

What happens after ERCP?

After the test, you will be monitored in the endoscopy area until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated immediately following the procedure because of the air introduced into your stomach during the test.

You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise.

Whittington Health
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070

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Frequently asked questions for endoscopic retrograde cholangiopancreatography (ERCP)

A patient's guide



.... caring for you 

What is an endoscopic retrograde cholangiopancreatography (ERCP)?

ERCP is a specialised technique used to study the pancreas, gallbladder and the ducts of the liver. An endoscope, which is a flexible thin tube, is passed through the mouth, esophagus and stomach into the duodenum.

After the common opening to ducts from the liver and pancreas is visually identified, a catheter (a narrow plastic tube) is passed through the endoscope into the ducts. Contrast material is then injected gently into the ducts (pancreatic or biliary) and x-rays are taken.

Why is ERCP done? ERCP is a valuable tool that is used to diagnose many diseases of the pancreas, bile ducts, liver and gallbladder. Structural abnormalities suspected due to symptoms, physical examination, laboratory tests, or x-rays can be shown in detail and biopsies of abnormal tissue can be obtained if necessary.

ERCP can make the important distinction between whether jaundice (yellow discoloration of the eyes and skin) is caused by diseases that are treated medically, such as hepatitis, or structural diseases, such as gallstones, tumors or strictures (obstructing scar tissue), which are treated surgically or endoscopically.

What preparation is required? Prior to your ERCP, you will receive an appointment to see the gastro clinical nurse specialist (CNS) for pre-clerking. She will take your medical history, take your bloods for full blood count (FBC) and clotting.

We will give you a prescription for oral antibiotic called Clarithromycin 500mg to be taken on the day of your test. You can take one tablet with the sips of water as you need to take it prior to the test

For the best and safest examination, the stomach must be completely empty. You should have nothing to eat or drink, including water, for at least six hours (and preferably overnight) before the procedure.

It is best to inform your doctor of your current medications as well as any allergies several days prior to the examination. You will be sedated and will need to arrange to have someone accompany you home from the examination because sedatives may affect your judgment and reflexes for the rest of the day.

What are the possible complications of ERCP? ERCP is generally safe when performed by physicians who have had special training and experience in this technique. Major complications requiring hospitalisation can occur but are uncommon during diagnostic ERCP.

They include serious pancreatitis, infections, bowel perforation and bleeding with each occurring in less than one per cent of patients. Another potential risk of ERCP is an adverse reaction to the sedative used. Your physician will tell you what is your likelihood of complications before undergoing the test.