



UMC Utrecht

ERCP

**Internal examination of the bile ducts and/or excretory
duct of the pancreas**

Introduction

You have an appointment for an ERCP. This is an internal examination of the bile ducts and/or excretory duct of the pancreas. In this brochure you will find important information about this examination and how you can prepare for it.

Important

- Preparation: You must be nil by mouth before the examination. On page 2 you can read what this means for you.
- If you are using blood thinners, it is important that you read the information on page 2 carefully and consult with your physician.
- During this treatment, you will be put into a twilight sleep or sedated with Propofol®. You will receive more information about this from your physician.
- Usually, patients are admitted for observation for one night after the examination, but your physician may decide that you can go home. You cannot go home unaccompanied, even if you are going by taxi. You must always be accompanied the first night after the examination.
- Your escort can wait in the waiting room but is not allowed to come with you to the hospital unit or be present during the examination.
- Ill or unable to attend? Please let us know as soon as possible on telephone number 088 75 573 66.

Please contact your physician if you:

- are allergic to certain medicinal products.
- are or may be pregnant.
- are suffering from a heart and/or lung disease.

Questions?

If you have any questions about this brochure, please feel free to call us on telephone number: 088 75 573 66. We can be reached on working days between 8:00 and 17:00.

Purpose of the examination

In this examination, the physician assesses the bile ducts and/or the excretory duct of the pancreas using X-ray. If the physician sees any abnormality during the examination, they will treat it immediately where possible, for example by making an incision in the opening to the bile ducts, removing gallstones or placing a stent through a constriction or obstruction.

Preparation

For an ERCP, your esophagus and stomach must be empty. This means that you need to be nil by mouth. You should stop eating, drinking or smoking at least six hours prior to the examination.

The examination cannot be performed if you are not nil by mouth.

Medication

If you are taking any medication, you may take it with a sip of water up to 3 hours before the examination. You can also postpone taking your medicines until after the examination. Discuss this with your physician.

Bloodthinners

Do you use blood thinners? In some cases you may need to temporarily stop using the blood thinners before the ERCP.

Always discuss this with the doctor who requested the ERCP.

Diabetes medication

If you have diabetes mellitus and do you use insulin, you should adjust the dose of insulin in consultation with your physician.

If you are taking tablets, you may take the normal dosage the day before the examination.

On the day of the examination:

- No medication before the examination.
- After the examination in case of 1x daily use, start with the next meal.
- If you use the medication 2, 3 or 4 times a day, resume the usual dose with the next meal..

Sedation

We want to make this treatment as pleasant as possible for you. That is why we will give you a painkiller and a narcotic.

There are two options for the narcotic:

- You will be put into twilight sleep by a staff member of the endoscopy unit.
- You will be sedated with the medicine Propofol administered by an anesthetist.

Which narcotic you are given depends on what exactly will be done during your examination. Your physician will discuss this with you.

The narcotic and painkiller are administered via a needle in your arm. If you know from previous experience that it is difficult to insert an infusion needle, please let us know in good time.

During the examination

The start of the examination

The nurse will come and get you from the waiting room and take you to the preparation room. Here you will sit down on a bed and we will check your details with you. The nurse will insert an infusion needle.

An endoscopy nurse will come and get you and take you to the examination room. Here you will move over to the examination table. The physician will ask you a number of questions, which we also call a 'time-out'.

The anesthetist will hook you up to the monitoring equipment to measure your blood pressure, heart rate and oxygen level. We will ask you to take out any dentures and take off your glasses. You will then receive medication by infusion.

Insertion of the endoscope

During the examination you lie prostrate on the examination table. The nurse will place a teething ring between your teeth to protect your teeth and the endoscope (a thin flexible optical tube). The physician will insert the endoscope through the ring into your throat.

The treatment

The endoscope is inserted down to the duodenum, where the entrance to the bile ducts and pancreas is located. Using contrast medium and a special cannula that is guided through the scope, the bile ducts and/or excretory duct of the pancreas are shown. If gallstones are found, the physician will remove them immediately. In case of any constriction, a plastic or metal stent can be inserted. Sometimes it is necessary to make a small incision in the outlet (ampulla of Vater) of the bile ducts (papillotomy).

After the examination

After the examination, the nurse will take you to the recovery room, where you will sleep for another hour.

After an ERCP, you are usually admitted to hospital for one night for observation. This is usually known in advance. In that case, please do not forget to bring the things you need for an overnight stay in hospital.

If the physician has decided that you can go home on the day of the ERCP, we will call your escort after the examination to tell them when you can be picked up. You are not allowed to leave the ward unattended. Someone should also stay with you the first night after the ERCP. This has to do with the sedation you have been given; it is important that someone keeps an eye on you.

You will receive a follow-up letter outlining what was found/done during the examination and what you need to do in the event of complications.

Transport and supervision after sedation

After the sedation you are not allowed to drive a vehicle or ride a motorbike, moped or bicycle for the rest of the day. Even if you are going home by taxi or public transport, it is necessary that someone be with you. If no one is available to escort you, please consult your physician to find a solution.

Possible complications

An ERCP is generally a safe examination. However, complications can never be ruled out.

- Any actions performed during ERCP can cause inflammation of the pancreas. The risk is on average between 3-5%. This inflammation is usually over within a few days, but can also (although rarely) be more serious.
- By performing a papillotomy (cutting the bile duct), there is a small chance (1-2%) of subsequent bleeding and there is also a very small risk (<0.5%) of perforation (hole).
- Choking may cause part of the contents of your stomach to enter the lungs. This may cause pneumonia.
- When sedation used, respiratory problems and/or an irregular heartbeat may sometimes occur. You will be informed about this during the (telephone) information session about the sedation.

When to contact us

Please contact us immediately in the event of:

- severe stomachache
- fever
- lots of blood loss

On workdays between 8:00 and 17:00, you can call the endoscopy department on 088 75 573 66. Outside these hours, please call the gastroenterology and hepatology nursing ward on 088 75 562 22.

Internal medicine and dermatology division

Gastroenterology and hepatology unit

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