

ERCP Information and instructions

Endoscopic retrograde cholangiopancreatography or ERCP (MBS item number 30484) is a specialised technique used to study the "drainage ducts" of the liver and pancreas. During the procedure an endoscope (a thin, flexible tube) will be passed through your mouth, past the oesophagus and stomach into the first part of the small intestine. A small plastic tube will then be placed through the instrument and into the bile duct and/or the pancreatic duct and X-ray dye injected in order to obtain a picture of these ducts. Sometimes the muscle surrounding the opening to the bile duct is cut ("sphincterotomy") in order to perform other procedures eg: remove stones, biopsy, place stents (drainage tubes) or stretch narrowing of the bile duct.

Financial Consent

Please note that ERCP is a complex procedure which may take an additional time to complete. Depending on the complexity and the time spent on the day you may be charged out of pocket fee which will not be covered by your health insurance or Medicare. Dr Fisher's fees will not exceed \$500 and will be charged after the procedure. This does not include anaesthetic or other hospital services or services provided by other doctors.

Preparation Instructions

An empty stomach is essential for a safe examination, so you should have **nothing to eat for six hours before the examination**. You may drink small amount of water up to 2 hours before the procedure. You may take your usual medications with a sip of water at least 2 hours before the test, unless instructed otherwise by your doctor.

Please advise the doctor and nursing staff if you have any allergies including but not limited to: medications, iodine or intravenous contrast material.

Please advise us if you are taking medications for diabetes or blood-thinners as they may need to be stopped up to 1 week prior to the procedure. If you are on iron tablets these should be stopped 3 days prior to the test. You can continue taking Aspirin.

X-rays are used as part of the procedure. Therefore it is essential to tell your doctor if you could be pregnant.

Consent to risks involved with ERCP

ERCP is a safe and well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalisation can occur, they are uncommon. Complications can include pancreatitis (inflammation of the pancreas), infections, bowel perforation and bleeding. Sometimes the procedure cannot be completed for technical reasons. Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken and whether a patient has major medical problems. Pancreatitis is the most frequent serious complication. It is usually mild and settles within a couple of days in hospital with pain relief, bowel rest and intravenous fluids. However, occasionally pancreatitis can be more severe, and very rarely can even result in death. Since the risks vary with each patient you should have a detailed

conversation with your doctor about the risks to you. You should also be aware that there may be risks of not having the procedure.

Post ERCP procedure

If you have ERCP as an outpatient, you will be observed for complications until most of the effects of the medications have worn off. Your doctor may recommend dietary restrictions for 1-2 days following the procedure.

Someone must accompany you home from the procedure because of the sedatives used during the examination. A responsible adult must stay with you overnight. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day. **You must not drive until the next day.**

Contact your doctor promptly if you are experiencing any problems after the procedure. The main complication after going home is pancreatitis, which can occasionally occur up to 24 hours after the procedure. This causes severe pain in the abdomen. Occasionally an infection can occur, which may cause pain, fevers or chills. If a sphincterotomy was performed there is a small chance of bleeding. This can occur up to 7 days after the procedure. Symptoms of bleeding include dizziness, fainting or passing blood or black bowel movements. If any of these symptoms occur you should let your doctor know immediately or proceed to the Emergency Department.