

ERCP – Information for Patients

ERCP (endoscopic retrograde cholangio pancreatography) is a combined endoscopic and radiological (x-ray) examination of the pancreatic duct and the bile passages.

The examination usually has two purposes:

Firstly, it is meant to reveal any changes in the region of the pancreas or the bile passages, in particular the presence of inflammation, stones or possibly a tumour.

Secondly, the examination proper may be followed by a therapeutic procedure, generally with the aim of restoring a restricted bile flow, either by removing gallstones or by inserting a small plastic tube to drain off the bile.

In order to remove gallstones, however, it is first necessary to make an incision into the sphincter of Oddi (the fibres of muscle surrounding the duodenal end of the bile-duct). This procedure, known as papillotomy, is also carried out with the endoscope and does not, in itself, cause any pain.

Preparing for the examination

Your stomach must be completely empty, so do not eat or drink anything after midnight before the examination.

An intravenous infusion will be set up to supply your fluid requirements, and also to facilitate the rapid, intravenous administration of any medication that may be necessary during the course of the examination. In addition, it gives us an extra margin of safety, should any unexpected complications arise.

Who will examine you?

At the Zuger Kantonsspital the examination is normally carried out by Dr. Schmidt or his substitute, attended by our endoscopy assistants.

How is the examination carried out?

First, the doctor and the endoscopy assistant will once again go over the details of the planned examination with you and answer any remaining questions you may have. At this point at the latest, you should tell them if you are suffering from any illness, if you have had any previous endoscopic examinations, or if you have ever suffered any allergic reactions or side-effects from medications. If you wear a denture, you must remove it now. Your throat will be locally anaesthetised with a bitter-tasting spray. An intravenous infusion will be set up and you will be given an injection of a sedative drug to make you drowsy and help you to relax during the examination. Your respiration and circulation will be constantly monitored throughout the examination. While you lie on your stomach, the flexible instrument will be inserted through your mouth and passed down your oesophagus into the duodenum. In the next stage of the examination, which is monitored on an x-ray screen, a fine catheter is passed through the centre of the instrument, allowing the pancreatic duct and the biliary duct to be individually explored and shown on the x-ray screen with the help of a contrast medium. Depending on the findings, it may then be necessary to make an incision into the sphincter muscle where the bile passages enter the duodenum, to extract gallstones from the biliary duct, or to insert a small plastic tube to drain away the bile. The examination may subsequently give rise to colicky pain. The examination is likely to take about an hour, but its exact duration depends on both the complexity of the procedure and the findings, and is therefore difficult to estimate in advance.

After the examination

The medication you have received will leave you feeling rather dazed and drowsy following the examination, and you will need several hours' sleep after it. Also, you will not be allowed to eat or drink anything until the following morning at the earliest. Occasionally, the findings of the examination will necessitate treatment with antibiotics. The next morning, a blood sample will be taken and a clinical examination carried out to determine whether the examination was a success.

What are the risks?

An ERCP is not a risk-free procedure. In particular, possible risks include subsequent pancreatitis or haemorrhage, perforation of the small intestine or a purulent infection. Moreover, there is no guarantee that the examination itself will achieve the desired result. Depending on the degree of complexity and the findings, the risk of complications may be rather greater or rather smaller, but it averages out at a few percent. If serious complications arise, an emergency operation may be necessary; and in the very worst case, there may even be life-threatening complications. At the same time, it should be borne in mind that, when complications do occur, this is generally because there is some existing disease in this area, and that an attempt to treat the condition via ERCP still involves fewer risks than a primary attempt at treatment by means of an operation.

Declaration of consent

I, _____

Hereby authorise Dr. _____

to carry out an ERCP examination with / without papillotomy, and to administer the sedative and analgesic medication necessitated by the procedure.

I have been informed by Dr. _____, both verbally and in writing (Information for Patients), of the nature, the aim and the risks of the procedure that is to be carried out. I understand that the success of the procedure cannot be guaranteed.

If serious complications should arise, I consent to an emergency surgical intervention being performed and / or to blood transfusions being given, should this become necessary.

Signed _____

Date _____

(The German language version shall have sole legal validity)