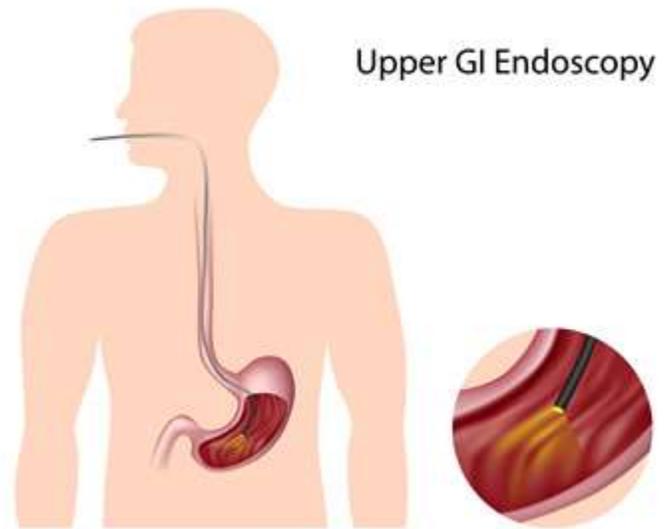


Endoscopic Retrograde Cholangiopancreatography (ERCP)

ERCP is a procedure that enables the physician to diagnose problems in the liver, gallbladder, bile ducts, and pancreas. ERCP combines the use of X-rays and an endoscope, which is a long, flexible, lighted tube. Through the endoscope, the physician can see the inside of the stomach and duodenum, and inject dyes into the ducts in the biliary tree and pancreas so they can be seen on X-rays.

Your doctor may recommend an ERCP for a number of reasons:

- To remove stones retained in the common bile duct (CBD)
- To evaluate and treat strictures (scars) of the bile ducts
- To evaluate and treat bile duct leaks (from trauma and surgery)
- To diagnose cancer of the bile ducts or pancreas and to treat blockages caused by these cancers



How is an ERCP performed?

For the procedure, you will lie flat on your stomach on an examining table in the X-ray room. Prior to the procedure, you will be given intravenous (IV) sedatives to help you relax and comfortably sleep during the exam. While patients are sedated, the anesthesiologist and medical staff monitor vital signs. Once you are fully asleep, the

anesthesiologist will insert a breathing tube down your trachea and connect you to a breathing machine. Subsequently, the endoscope will be guided into your mouth and advanced through your esophagus, stomach, and duodenum until it reaches the spot where the ducts of the biliary tree and pancreas open into the duodenum.

At this time, the physician will pass a small plastic tube through the scope. Through the tube, the physician will inject a dye into the ducts to make the bile ducts show up clearly on X-rays. X-rays are taken as soon as the dye is injected.

Management of CBD stones and strictures

If the exam shows a gallstone or narrowing of the bile ducts, the physician can insert instruments into the scope to remove or relieve the obstruction. Also, tissue samples (biopsy) can be taken for further testing.

After the Procedure - Recovery

ERCP takes about 30 minutes to 2 hours on average. You may have some discomfort when the physician blows air into the duodenum and injects the dye into the ducts. However, the pain medicine and sedative should keep you from feeling too much discomfort. After the procedure, you will need to stay at the hospital for 1 to 2 hours until the sedative wears off. The physician will make sure you do not have signs of complications before you leave.

Discharge instructions should be carefully read and followed. Patients who develop any of these rare side effects should contact their doctor immediately:

- 1) Severe abdominal pain
- 2) Fever
- 3) Bleeding
- 4) Persistent abdominal pain and distention