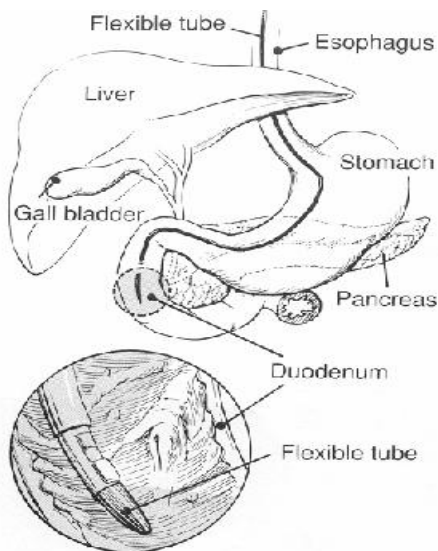


## What is ERCP?

ERCP stands for endoscopic retrograde cholangiopancreatogram, a test in which a doctor inserts a lighted, flexible tube into the duodenum (the first part of the small bowel).

The duct system of the pancreas, liver and gallbladder empty into the duodenum through a small opening. The doctor inserts a small plastic tube into this opening through the scope and injects a dye so that duct system can be seen on x-ray. The test takes about an hour. It helps the doctor find the reason for symptoms or changes in blood tests and imaging studies due to diseases of the bile ducts or pancreas. The test also may be helpful to treat your bile duct and pancreas problems. See additional pamphlet for the ERCP treatment modalities.

## The ERCP Test



## Preparation for the test

The stomach must be emptied for the doctor to see clearly. Do not eat or drink anything after midnight the night before if your test is scheduled in the morning. If your test is scheduled in the afternoon, you may have an early clear liquid breakfast.

If you are a hospital patient, the hospital transportation service will escort you to radiology (x-ray) where the test will be done.

You will be asked to sign a consent form giving the doctor your consent to do the test that carries potentially serious complications, such as pancreatitis, bleeding, perforation, infection and even death.

You will be asked to lie on the x-ray table and an I.V. will be started. Medicine will be given through the I.V. to make you sleepy and relaxed. It may also make you light-headed.

When you are relaxed, you will be asked to swallow during the initial placement of the tube. Remember, you will be able to breathe.

This procedure is usually uncomfortable. As saliva collects in your mouth, DO NOT SWALLOW simply let it roll out onto the pillow. Most importantly concentrate on your breathing.

The room will be darkened so the doctor can view the x-rays. When the small plastic tube is in the duct and the dye is injected, the doctor may ask you to turn from side to side or onto your abdomen in order to take the x-ray pictures. Biopsies (small pieces of tissue) or pictures may be taken during the test.

## Alternative Testing

Alternative tests to ERCP include certain types of x-rays (CAT scan, MRI and MRCP) and sonography (ultrasound) to visualize the pancreas and bile ducts for diagnostic purposes. In addition, dye can be injected into the bile ducts by placing a needle through the skin and into the liver. Small tubing can then be threaded

into the bile ducts. Blood tests also can provide some indirect information about bile ducts and pancreas.

## Side Effects and Risks

A temporary, mild sore throat sometimes occurs after exam. The most common complication of ERCP is called pancreatitis, an inflammation of the pancreas. It does occur in 3-5% of cases. In certain patients this risk can be higher. It results in abdominal pain and, usually, the need for hospitalization. Another risk is excessive bleeding, especially when electrocautery is used to open the lower bile duct. In rare instances, a perforation or tear in the intestinal wall can occur. Surgery may be required under these circumstances. These adverse events rarely cause death.

Due to the mild sedation, the patient should not drive or operate machinery for 12-24 hours following the exam. For this reason, a driver should accompany the patient to the exam.

## After the test

If you are a hospital patient, you will remain in x-ray for a short time before you are taken back to your room.

If you are an outpatient, plan to stay at least two hour after the test to make sure you are awake and ready to go home. Do not plan on going back to work that day. BE SURE TO BRING SOMEONE WITH YOU TO DRIVE YOU HOME.

The doctor will speak to you and your family before you leave the hospital.

If you have questions, contact Dr. Ertan's office at 713-794-0001.

## NOTES

YOUR APPOINTMENT

DATE:

TIME:

Atilla Ertan, M.D.

**SPECIAL INSTRUCTIONS:**

**Your  
ERCP  
Test**

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