



## Procedure Information

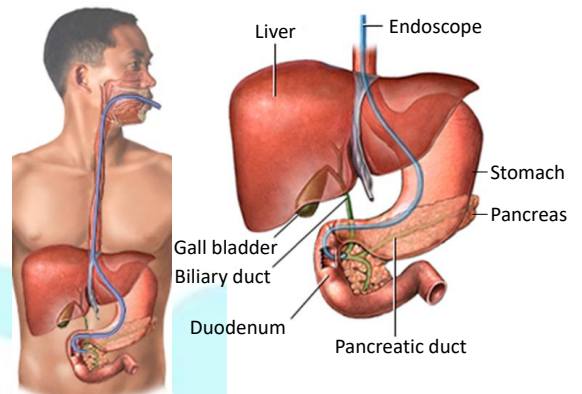
### Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

#### Introduction

ERCP is an x-ray guided endoscopic procedure that allows the doctor to pass an endoscope (a flexible tube) through your mouth, esophagus, stomach and duodenum to examine the biliary and pancreatic ducts. These ducts are located with the aid of x-ray dye.

It helps to identify narrowing, stones, tumors, and leakage in the ducts. Therapeutic procedures can also be performed by passing various accessory tools through the endoscope.

Please discuss with your doctor the better option plan(s) and treatment.



Source:  
<https://www.mountsinai.org/health-library/surgery/ercp>

#### Outcomes

This procedure can help your doctor to identify any abnormalities in the biliary and pancreatic ducts. Stones or strictures can also be treated.

#### Procedures

1. The procedure is usually performed under intravenous sedation or anaesthesia.
2. Local anaesthetic is sprayed on the back of your throat to numb the area.
3. A plastic mouthpiece will be put between your teeth.
4. You are required to lie on your left side during the procedure.
5. Supplementary oxygen will be given.
6. An endoscope is introduced through the mouth, esophagus and stomach into the duodenum.
7. A contrast agent is injected through the endoscope to visualize the biliary and pancreatic ducts.
8. Depending on the situation, tissue sampling and therapeutic interventions such as stone removal, dilatation and stent insertion may be performed.
9. Vital signs are monitored throughout the procedure by nursing staff (including blood pressure, pulse and pulse oximetry).
10. The procedure usually takes 30-60 minutes.
11. There may be discomfort during the procedure. Please relax and breathe regularly.

## **Possible Risks and Complications**

1. Injection of sedation or anaesthetic agents may cause hypotension and respiratory difficulties. For severe cases, anaphylaxis and anaphylactic shock may develop. The probability of developing such symptoms are higher for the elderly.
2. Minor discomfort including nausea and feeling of abdominal distention is common and usually temporary.
3. Major complications include:
  - Pancreatitis (3.5%; 90% of cases are mild-to-moderate in severity)
  - Infection of biliary ducts or gallbladder (1.4%)
  - Perforation of intestine (0.6%)
  - Haemorrhage (1.3%)
  - Death (0.3%)
4. If therapeutic procedures are required, the risks are in general higher.
5. If a complication occurs, an open operation may be needed to treat the complication, but this is very rare.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-procedure Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor if you are or might be pregnant, or if you breastfeed your baby.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, iron supplements and Chinese medicine.
4. Routine blood tests, and an ultrasound of the abdomen may be performed before the procedure.
5. Steroids may be prescribed for patients with an allergic history.
6. No food or drink six hours before the procedure.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the procedure.

## **Post-procedure Instructions**

1. You may feel dizzy after sedative or anaesthetic agents. Please stay in bed until the sedative effect of the drug has completely worn off.
2. No food or drinks are allowed after the procedure. Nurses will tell you the time to resume diet.
3. The effects of the sedative or anaesthetic agents can last up to 24 hours, so you must not drive, operate machinery or drink alcohol at that time.
4. Soreness at the back of the throat and abdominal bloating due to air remaining in the stomach will be relieved very soon.
5. Inform medical or nursing staff if you have increased abdominal pain or distention, vomiting, passage of bloody stool, or fever after the procedure.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

---

---

---

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

