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GASTROENTEROLOGY & HEPATOLOGY  
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SPECIALIZE IN ERCP & EUS w/FNA

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### **Endoscopic Retrograde Cholangiopancreatography (ERCP)**

**Your test in on: DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **Arrival time:** \_\_\_\_\_

You have been scheduled for an ERCP. This information sheet will attempt to describe what the procedure entails as well as inform you of how to best prepare for the examination. If any questions remain after reading this, please contact us.

#### **What is an ERCP?**

An ERCP is a diagnostic procedure which allows the doctor to obtain an image of the bile duct and pancreatic duct. A long, flexible tube is passed through the mouth and back of the throat into the duodenum (the first portion of the small intestine). The opening from the bile duct and pancreatic duct into the duodenum is identified. A small plastic tube is then passed through the endoscope into this opening and directed into the bile duct and/or pancreatic duct. Contrast material is then injected and x-rays are taken to study the ducts.

#### **Preparation for the Test**

You should have nothing to eat or drink after midnight the day before the test but you may take your medication the day of the exam with a sip of water. You should notify your doctor of any allergies or required medications that you take. **DO NOT TAKE ASPIRIN, ANY MEDICATIONS THAT CONTAIN ASPIRIN OR ARTHRITIS MEDICATIONS FOR 10 DAYS PRIOR TO THE EXAM. PLEASE CHECK WITH US ABOUT CONTINUING OTHER MEDICATIONS.** Avoid bringing any unnecessary valuables with you.

#### **What should you expect during the procedure?**

You will be given medication through a vein to make you relaxed and sleepy. While you are lying on an x-ray table, the endoscope will be inserted through the mouth and into the duodenum. The tube will not interfere with your breathing. During the procedure you may feel bloated due to the air used during the test.

#### **What is a Papillotomy (Sphincterotomy)?**

In certain cases, if the doctor finds that there is a blockage of the bile duct caused by the presence of a gallstone or other material at the point where the bile duct enters the duodenum, he may be able to remove the stones by performing what is called a sphincterotomy or papillotomy. This involves passing a tube containing a wire through the endoscope into the bile duct. An electric current is applied to enlarge the size of the opening of the duct. You will not feel any pain from the sphincterotomy.



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### **What to expect after the procedure**

You may experience a mild sore throat that should improve slowly. You may also feel bloated and might have a soft bowel movement because of the air and contrast material that were introduced during the examination. You will be able to resume your diet after the procedure unless you are instructed otherwise.

You will receive sedative medications. **YOU CANNOT DRIVE FOR THE REMAINDER OF THE DAY.** If you are discharged, a responsible adult must accompany you out of the Recovery Room and drive you home. Cab or car service is unacceptable unless you are accompanied by a responsible adult.

In certain situations it is necessary to admit a patient after this procedure. You should bring an overnight bag with you for possible admission after the procedure. You will generally be discharged the morning following the procedure.

### **Are there any complications from ERCP?**

ERCP is safe and is associated with very low risk when performed by physicians who have been specially trained and are experienced in this highly specialized procedure. Complications can occur but are uncommon.

One possible complication is pancreatitis (inflammation of the pancreas) due to irritation of the pancreatic gland by manipulation and/or the x-ray contrast material. Another possible complication is infection.

Localized irritation of the vein may occur at the site of medication injection. A tender lump may develop which can remain for several weeks but eventually goes away.

Other less common risks include perforation (tear) of the intestinal tract, drug reactions, and complications from unrelated diseases such as heart attack or stroke.

If you require a sphincterotomy there are added risks of bleeding, pancreatitis or perforation of the bowel. Rarely, these conditions require surgical therapy to treat the problem.

It is extremely rare, but death remains a remote possibility.