Gastroenterology Associates of Texas, PA

Adult Gastroenterology, Hepatobiliary & Pancreatic Disorders
Gregory L. Shannon, MD | (281) 201-1338

ERCP

Endoscopic Retrograde Cholangiopancreatography | Patient Education

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, a doctor with special training in treating the digestive system.

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, 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, which can form when the chemicals in bile are out of balance. Strictures, or narrowed sections, can also block the duct. Pain and infection can also be due to an inflamed pancreas (pancreatitis).

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 or 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 to 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 to 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 blockages 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. A cut may be made where the common bile duct opens to the duodenum. The cut (papillotomy) makes it easier to remove stones. A balloon at the tip of a catheter opens above the stone, and the stone is gently pulled out of the duct. The stone then passes through your digestive tract and leaves your body through stool.

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 to 7 days.

WHEN TO CALL YOUR DOCTOR. Call your doctor right away if you have a fever or abdominal pain. These may be signs of an infection.