



A guide to...

Having an ERCP (Endoscopic Retrograde Cholangio-Pancreatography)

Patient Information

How to contact us

Booking and interpreting queries – please call the number on your appointment letter.

Clinical queries – Watford 01923 436095

Any other query – Watford 01923 217530

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email **westherts.pals@nhs.net**



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What is an ERCP?

ERCP (Endoscopic Retrograde Cholangio-Pancreatography) is an investigation where a thin flexible tube is passed through your mouth into your small bowel. This also uses X-rays to look at your bile duct (the drainage tube from the liver and the gall bladder) and/or pancreas; allowing treatment of conditions such as gall stones and narrowing.

Preparation

Your stomach must be empty for this procedure, so it is important that you do not eat or drink anything from midnight on the night before your appointment.

- If you are taking diabetic medication, please do not take it on the morning of your appointment, but bring it with you.
- If you are taking blood thinning tablets (**warfarin, clopidogrel, ticagrelor, rivaroxaban, apixaban, dabigatran or edoxaban**) please follow the advice that you have been given in clinic but if you are unsure, please contact the unit on 01923 436095.
- Please make sure you bring a list of all medications you are currently taking.

If you are pregnant or you think you may be, you must contact the unit as X-ray will be used during the procedure.

What will happen?

When you arrive the doctor will explain the procedure and answer any questions you may have. You will be asked to sign a consent form. You will be asked to change into a gown and you will need to have a cannula inserted into your arm ready for the medications. An anti-inflammatory suppository will be given.

Before the procedure

Two kinds of medicines are used to keep you comfortable:

1. Throat spray is used to numb the back of your throat to keep you comfortable throughout the examination.
2. Intravenous conscious sedation is given to you through a small IV line placed in your arm or hand. This will make you feel relaxed but not asleep. Please note this is not a general anaesthetic. With this type of sedation, it will be necessary for you to rest in the unit afterwards. It is also essential that you arrange for a responsible person to escort you home after the test and stay with you for 24 hours. **Failure to make these arrangements may result in the investigation being cancelled.**

During the procedure

The nurse will ask you some safety questions. You will be asked to remove any dentures and glasses before your throat is sprayed with a local anaesthetic. You will then be asked to position yourself on your left side and to bite on a soft plastic mouthpiece. A thin flexible tube will be gently passed through your mouth and your stomach into your small intestine. From here dye can be injected into the bile duct so that it can be seen on x-ray. If the X-rays show that you have gall stones in the bile duct, a small cut (sphincterotomy) may be made at the lower end of the duct to allow the stones to be removed. Extracting the stones can cause some discomfort. If a narrowing is found, a stent may be placed to allow drainage of bile. Biopsies may also be taken or brushings to sample cells from the bile duct.

After the procedure

You will be sleepy for some time and will need to stay in the unit for a minimum of four hours. You will not be able to eat or drink for the first two hours.

Risks and benefits

An ERCP is a very safe procedure, but rarely bleeding or a small hole in the gullet, stomach or small intestine can develop (perforation). The risk of this happening is one in every one hundred cases. There is a very small risk of introducing infection into the bile duct. There is also a small risk that you may develop pancreatitis (inflammation in your pancreas). The risk of this is happening is up to five in every one hundred cases. Although an ERCP is a very sensitive test no procedure is 100% accurate and there is a small chance that abnormalities can be missed. These risks will be discussed with you at the time of your consent.

It is recommended that you do not travel abroad within two weeks of your procedure for safety reasons. It could invalidate your travel insurance. Please call us if you would like to discuss this.

Are there any alternatives?

There are other ways of looking at the bile duct such as an MRCP scan or an endoscopic ultrasound. These have fewer complications but, unlike ERCP, cannot be used to treat the problem.

When will I get the results of the procedure?

You will be given a copy of the report before you leave the department and the doctor or nurse will talk to you to explain the findings and what has been done. If you have had samples sent to the laboratory the results will be reviewed by the endoscopist and you will be contacted within two weeks if there is anything of concern.