

ERCP Information Sheet

Dr Scott has recommended that you have an ERCP. This information sheet is to help you better understand the procedure.

What is an ERCP?

ERCP stands for Endoscopic Retrograde Cholangiopancreatogram. After you are put to sleep by an Anaesthetist, a camera on the end of a long flexible tube is inserted through your mouth and into the first part of your small bowel to the hole where the bile and pancreatic ducts open into the small bowel. A special liquid that can be seen easily on an XRay (contrast) is injected into the bile and/or pancreatic ducts and an XRay is taken. Depending on the reason for the ERCP and the XRay findings, a number of things can be done such as a small cut through the valve at the end of the bile duct (sphincterotomy), removing gall stones or placing a hollow tube (stent) through a blockage. The ERCP usually takes about 30 minutes but can take longer.

How do I get ready for the ERCP?

Complete and hand in your paperwork to the hospital.

If you are pregnant, could be pregnant, or have an allergy to iodine or contrast used for X Rays please discuss this with Dr Scott.

Answer these important questions about your medications:

1. Do you take medication for weight loss or diabetes such as **tirzepatide (Mounjaro), semaglutide (Ozempic, Wegovy), dulaglutide (Trulicity) or liraglutide (Saxenda, Victoza)?**
 - ✓ If YES, then for the entire day before the procedure you should only consume CLEAR FLUIDS (eg water, jelly or clear juice/cordial/soft drinks/soups). DO NOT consume any food.
2. Do you take other diabetic medications such as **dapagliflozin (Forxiga, Xigduo, Sidapvia), empagliflozin (Jardiance, Glyxambi, Jardiamet)?**
 - ✓ If YES, then do not take them on the 2 days prior to the procedure
3. Do you take **insulin or warfarin?**
 - ✓ If YES, then contact our office
4. Do you take blood thinning medications such as **clopidogrel (Plavix, Iscover, CoPlavix, Pias etc), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)?**
 - ✓ If YES, and you have been taking this medication for more than 6 months, then do not take the clopidogrel on the 7 days before the procedure and do not take the other blood thinning medication on the 3 days before the procedure.
 - ✓ If YES, but you have started the medication in the last 6 months, please contact our office.
 - ✓ You should continue to take aspirin.

What happens on the day?

You need to have nothing to eat or drink at all from midnight (for a morning ERCP) or 7:30am (for an afternoon ERCP). Have your usual morning medications (unless advised by Dr Scott) with a small sip of water. Dr Scott will see you before the procedure.

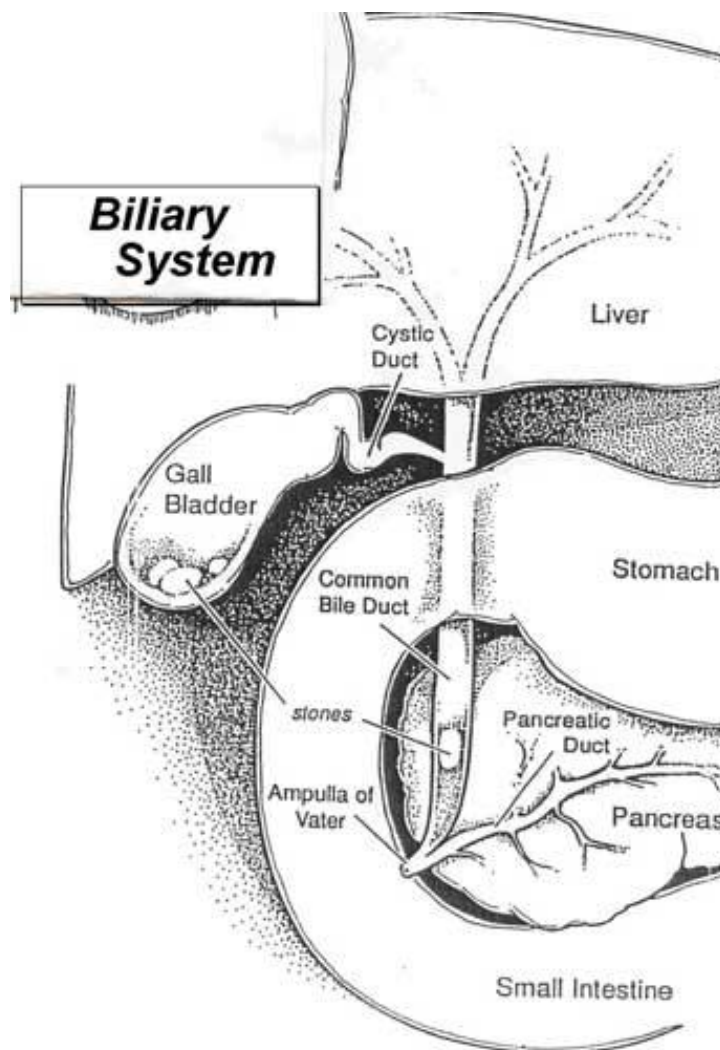
What happens after the ERCP?

You will wake up in Recovery and you may have a slightly sore throat and may feel bloated. You will usually remain in the recovery area for at least 4 hours and will not be able to eat or drink during this time. If you are able to comfortably have something to drink after that, you may leave the hospital. You should arrange someone to take you home as you must not drive, catch public transport alone, operate heavy machinery, sign legal documents or drink alcohol for 24 hours after the anaesthetic.

Dr Scott will talk to you after the ERCP and provide you with written information. A letter with the results and recommendations from the ERCP will be sent to your referring doctor and GP.

If you feel well, continue consuming only clear fluids that evening. You should be able to return to a normal diet the following day.

If there is abdominal pain after the ERCP that doesn't settle quickly, you may need to spend the night in hospital as a precaution so it is wise to bring some personal effects just in case. If you live more than an hour from Tamworth it is preferable to spend the night nearby.



What are the Risks of ERCP?

Every medical procedure has potential risks and benefits and it is important that you understand these.

1. Failure to complete the procedure as planned (5 per 100)
2. Inflammation of the pancreas (5 per 100 - severe in 5 per 1,000)
3. Serious bleeding (1 per 100)
4. Putting a hole in the side of the bowel or bile duct (1 per 1,000)
5. Rare and unexpected complications including heart attack, stroke, breathing troubles and death (less than 1 per 10,000)

After the procedure if you think you may have one of these complications or are concerned for any reason please contact Dr Scott or go to your local emergency department.

Data Collection

As part of quality monitoring and improvement, the data from your procedure may be used for audits, recertification or teaching. Your personal details are always entirely removed from the data for these purposes. If you have any concerns please speak to us.