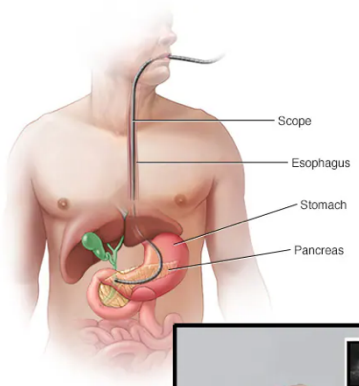
ALISTAIR ROWCROFT
GENERAL & HPB SURGEON

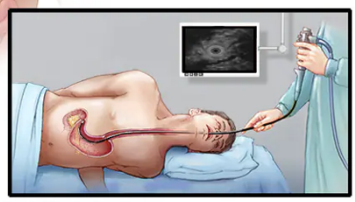
Patient Information

ERCP

What is ERCP?

ERCP stands for Endoscopic Retrograde Cholangiopancreatography. It is a specialized endoscopic procedure used to access and treat conditions affecting the pancreas, bile duct, liver and gall bladder.





Why do I need an ERCP?

ERCP is commonly performed for blockages or obstructions of the common bile duct. These are usually caused by gallstones or strictures (narrowing of the bile duct). Bile duct strictures can be benign or malignant (cancerous).

How do I prepare for ERCP?

Before ERCP you must be fasted (have nothing to eat) for at least 6 hours. For an morning procedure, this means nothing after midnight the night before. For an afternoon procedure, you may have a light early breakfast and eat nothing after 7am. Medications can be taken with a sip of water.

Dr. Rowcroft will discuss with the medications that should be temporarily stopped before an ERCP. The common medication types that should be stopped are:

Blood thinning medication	Type 2 Diabetes medications
▪ Aspirin- can safely be continued without stopping ▪ Clopidogrel - stop 7 days before the procedure ▪ Warfarin - 5 days ▪ Apixaban, Rivaroxaban, Dabigatran - 3 days ▪ Enoxaparin (Clexane) - 1 day ▪ Most blood thinners can safely be re-started 2-3 days after ERCP	▪ Most tablet medications can be withheld the morning of the procedure ▪ 'Flozin' medications (Dapagliflozin, Empagliflozin) must be stopped 3 days prior

If you have any concerns regarding your medications, please discuss them with Dr. Rowcroft.

How is ERCP performed?

ERCP is performed under a deep sedation or a general anaesthetic, depending on the situation. The patient is placed in the "swimmer's position", lying on their front, with the right arm up by the head and the left arm down by their side. The head is turned 90 degrees to the right the allow entry for the special fiber-optic telescope (duodenoscope).

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The duodenoscope is then gently pushed down through the oesophagus and stomach to reach the first part of the small intestine (duodenum). Once there, the surgeon uses small wires and instruments to the access the bile duct. The sphincter at the bottom end of the bile duct is usually cut (sphincterotomy), and other instruments can be used to remove stones, take small samples and place stents if required. The use of this equipment is guided by X-rays, which are controlled by Dr. Rowcroft. Stents are made of plastic or metal, and are used to keep the bile duct open in the case of large stones that can't be completely removed (plastic stents), or in the case of a cancerous stricture (metal stents). Plastic stents are required to be removed with a repeat ERCP procedure after 6 to 8 weeks.

To reduce the risk of complications from your ERCP you may be given a dose of an anti-inflammatory medication such as indomethacin. This medication has been shown to reduce the risk of pancreatitis (see below), which is an important complication of ERCP. This medication is given as a suppository (via the anus), as it is quickly absorbed and can be given during the procedure under sedation. Please let Dr. Rowcroft know before your procedure if you have any allergies to anti-inflammatories, heart disease or kidney problems, which mean that this medication will not be used. It is also important to let Dr. Rowcroft know if you may be pregnant, as the foetus can be harmed by radiation and medication given at the time of the procedure. ERCP can still be performed in pregnant patients, with some adjustment in the technique.

What is the recovery period for ERCP?

Recovery from ERCP is usually short. Most patients wake up shortly after sedation and are monitored in the recovery bay. Usually patients are keep nil by mouth for a short period after ERCP, and then can resume eating if they are well and pain-free. Some patients mention they feel bloated immediately after the procedure, but this resolves quickly.

ERCP is often performed as a day case, meaning that you can be discharged home the same day, as long as you have an adult to collect you from the hospital and stay with you that evening at home. You will not be allowed to drive or operate heavy machinery within 24 hours of deep sedation or an anesthetic.

What are the risks of ERCP?

ERCP is a complex and specialized endoscopic technique, and requires a lengthy period of training to be able to perform safely. As a result the risks are slightly higher than for conventional endoscopy.

The risks specific to ERCP include:

- Bleeding (2-3%). This usually occurs at the site of sphincterotomy, and can be treated by injecting adrenaline to the site or placement of an expanding removable stent. If bleeding is only diagnosed after the ERCP procedure, it may require an emergency repeat ERCP and a blood transfusion. Please discuss with Dr. Rowcroft if you have any concerns or objections regarding blood transfusion.
- Perforation (<1%). This can include perforation or damage to any part of the digestive tract that is traversed with the duodenoscope, including the oesophagus, stomach or duodenum. Perforations often occur at the ampulla, which contains the sphincter at the lower end of the bile duct. Many perforations can be managed without surgery or further procedure, but may delay your recovery by several days.
- Pancreatitis (5%). This condition is caused by inflammation of the pancreas, and causes pain. Often it is self-limiting, but can require a longer stay in hospital. In some patients, pancreatitis can be very severe, causing organ failure and requiring transfer to an intensive care unit (ICU).
- Cholangitis (<5%). This is an infection of the bile duct, caused by incomplete removal of stones or debris. It is treated with antibiotics, and sometimes a repeat ERCP and placement of a stent.
- Death (<0.5%). This is usually related to serious cases of post-ERCP pancreatitis. All surgical and endoscopic procedures carry a small risk of death from complications, and it is important to remember that we only perform ERCP in cases where we absolutely need to. If you have concerns about complications please discuss them with Dr. Rowcroft before you procedure.

In the days following your ERCP, it is important to take note if you have abdominal pain, fevers, chills or rigors. If you have any of these symptoms, or any concerns, please phone the rooms on (08) 6285 3129 or present to your nearest Emergency Department.