

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
Endoscopy Day Hospital  
114 Woodland Street  
Hartford, CT 06105  
MICHAEL BUTENSKY MD., MARTIN HOFFMAN D.O.  
LISA M. ROSSI MD.

You have been scheduled for the following procedure in the Endoscopy Day Hospital.

Procedure: ERCP Date: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_ Time of procedure \_\_\_\_\_

**ERCP: NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE**

CONSULT WITH YOUR PRESCRIBING PHYSICIAN IF YOU ARE ON THE FOLLOWING:

COUMADIN STOP FOR 3 DAYS

XARELTO STOP FOR 2 DAYS

You will register at the desk at the admitting office on second floor.

Parking may be as follows:

Enter Collins Street Parking Garage from Woodland Street or Collins Street.

Park on any level and use the stairs to get to the second floor to enter the hospital area. Proceed across the walkway to the reception desk. At the desk you will be directed to admitting and the Endoscopy Day Hospital.

You have been asked to arrive one hour prior to your procedure to allow for the following:

Nursing interview regarding your medical history

Starting of an intravenous (for the medication during the procedure) as ordered by your doctor.

Explanation of procedure, discharge instruction sheet and signature of consent

A family member or friend may wait with you before and after the procedure

If you are under eighteen (18) years of age, a parent or legal guardian must accompany you for signature of consent.

**Discharge Instructions:**

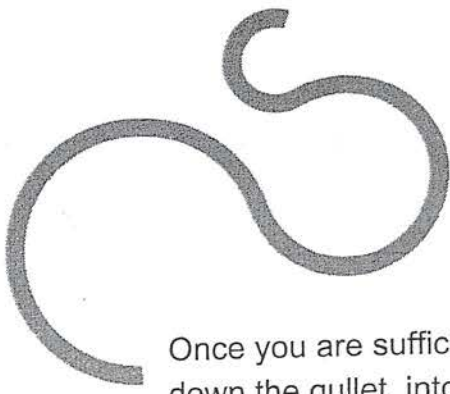
The anticipated time of discharge is approx. 3 hours from time of arrival. The medication that you will receive (ordered and administered by your physician) will remain in your system approx. eight to twelve hours following the procedure. Therefore, you will not be allowed to leave the unit unattended or to drive your car home. The Safety regulations are mandatory for your protection and if not complied with, may result in the cancellation of your procedure. Questions regarding medication and/or preparation for your procedure should be referred to your physician's office at 860-522-1171 ext. 306 (Jen)

**IMPORTANT!**

5 days-advanced notice is needed in case of cancellation / rescheduling of your procedure or a fee of \$100.00 will be billed to the patient.

**YOU ARE RESPONSIBLE FOR CHECKING YOUR FULL COVERAGE WITH INSURANCE CARRIER BEFORE SCHEDULING ANY OUTPATIENT PROCEDURE!**  
(ERCP CODE-43260)

If you have an out of state insurance plan the anesthesia Propofol may not be covered by your insurance. Please verify your benefits prior to your procedure and if Propofol isn't covered by your plan please contact your scheduler



Once you are sufficiently relaxed, the endoscope will be passed through your mouth, down the gullet, into your stomach and into the small intestine (duodenum) where the entrance to the bile and pancreatic duct is located.

X-ray dye is then injected to outline the pancreas and bile duct and an x-ray is taken. This will determine how the ECRP proceeds. A number of things may happen:

- A biopsy (tissue sample) may be taken. The sample can be looked at under a microscope to check for abnormal tissue and cells.
- If the x-rays show a gallstone is stuck in the duct, the doctor may make a very small cut at the entrance of the bile duct with a heated wire, which is guided down the endoscope. You will not be able to feel this. The stones can then be removed.
- If the x-rays show a blockage or narrowing in the bile duct they can be treated by putting a small, hollow tube (called a stent) inside the duct. This will allow the bile to drain into the small intestine in the normal way and can help relieve the jaundice (yellow tinge to the skin) that you have. You will not be aware of the stent, which can remain in place permanently.

### **How long does it take?**

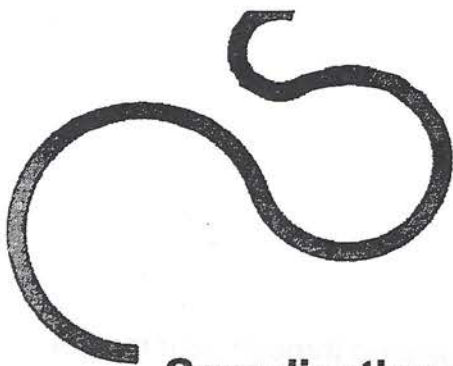
It can take anything from 15 minutes to over an hour, depending on what is done.

### **After the examination**

Once the examination is finished you will be transferred back to the ward. When you return to the ward, you will still feel sleepy. You will need to stay in hospital overnight. The effects of the sedative can last up to 24 hours so you must not drive, operate machinery or drink alcohol in that time. The nurses on the ward will tell you when you are able to eat and drink.

### **Possible risks and complications**

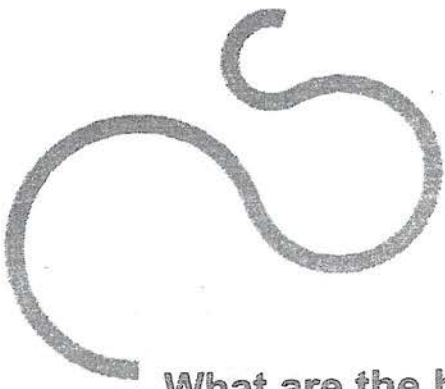
Most ERCP's are done without problems and are safe which is why they are used instead of surgery. However, complications can occur. An operation may be needed to treat a complication, but this is very rare.



### **Complications may include:**

- Inflammation of the pancreas (pancreatitis) 2-4%
- Infection in the bile duct (cholangitis). This is usually treated with antibiotics, but occasionally can be serious.
- A hole may be made in the bowel (perforation) and if this happens surgery may be necessary.
- Bleeding may result from the ECRP, which will usually stop quickly by itself. In severe cases, a blood transfusion or operation may be needed to control the bleeding.

If you have any concerns, please do not hesitate to discuss these with a senior member of staff before ERCP.



## **What are the benefits of an ERCP?**

The benefits are that it is a non-surgical procedure offering treatment, without the need for an operation.

## **Alternatives**

An alternative procedure to the ERCP is a MRCP (Magnetic Resonance Cholangio-Pancreatography). This procedure, however, is only a diagnostic test and unlike the ERCP, is unable to offer treatment or cure.

## **Before the test**

To allow a clear view with the endoscope, the stomach must be empty. You will therefore be asked not to eat or drink for at least six hours before your procedure. It will also be necessary to remove any false teeth or contact lenses.

## **Medication**

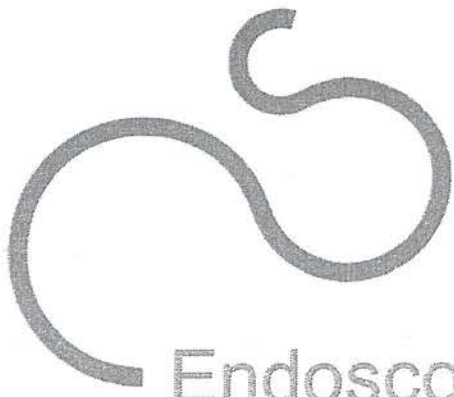
Please bring any medication that you are taking, in their original packets, with you when you come to the hospital. If you are diabetic, asthmatic or currently taking Warfarin, Clopidogrel or Aspirin please telephone the Endoscopy Unit for advice (as soon as possible).

## **Consent**

Before your surgery / operation / procedure you will be asked to give your consent. It is important to understand what the operation/procedure is likely to involve together with the risks, benefits and alternatives before you sign the consent form. Staff will explain these to you but please do not hesitate to ask if anything is unclear or you have any further questions.

## **What happens during the examination?**

The procedure is performed in the x-ray department. You will be asked to lie on your left side on an x-ray table. A probe will then be attached to your finger to monitor your oxygen levels and pulse rate. A soft tube will be placed into your nostrils to give you oxygen. A mouth guard will be placed in your mouth between your teeth and you will be given sedation, usually by injection in the back of your hand or arm, this will make you very relaxed and sleepy. Sedation is not a general anaesthetic; therefore you may recall some aspects of the procedure.



# Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

## Information for patients

You have been advised to have an ERCP (Endoscopic Retrograde Cholangio-Pancreatography). This procedure allows the doctor to take detailed x-rays of the bile duct and/or pancreas.

### What is ERCP?

An ERCP is an x-ray examination which uses an endoscope to examine the bile or pancreatic duct, which are located in the small bowel. These ducts will be located with x-ray dye.

An endoscope is a narrow flexible tube (about the thickness of your little finger) compiled of thousands of fine glass bundles which allows the reflection of light to occur. A lens is connected to the end of the endoscope. When this is connected to a processor it allows the endoscopist to view the gastrointestinal tract on the TV monitor.

### Why do I need an ERCP?

This procedure can help your doctor to identify any abnormalities in the biliary system (liver, gall bladder and pancreas). Stones in the bile duct or blockages can also be treated during an ERCP. In most cases you will be admitted to hospital the day of the procedure.

