

Understanding ERCP

What is ERCP?

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. If your doctor has recommended an ERCP, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels. After your doctor sees the common opening to ducts from the liver and pancreas, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays.

What preparation is required?

You should fast for at least six hours (and preferably overnight) before the procedure to make sure you have an empty stomach, which is necessary for the best examination. Your doctor will give you precise instructions about how to prepare.

You should talk to your doctor about medications you take regularly and any allergies you have to medications, or intravenous contrast material. Although an allergy doesn't prevent you from having ERCP, it's important to discuss it with your doctor prior to the procedure.

Also, be sure to tell your doctor if you have heart or lung conditions, or other major diseases.

What can I expect during ERCP?

Your doctor might apply a local anesthetic to your throat or give you a sedative to make you more comfortable. Some patients also receive antibiotics before the procedure. You will lie on your left side on an X-ray table. Your doctor will pass the endoscope through your mouth, esophagus, stomach and into the duodenum. The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument.

What are possible complications of ERCP?

ERCP is a well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalization can occur, they are uncommon. Complications can include pancreatitis (an inflammation or infection of the pancreas), infections, bowel perforation and bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons.

Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major medical problems. Patients undergoing therapeutic ERCP, such as for stone removal, face a higher risk of complications than patients undergoing diagnostic ERCP. Your doctor will discuss your likelihood of complications before you undergo the test.

What can I expect after ERCP?

If you have ERCP as an outpatient, you will be observed for complications until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. You can resume your usual diet unless you are instructed otherwise.

Someone must accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day.

Please contact your doctor promptly if you have any follow-up questions or if you are experiencing any complications due to the procedure.

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