

What happens after ?

- The recovery period after an ERCP procedure is typically short. A person rests in the recovery room until the sedation wears off, which usually takes 1-2 hrs.
- Once your blood pressure, pulse, and breathing are stable and you are awake and alert, you may be discharged to your home in case of day care procedure. Someone must drive you home.
- You will not be allowed to eat or drink anything until your gag reflex returns . This is to prevent you from choking.
- You may have a sore throat and pain for a few days when you swallow. This is normal.
- You may feel gassy after the procedure.
- Doctors recommend relaxing for the rest of the day. You may go back to your normal diet and activities, unless you have other instructions as per your indications.



Are there any risks?

ERCP procedure is generally effective and safe for people of all ages. The most common complication is pancreatitis and requires hospitalization and medical care. A person should seek immediate medical help if they notice severe pain in the belly that worsens, bloody stools, fever, chills and nausea. Other potential complications though very rare include bleeding, infection, perforation and collection of bile (biloma).

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ENDOSCOPIC RETROGRADE CHOLANGIO PANCREATOGRAPHY (ERCP)

What is ERCP

ERCP is a procedure to diagnose and treat problems in the gallbladder, bile ducts, and pancreas. It combines endoscopy and fluoroscopy.

In this procedure, the endoscopist inserts a long, thin, hollow tube called an endoscope down a person's throat and into their duodenum, or small intestine. The endoscope has a light and a side viewing lens. Once the doctor positions the hollow endoscope correctly, they pass another long narrow tube called a catheter into the endoscope. They use the catheter to deliver dye to the affected area to develop X-ray images. With fluoroscopy, doctors get a continuous flow of X-ray images which helps them

- guide catheters through a person's ducts
- assess the condition of a person's bile and pancreatic ducts, and gallbladder
- remove stones and other blockages
- place devices called stents in ducts to keep them open

Who needs an ERCP

Doctors use ERCP for both diagnosis and treatment. They may use it to observe the drainage ducts from the liver and the pancreas, also known as the bile or pancreatic ducts. It can also help doctors examine the gallbladder. An ERCP procedure can also help doctors determine if a person needs surgery.

The **Diagnostic** indications for conducting an ERCP procedure include:

- abnormal ultrasound, CT scans, MRI scans or blood tests
- stones in the pancreatic or bile ducts
- pre- or post-gallbladder surgery concerns
- a blocked bile duct



Treatments doctors may conduct during an ERCP procedure include:

- making a small incision called a sphincterotomy, which enlarges the openings of the ducts
- removing stones from the bile duct
- placing stents in the bile or pancreatic ducts
- using balloons to stretch out narrowed passages in the ducts
- collecting a tissue sample to search for signs of cancer
- drainage of pancreatic fluid collections like pseudocysts with stent placement.

Preparing for an ERCP

- An overnight fasting (at least 6 to 8 hrs) is required.
 - You may be given other instructions about a special diet for 1 to 2 days prior
 - An ERCP usually takes 30-60 mins. However, people should allocate 2-3 hours to allow for preparation and recovery time.
 - Before the procedure, written informed consent is taken.
 - Patient should be accompanied by a relative.
- If pregnant, inform your doctor. Radiation exposure in pregnancy can lead to birth defects.

- Your doctor may ask you to stop taking certain medications temporarily or to adjust the dose. It is especially important to make the doctor aware of medications that:
 - a. thin the blood (such as aspirin or warfarin)
 - b. are for diabetes, hypertension (high blood pressure), or heart problems
 - c. contain iron
 - d. are allergic to or sensitive to medicines, contrast dyes, iodine, or latex. (to avoid allergic manifestations)

What happens during an ERCP

You will be asked to wear hospital gown, remove jewellery, or other objects that may interfere with the procedure. If you wear false teeth (dentures), you will be asked to remove them until the test is over.

The procedure involves the following steps:

- Your throat will be numbed to prevent gagging and promote comfort
- You will be positioned on your left side or, more often, on your belly, on the X-ray table.
- A mouth guard will be put in your mouth to keep you from biting down on the endoscope and to protect your teeth.
- Intravenous sedative will be administered for relaxation or total anesthesia
- Your heart rate, blood pressure, respiratory rate, and oxygen level will be checked during the procedure
- Air or carbon dioxide will be used to inflate the duodenum and the endoscope will be inserted into the duodenum. The catheter is then inserted through the endoscope and dye is injected through the catheter to take X-rays
- The X-ray images are studied to analyze the condition of a person's ducts, collect a tissue sample for a biopsy, remove stones, or place a stent, depending on a person's condition