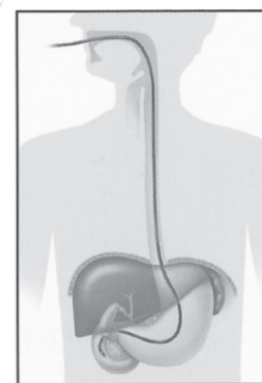
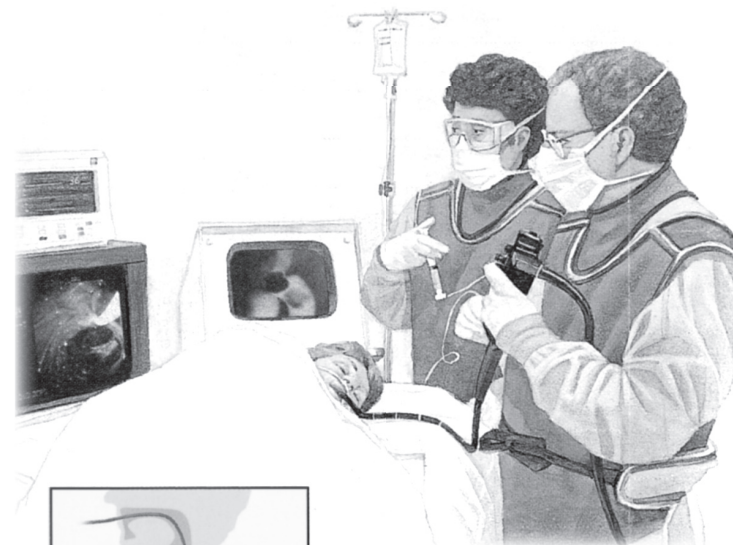
and duodenum, to the opening of the common bile duct. It also allows your doctor to insert instruments (catheters) used in the procedure. During this part, you may have a gagging feeling. You may also feel pressure in your stomach.

## Taking X-rays

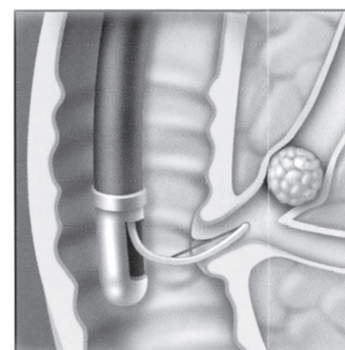
As blockage are located and removed, x-rays are taken. To help with this, contrast dye is injected through a catheter. This makes the duct show up better on the x-rays.

## Treating Blockages

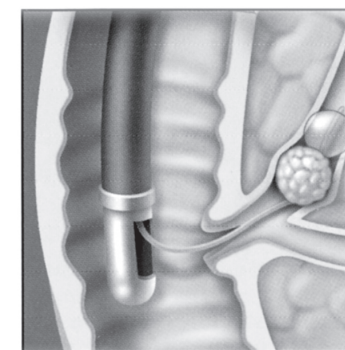
The most common blockages are gallstones. Often they can be removed during ERCP. Stents (tubes) may also be placed in narrow places to allow bile to flow out.



The endoscope moves from the mouth, through the upper digestive tract, to the common bile duct opening.



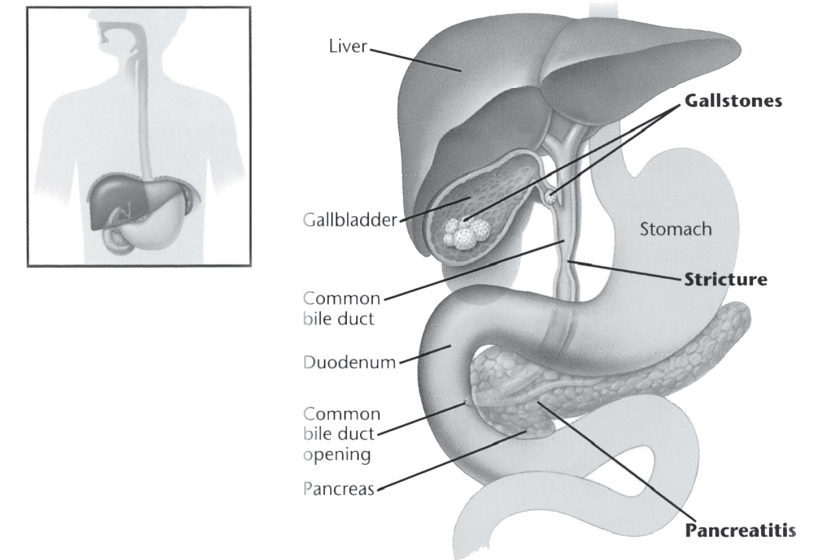
A cut may be made where the common bile duct opens to the duodenum. The cut (**papillotomy**) makes it easier to remove stones.



The stone is dislodged. A balloon at the tip of a catheter opens above the stone. The stone is gently pulled out of the duct. The stone passes through your digestive tract and leaves your body through stool.

## The Common Bile Duct

The common bile duct carries **bile** from the gallbladder and **enzymes** from the pancreas. The duct carries these two digestive juices to the **duodenum**. This is the beginning of the small intestine.



When the common bile duct is blocked, bile can't enter the duodenum. Blockages are often caused by **gallstones**. These stones can form when the chemicals in bile are out of balance. **Strictures**, narrowed sections, can also block the duct. Pain and infection can also be due to an inflamed pancreas (**pancreatitis**).

## After the ERCP

Your doctor may discuss the test results right away. Or a return visit may be scheduled. You may go home the same day or you may spend the night in the hospital. Follow these tips:

- You can return to your normal routine and diet the day after the ERCP.
- If a cut was made in the duct, avoid blood-thinning medication such as aspirin for 5-7 days.
- Call your doctor right away if you have a fever or abdominal pain. These may be signs of an infection.

