

Endoscopie

ERCP: an examination of the bile ducts (Engelse vertaling)

Your doctor has proposed that you undergo an ERCP (Endoscopic Retrograde Cholangio-Pancreatography). The procedure will take place in location VUMC. If for some reason you are unable to make it on the suggested date, please contact the endoscopy department as soon as possible to reschedule your appointment. Please make sure that someone is available to accompany you home after the procedure. You are not allowed to drive home or operate any vehicle.

What is an ERCP?

With this procedure we are able to take a look at the bile ducts and the pancreas using contrast fluid and an X-ray machine. The doctor uses a flexible tube, an endoscope, with a camera on the tip. During this procedure, the doctor is able to use special instruments that fit through the endoscope to perform additional treatments. Treatment examples are the removal of (bile) stones or placement of a tube (a stent) to restore the flow of bile out of the bile ducts.

What is the function of the bile ducts and the pancreas?

The bile ducts and pancreas are part of the digestive system. Bile is produced in the liver and then stored in the gall bladder. From the gall bladder, bile flows through the bile ducts to the small intestine. In the small intestine the bile is needed for the digestion of fats.

The pancreas produces pancreatic juices which are also secreted to the small intestines. These juices play a role in the digestion of carbohydrates, fats and proteins.

Which abnormalities can we detect?

With an ERCP we are able to detect abnormalities in the bile ducts and pancreas such as tumors, inflammation and gallstones. These abnormalities can obstruct the flow of bile and pancreatic juices to the small intestine. This can cause symptoms such as abdominal pain, fever or jaundice.

Dietary restrictions

The exam can only be performed when your esophagus and stomach are empty. Please follow the instructions below carefully, so we can proceed with the examination.

- Examination before 12 noon am: The day before the procedure you are allowed to eat until midnight. From midnight up to 2 hours before the procedure you are allowed to drink clear

liquids, with a maximum of about 200 mL. Examples are water, clear fruit juice, coffee and tea without milk. Sugar is allowed.

- **Examination after 12 noon pm:** You are allowed to have a light breakfast at least 6 hours before the procedure. This consists of a cup of tea without milk with a cracker/biscuit. Afterwards you are not allowed to eat anything, but are allowed to drink clear liquids (around 200 ml) up to 2 hours before the procedure. Examples are water, clear fruit juice, coffee and tea without milk. Sugar is allowed.

Sedation

The procedure will be performed under deep sedation. The procedure can only be performed when there is someone available to accompany you home afterwards. They can wait in the hospital or they may be called when the procedure is finished. You are able to read more about the sedation in the leaflet on 'sedation with propofol'.

If your procedure is in location VUmc, you will be called by the anesthetist, a few days before the procedure, to ask about your disease and physical condition. And also about your expectations of the procedure.

Other medical conditions

- Do you have any heart disease or disease of the blood vessels for which you are required to receive antibiotics before any procedure?
- Are you currently receiving treatment against thrombosis or are you taking any blood thinning medication (anti-coagulants): Acenocoumarol (Sintrom® or Sintromitis®), clopidogrel (Plavix®), fenprocoumon (Marcoumar®), dipyridamole (Persantin®), rivaroxaban (Xarelto®), dabigatran (Praxada®), apixaban (Eliquis®) or carbasalate calcium (Ascal®)?
- Do you have a blood clotting disorder?
- Do you have diabetes (Diabetes Mellitus)?
- Do you have a pacemaker or an ICD (internal defibrillator)?

Did you answer one or more of the previous questions with yes and have not yet discussed this with your doctor? Please contact the referring doctor to make possible adjustments to your therapy leading up to the procedure.

The ERCP

During the examination you will be guided by the doctor, endoscopy nurses and an anesthesia assistant (SPS).

- Try to use the restroom before the ERCP.
- The nurse will pick you up and take you to a room to prepare you for the procedure.
- You will be requested to remove any restricting clothing such as a belt or bra, and to put on a blue gown.
- You will be given an IV in your hand or elbow and receive a wristband stating your name, date of birth and patient number.
- Depending on the type of procedure, it is possible that you will receive prophylactic therapy; a Diclofenac® suppository (as an anti-inflammatory) or antibiotics through your IV.
- You will then be taken into the examination room by the doctor, the nurse and the anesthesia assistant, where the procedure will be discussed with you once more.

- The anesthesia assistant will monitor your vital functions (including blood pressure, heart rate, oxygen level in your blood).
- If you have any dentures you will be asked to remove these.
- You will be requested to lie on your stomach on the treatment table, where you will receive a plastic ring between your teeth to protect them and the endoscope.
- The anesthesia assistant will then administer the anesthetic (propofol).
- The ERCP will not start until you have been placed under anesthesia.
- It is not possible to bring someone into the treatment room to be present during the procedure.
- The duration of the examination is approximately 60 minutes.

Complications

Possible complications of an ERCP are:

- Inflammation of the bile ducts or the pancreas (pancreatitis)
- Bleeding
- Perforation (tear) of the small intestines

After the procedure

- The anesthesia assistant will stop administering the anesthetic after which you will wake up quickly.
- You will be taken to our recovery room and cared for by the nursing staff.
- Your blood pressure, heart rate and blood oxygen level will be monitored for at least one hour.
- If necessary, you will be given medication against nausea and/or pain.
- When you are awake and all your vital signs are normal, your IV will be removed
- The doctor who performed the procedure will give you a short explanation and will make arrangements for possible follow-up appointments.
- After consultation with the doctor and the anesthesia assistant you will be allowed to leave the endoscopy department **with someone who can escort you home!** You are not allowed to drive home or operate any vehicle.

At home

Do not make important decisions on the day of the examination. Temporary forgetfulness may occur. If you develop severe stomach pain, notice any loss of bright red blood or a high fever, you should contact the Endoscopy department. From Monday to Friday from 8.30 a.m. till 4.30 p.m.: 020-4441125. Outside of office hours you can contact 020-4444444. Please ask for the gastroenterologist on duty. (Dutch: MDL arts)

Questions?

Do you still have questions after reading this leaflet? Please contact our Endoscopy department. With every visit to Amsterdam UMC please bring:

- A valid ID (passport, ID-card, driver's license)
- A current overview of your medication
- A proof of insurance