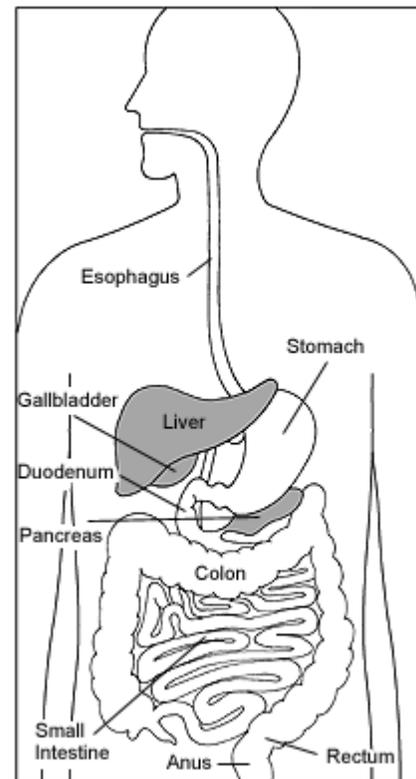


## ERCP

(Endoscopic Retrograde Cholangio-Pancreatography)

ERCP is a procedure used to diagnose and treat disorders of the pancreas, liver, gallbladder, pancreatic duct & bile duct, such as stones, strictures, sphincter dysfunction and cancer. The doctor passes an endoscope (a thin flexible lighted tube with a camera on the end) into your mouth and down your esophagus to inspect your stomach and duodenum. The doctor then introduces contrast dye into the drainage hole (papilla) of the bile and pancreatic ducts to get a better view while taking detailed x-ray pictures so that any blockages can be diagnosed and treated. We work with expert pathologists and cytologists. Rarely biopsies may not represent the actual situation and give falsely negative or positive findings. We work to integrate each piece of information into the overall picture and determine a treatment plan to fit you.



### What to Expect with your ERCP

#### *Before*

Do not eat or drink anything after midnight the night before your procedure. On the day of your ERCP, you will arrive 60 minutes before the procedure is scheduled. You will put on a hospital gown and remove any jewelry, eyeglasses, contacts, and dentures. The doctor and/or nurse will explain the procedure again and answer questions you might have. You will be asked to sign a consent form giving permission for the procedure. A nurse will put in an IV in your arm before the procedure starts for hydration and sedation medication. You will be connected to a machine that will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.

#### *During*

The examination is performed on an x-ray table. Local anesthetic will be sprayed into your throat to make it numb and you will be given medication through the IV to make you sleepy and relaxed. A mouth guard will be placed to protect your teeth and gums. While in a comfortable position on your left side or belly, the doctor will pass the endoscope through your mouth and down your throat. The endoscope will not interfere with your breathing and generally causes only mild throat and abdominal discomfort. The doctor will guide the endoscope through your esophagus, stomach and duodenum until it reaches the papilla where the pancreas and bile ducts meet. A thin tube will then be passed through the endoscope, into the papilla and the doctor will inject contrast dye into the ducts so that any abnormalities can be seen when the x-ray is taken. Depending on what the doctor sees, further treatment may occur at this time, such as stone removal, balloon dilation,



stenting, manometry, sphincterotomy or biopsy. Additionally, you may have an indomethacin suppository placed after the procedure, which has been shown to decrease the rate of post-ERCP pancreatitis. The procedure generally takes 60-90 minutes depending on findings and treatment.

### *After*

You will wake up from the sedation in the recovery room. Your throat may feel slightly sore. Because of the sedation, you should **NOT** attempt to take anything by mouth for at least one hour from the time you wake up. It is recommended to take only clear liquids for the remainder of the day. Your belly may also feel bloated and full from air inflated through the endoscope during the procedure. You will remain in the recovery area for up to 2 hours. A companion **MUST** be able to drive you home, as the sedation impairs your reflexes and judgments. For the remainder of the day you should **NOT** drink alcohol, drive any type of vehicle, operate machinery, or make any important decisions. We suggest you rest quietly. Depending on the indication for your ERCP, you may be admitted to the hospital overnight for observation or further treatment.

### *Risks*

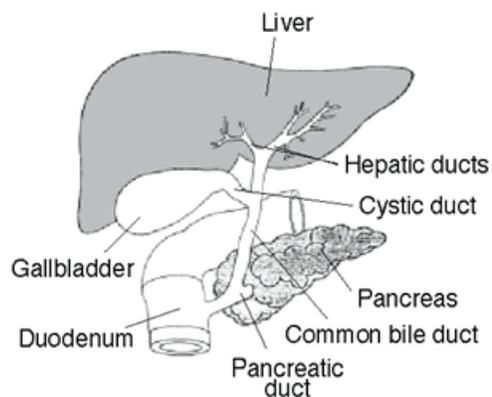
ERCP can result in complications, the most common (6-10%) being inflammation of the pancreas (pancreatitis) which causes very bad abdominal pain and nausea/vomiting, which would occur immediately following the procedure. Pancreatitis can be mild to severe with treatment including hospitalization, observation, rest, IV hydration, and medication for abdominal pain. It usually resolves spontaneously within a few days. Other less common risks include reactions to the anesthesia medications, making a hole in the bowel wall (perforation of the esophagus, stomach or intestines), bleeding and inflammation of the bile duct (cholangitis). While these complications are not common, in certain cases they can be very serious and may require urgent treatment, an extended hospitalization, or even an operation. Very rarely, serious injury or even death can result from a serious complication.

\*Be sure to inform us immediately if you have any increased pain, dizziness, fever, chills, rectal bleeding or vomiting **after** the ERCP.

## ERCP Treatments

### *Stenting*

A stent is a small plastic or metal tube, which is pushed through the endoscope and into a narrowed area in the bile duct or pancreatic duct and left in place after the ERCP. Stenting can relieve jaundice and sometimes pain, by allowing the bile to drain freely into the intestine. Plastic stents placed in the bile duct are **NOT** permanent. They will become blocked eventually and are usually exchanged every 2-3 months. Serious infection may occur if a blocked stent is left in place. Covered metal stents are similar to plastic stents but often can remain in place without



clogging for longer, usually about 5-9 months. Uncovered metal stents are usually left in permanently.

In general, plastic bile duct stents must be removed in 2-3 months, while pancreatic duct stents must be removed in 2-3 weeks. Some pancreatic stents are designed to fall out on their own; however, an x-ray 3 weeks after the procedure is performed to ensure this has happened.

**\*Call Drs. Jamidar/Aslanian/Farrell immediately for any fever, chills or yellowing of skin or eyes as this could be a sign your stent is blocked.**

**\*\* It is your responsibility to schedule a timely stent removal/replacement.**

### *Sphincterotomy*

If other tests have shown gallstones in the bile duct, other blockages or increased sphincter pressure through manometry, the doctor can enlarge the opening (sphincter) of the bile duct or pancreatic duct. This procedure is done with an electrically heated wire, which you will not feel. Any stones will be collected into a tiny basket or left to pass in the intestines spontaneously. It is unusual for other biliary problems to develop in the months or years after a sphincterotomy, but pain, jaundice, fevers, and new stones can rarely occur. Usually, these can be addressed with another endoscopic procedure.

**\*If you are on Coumadin/warfarin, please ask if the medication should be held after the sphincterotomy. It is also important to obtain approval from your primary physician or cardiologist before stopping anticoagulants**

**\*Call Drs. Jamidar/Aslanian/Farrell immediately for any rectal bleeding, black tarry stools, vomiting blood, fever, chills or jaundice.**

### *Nasobiliary/Nasopancreatic Tube*

In rare cases of severe obstruction from stones or narrowing of the duct, a small plastic tube is left in the bile duct or pancreas duct and brought out through the nose for a few days. This helps drainage of bile or pancreas fluid and allows further x-rays to be taken to check when the duct is clear. The presence of the tube may be slightly uncomfortable at first, but does not interfere with eating, drinking or breathing.

*Please take the time to consider the benefits and risks this procedure has to offer you.*

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Drs. Jamidar, Aslanian & Farrell want you to have the best procedure experience possible. Please call with any questions, concerns or problems.

M-F 8:30 am-4:30 pm at (203) 200-5083

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February 2017



**Your ERCP is scheduled for**  
**\_\_\_\_\_ at \_\_\_\_\_ am/pm; \_\_\_\_\_ am/pm arrival**  
**with Dr. Jamidar/ Dr. Aslanian/ Dr. Farrell**  
**at the Yale Center for Advanced Endoscopy on Smilow 4.**

### *Instructions for your ERCP*

#### **Two Weeks before your ERCP**

1. Call us if you have **allergies** or bad reactions to antibiotics, medications or anesthesia.
2. Call us if you have **heart** or **breathing** problems, as we will need recent records of tests and visits from your heart and lung doctor before the procedure.
3. Call us if you take **blood thinners** like Coumadin/warfarin or Plavix or aspirin, as they may need to be adjusted before your procedure.
4. Call us if you have **diabetes**, as your medications may need to be adjusted the AM of, or PM before your procedure.
5. Call us if you are on **dialysis** or have **kidney** problems, as you will need bloodwork before your procedure.

#### **The Night before your ERCP**

1. Do not eat or drink ANYTHING after midnight including gum/candy or cigarettes. You may take regular PM and AM medications with a small sip of water (though blood thinners and diabetes medications may have to be adjusted).

#### **The Day of your ERCP**

1. Arrive at the Center for Advanced Endoscopy 60 minutes before your ERCP is scheduled.
2. Validated parking is available at the Smilow Cancer Hospital Valet Service.

#### **After your ERCP**

1. A companion must drive you home, as the sedation affects your reflexes and judgments.
2. For the remainder of the day, you should not operate any vehicle, heavy machinery or make important decisions due to the sedation. We recommend resting quietly.
3. If you had a sphincterotomy and are on blood thinners, ask if the medication should be taken after the procedure. (It depends on why you take the medication)
4. If you have any increased pain, rectal bleeding, tarry stools, vomiting blood, fever, chills or yellowing of skin, please call Drs. Jamidar/Aslanian/Farrell immediately at 203-200-5083.

***Following these instructions is very important; not doing so may result in delaying, rescheduling or canceling the procedure.***

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Drs. Jamidar, Aslanian & Farrell want you to have the best procedure experience possible. Please call with any questions, concerns or problems.  
M-F 8:30 am-4:30 pm at (203) 200-5083

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