

ERCP at Piedmont Hospital Instructions

What is an ERCP?

ERCP is a specialized technique used to study the ducts (drainage routes) of the liver, gallbladder, and pancreas (the drainage channels from the liver are called bile ducts or biliary ducts). When performed by physicians with special training in this procedure, ERCP can be accomplished in 90-95% of patients.

ERCP is a valuable tool that is used for diagnosis and treatment of many diseases of the pancreas, bile ducts, liver, and gallbladder. Structural abnormalities such as gallstones, tumors, or strictures (obstructing scar tissue) can be shown in detail and biopsies of abnormal tissue can be obtained if necessary. In some cases ERCP can be used to determine whether or not surgery is necessary and may be helpful in providing the anatomic detail the surgeon needs to plan an operation when surgery is necessary. Several conditions of the biliary or pancreatic ducts can be treated (cured or improved) by therapeutic ERCP techniques that can open the end of the bile duct, remove stones, and place stents (plastic drainage tubes) across obstructed ducts to improve their drainage.

PRE-PROCEDURE CHECKLIST

If you have diabetes, ask your regular doctor for diet and medication restrictions. Do not take your oral diabetes medicine on the day of your procedure. If you take metformin, stop taking it the day before your colonoscopy. Also, please bring your Insulin and Insulin syringes with you to your procedure; we will check your blood sugar before and after the procedure.

If you take a medication to thin your blood (such as Coumadin, Plavix, Pradaxia or Lovenox) be sure to discuss this with the doctor performing your procedure. You must get your prescribing doctor's permission if you need to stop these medications.

If you currently are taking other prescription medications, you may continue to take all other medications as instructed by the prescribing physician.

If you are or may be pregnant, please discuss the risks and benefits of this procedure with your doctor.

You MUST arrange for a ride for the day of your exam. If you fail to arrange transportation with a responsible adult, your procedure will need to be cancelled and rescheduled. Your driver must check in with you and stay in our office the entire time that you are there. We cannot start your procedure if you do not have a driver present. In addition to this, you may not take a taxi or ride the bus by yourself. This is for your safety.

If you must cancel or reschedule your appointment, please call 404-355-3200 at least three days prior to your procedure to avoid any late cancellation fees.

If you have any special needs, please notify the admitting nurse prior to your procedure (i.e. a pacemaker, internal defibrillator, latex allergy, need for an interpreter, or are allergic to eggs, nuts, or soy).

Please be certain to have all of the following items with you:

- Your completed pink Pre-Anesthesia Evaluation, which was included in your procedure packet.

- A list of all your current prescription medications and all your over the counter medications.
- A photo ID.
- All your up-to-date insurance information, such as your insurance card or required referral forms.

DAY OF EXAMINATION

The Piedmont Hospital GI lab is located on the first floor of the 77 building. It is most convenient to park in the North parking deck. Take the elevator to the bridge level (BR). You will need to go to the 77 building registration office to register for your procedure. After getting off at the bridge level you will walk through a glassed-in bridge and go straight. You will pass the 77 building (D) elevator, which will be located on your left. The registration office is located in the next hallway on your left. Once inside, a member of the registration staff will help you complete some additional paperwork, and then escort you to the GI Lab for your procedure. This should take approximately 15 minutes.

PREPARATION

To ensure a successful exam, please follow all instructions carefully. Failure to accurately and completely prepare for your exam may result in the need for an additional procedure and both procedures will be billed to your insurance.

- Stop eating solid foods at midnight.
- Clear liquids are okay to drink (examples: water, Gatorade, clear broth, black coffee and apple juice).
- Do not drink red liquids or alcoholic beverages.
- You may have nothing by mouth (no water, gum, mints, ice cubes, etc.) at least 4 hours before your exam.
- You may take your usual medications (exceptions noted above) with up to 4 oz. of water at least 4 hours prior to your procedure. Be sure to wear comfortable clothes and shoes that will remain on your feet (preferably tennis shoes) to your procedure. Please do NOT wear flip flops, sandals, or backless shoes.
- Please remove ALL jewelry including earrings, rings, bracelets, anklets, necklaces, and watches prior to the procedure, and be sure to leave any and all valuables at home.
- Plan to spend up to two hours at the endoscopy center the day of your procedure. The exam itself takes about 30-60 minutes to complete.

Before the exam:

- You will change into a gown and robe.
- Your medical history will be reviewed with a nurse and an anesthesiologist.
- You will be given a consent form to sign.
- A nurse will insert an intravenous (IV) line into your hand or arm.
- Menstruating women under the age of 50 will be asked to give a urine sample for a pregnancy test.

During the exam:

- Medicine will be given through the IV line to help you relax and feel drowsy.
- Your heart rate and oxygen levels will be monitored. If your blood pressure is low, you may be given fluids through the IV line.
- The doctor will insert a flexible, hollow tube - called an endoscope - into your mouth and will advance it slowly through the esophagus, stomach and duodenum (the first part of your small intestine). After the opening to the ducts is visually identified, a catheter (narrow plastic tube) is

- passed through the endoscope into the ducts. Contrast material ("dye") is then injected gently into the ducts (pancreatic or biliary) and x-rays are taken.
- If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination, or biopsy. Tissue removal is painless.

What happens after the exam?

- The doctor will talk with you about the initial results of your exam.
- The doctor will prepare a full report for you and the physician who referred you for the upper endoscopy.
- You may feel bloated after the procedure. This is normal.
- Your throat may feel sore for a short time.
- Medication given during the exam will prohibit you from driving for the rest of the day.
- Following the exam, you may resume your normal diet. Avoid alcohol until the next day.
- You may resume your regular activities the day after the procedure.
- A nurse will provide you with complete discharge instructions before you leave the endoscopy center. Be sure to ask the nurse for specific instructions if you take blood thinners such as aspirin, Coumadin or Plavix.
- Any tissue samples removed during the exam will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results.

Are there possible complications from ERCP?

ERCP is generally a well-tolerated procedure when performed by physicians who have had special training and experience in this technique. However all procedures carry some risk. In ERCP, intravenous (IV) sedation is used, and localized irritation of the vein into which medications were given may cause a tender lump that may last days to weeks. The application of heat packs or hot moist towels to the area may ease the discomfort. An adverse reaction to the sedative may occur, including allergic reactions and changes in breathing, blood pressure, and heart rate.

Additional complications specific to ERCP can occur, including pancreatitis, infection, bowel perforation (a small hole in the digestive tract), and bleeding. The risks of the procedure vary with the indications for the test, what is found during the procedure, what therapeutic intervention is undertaken, and the presence of other major medical problems, such as heart or lung diseases. Published studies show the risk of pancreatitis is 5-10%, and the risk of infection, bleeding, and perforations are all less than 1%. If a complication does occur, it may result in hospitalization, blood transfusion, repeat procedure, or occasionally corrective surgery. Your physician will discuss the likelihood of complications with you before undergoing the test.