

DIGESTIVE DISEASE SPECIALISTS, INC.

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ERCP

Endoscopicretrogradecholangiopancreatography or ERCP is a procedure where a lighted tube is passed through the upper digestive tract to find the opening of the bile and pancreatic ducts. Once this opening has been located, a small catheter is passed into the opening and dye is injected, and x-rays are taken. ERCP is commonly used to evaluate diseases of the liver, gallbladder and biliary tree, and the pancreas.

Depending on each individual's problems, the procedure may end after the x-rays are taken or further treatment may be required, such as making a small cut in the opening with an electric wire, called a sphincterotomy, or placing a tube in the opening of the duct called a stent.

Complications are not common with this procedure however they do occur. They include inflammation of the pancreas called pancreatitis, infection, bleeding, and perforation of the intestine or bile duct. Complications may also occur related to the sedation used for the procedure.

You will be asked to sign a permit prior to the procedure, and you should be sure to bring someone with you who can drive you home. The medicine used during the procedure may make you drowsy and many people who have the ERCP do not remember having the procedure done.

Prior to the procedure, you should have had nothing to eat or drink for at least six to eight hours and you should be sure to let the nurses and the doctor know if any allergies and serious health problems you have. If you do not bring someone with you, your procedure will not be done and will be rescheduled.

NOTE: Be sure to notify your doctor of any of the following:

- If you take blood thinners;
- If you take aspirin or its derivatives;
- If you are a diabetic;
- If you have heart valve disease or an artificial valve;
- If you have had rheumatic fever; or
- If you have had hepatitis or AIDS

IF YOU TAKE INSULIN OR DIABETIC MEDICINE, DO NOT TAKE DAY OF PROCEDURE. IF YOU TAKE BLOOD PRESSURE OR ANY HEART MEDICINES, TAKE WITH A SIP OF WATER.

Your appointment is scheduled on _____

Please arrive at _____

You are scheduled at _____

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******