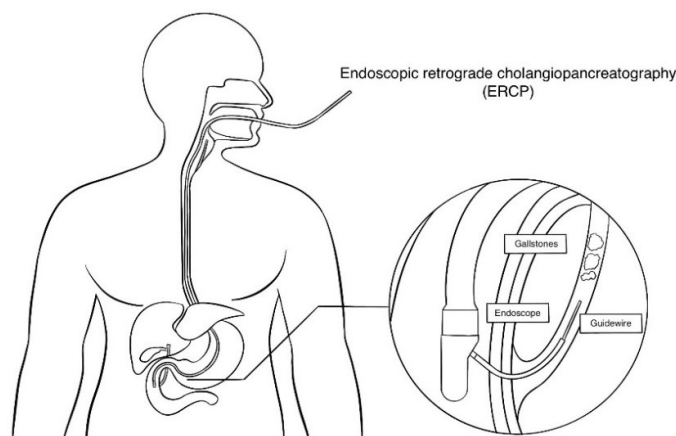


## Endoscopic Retrograde Cholangiopancreatography

### Procedure Information Sheet

#### What is Endoscopic Retrograde Cholangiopancreatography (ERCP)?

ERCP is performed using an endoscope (flexible tube with a light source and camera) to examine the upper digestive tract. This allows your doctor to inspect your bile duct (pipes draining bile from the liver) and pancreatic ducts (pipes draining enzymes from the pancreas) with the help of fluoroscopy (X-ray).



#### Why do I need this procedure?

The most common reason for ERCP is to investigate and treat blockage or narrowing of the bile ducts or pancreatic ducts. This can be due to gallstones or growths located near the bile and pancreatic ducts opening into the small intestine. ERCP also allows diagnosis of pancreatic duct abnormality or tumours at the ampulla (located at the opening of the bile duct). A stent (plastic or metal tube) may be placed in the duct to relieve the blockage during the procedure.

#### What are the preparations?

You should not eat (or drink anything EXCEPT for plain water) for at least 6 hours before the procedure. You are allowed to drink plain water or take your usual medications (unless otherwise instructed) until 2 hours before the procedure. Your doctor may advise you to fast longer if you have certain medical conditions or for certain procedures. During fasting, you will be advised on withholding or modifying the dosage of your diabetic medications. To reduce the risk of bleeding, your doctor may advise you to stop consuming any blood thinners (sometimes up to two weeks) prior to the procedure/surgery. Your doctor may also advise replacing it with an alternative temporary treatment. Please continue to take all your other usual medications, unless otherwise instructed by your doctor.



### **How is the procedure performed?**

ERCP involves inserting a flexible scope, about the size of your ring finger, through your mouth into the stomach. This procedure is usually carried out in a face-down position. You will be given a numbing throat spray and placed under moderate sedation.

Moderate sedation, a drug-induced state of reduced consciousness, is used before and/or during the procedure to help ease discomfort, pain and anxiety. You will be given medicine through an intravenous line. Your heart rate, breathing and blood pressure will be closely watched throughout the procedure. While most will fall asleep during sedation, some people may be drowsy but have periods of awareness during the procedure. You should feel little or no pain. You may not remember the procedure at all or have a vague memory of it.

Depending on the reason for performing the ERCP, your doctor may take biopsies (tissue samples) and insert a stent into your bile duct or pancreatic duct during the procedure. The procedure is expected to take about 1 hour.

### **What are the risks and complications of the procedure?**

The overall rate of complication of ERCP is around 5% to 7%. Common complications include:

- Inflammation of the pancreas (pancreatitis) **3% to 5 %**
- Inflammation of the bile duct (cholangitis) **5%**
- Bleeding **1 to 3%**
- Perforation (causing a tear in the stomach, intestine or bile duct requiring emergency surgery) **1%**
- Death **< 1%** (very rare, from severe pancreatitis or perforation)
- There is a small risk of heart attack and stroke for elderly patients.
- Moderate sedation is generally safe. The risks are rare and some possible side effects are: decreased rate of breathing, changes in heart rate and blood pressure, headache, nausea and vomiting, and inhalation of stomach contents into the lungs.
- Inability to complete the procedure for technical reasons - a repeat ERCP may be required

### **What do I expect after the procedure?**

You will be monitored closely in the ward for any complications after ERCP. Most patients will be discharged the next day if they remain well. You may experience slight throat discomfort or bloating, which is normal and should resolve quickly. Special advice will be given to you if a stent was placed, and a medical review will usually be scheduled at our Specialist Outpatient Clinic (SOC) before you leave the hospital.

### **What are the other Options?**

Other options to evaluate the bile duct and pancreatic duct include special scans (Computed Tomography (CT) scan and Magnetic Resonance Cholangiopancreatography (MRCP)) and endoscopic ultrasound assessment.

If there is a blockage at the bile or pancreatic duct, alternative treatment options include radiological drainage or surgery. Radiological drainage involves placing a tube through the skin under ultrasound or CT guidance, while surgery involves a major procedure to treat the obstruction.

Considering there are different risks and benefits associated with each treatment option, please discuss with your doctor which is the best suited for you.



**What will happen if I do not undergo the procedure?**

Delay or failure in performing this procedure may delay the diagnosis or treatment of your underlying disease. This can worsen your condition and lead to life-threatening infection or progression if a tumour is present.

**DISCLAIMER:** This information sheet mentions some of the more common or important risks of surgery/ procedure. This list is **NOT** meant to be, and **CANNOT** be exhaustive.

