

What You Should Know About ERCP



WHAT IS THE BILIARY SYSTEM?

The biliary system includes the liver, pancreas, gallbladder, and the ducts that connect them to each other. The liver and pancreas produce bile and enzymes that are released into your bowel to help digest food.

WHY DO I GET PAIN? JAUNDICE? PANCREATITIS?

The gallbladder and pancreas empty into the bowel through small tubes called the biliary ducts. If these tubes get blocked, pressure builds up. This can be painful and often leads to infection. Depending upon where the blockage occurs, you can become jaundiced and suffer pancreatitis. This can be life threatening.

WHAT ARE THE POSSIBLE CAUSES OF OBSTRUCTION?

- gallstones or sludge
- cancer
- benign stricture
- inflammation

WHAT CAN BE DONE TO RELIEVE THE BLOCKAGE?

It used to be that everyone would need surgery. This is a big operation, with significant risks.

ERCP offers a simpler, often safer approach.

ERCP is not done without a good reason.

WHAT IS ERCP?

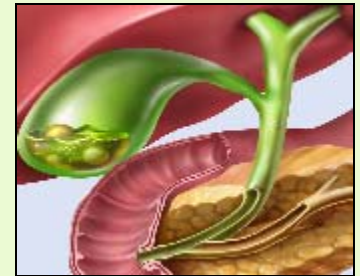
ERCP stands for Endoscopic Retrograde Cholangio-Pancreatogram. An anesthetic is given, to put you to deep sleep. The exam is performed carefully with X-ray assistance. A fiber optic scope is placed through the mouth, into the stomach and positioned in the duodenum. The biliary ducts can then be identified. Dye is injected into the ducts to see if there is a gallstone, stricture, cancer or inflammation.

THERE ARE FOUR THINGS ERCP CAN DO:

Provide a diagnosis of the problem.

1. Perform papillotomy, and remove gallstones blocking the ducts.
2. Stent a bile blockage or a bile leak:
3. Controlling, draining bile and infection.
4. Improve basic medical condition, making subsequent operation easier, and safer.

ERCP can sometimes, but not always prevent surgery.



ARE THERE COMPLICATIONS TO ERCP?

- Pancreatitis
- Infection
- Perforation of the bowel
- Excessive bleeding
- Injury to the biliary ducts with bile leakage

These complications may be life threatening. They sometimes require surgery to repair.

Return for exam in ____ weeks

Re-evaluation

Colonoscopy

Flexible Sigmoidoscopy

Follow-up only if symptoms persist

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