ERCP AND PAPILLOTOMY

It has been decided after careful medical assessment that ERCP and possible papillotomy is necessary for further evaluation and treatment of your condition. ERCP stands for endoscopic retrograde cholangio-pancreatography. This is a procedure which studies the pancreas, gall bladder and bile ducts.

ERCP is done using a long flexible tube inserted through the mouth, allowing the doctor to carefully examine the lining of the Upper GI tract. The pancreas, gall bladder and bile ducts are studied via a small catheter inserted through the endoscope. The preparation and pre-operative testing necessary for ERCP are outlined on your instruction sheet. A companion must accompany you to the procedure and be available to drive you home. Occasionally, patients must stay in the hospital overnight after the procedure, especially if stones have been removed.

During the course of the examination, stones may be found in the common bile duct. If that occurs, a papillotomy would be performed in attempts to remove the stones. A plastic tube or stent is sometimes placed to relieve a blockage or jaundice.

ERCP and papillotomy are safe and associated with low risk when performed by physicians specially trained in these procedures. Complications occur in 5-10% of cases. One possible complication is pancreatitis due to irritation by the X-ray dye. This occurs in 5% of cases. Another complication is perforation, in which a tear through the wall of the GI tract may occur. This complication usually requires surgery but may be managed with antibiotics and intravenous fluids in some cases. Bleeding may occur from the site of papillotomy. It is usually minor and stops on its own or can be controlled with cauteterization. Rarely, transfusions or surgery may be required. Other risks include irritation of the vein from the I.V., drug reactions and complications from unrelated diseases such as heart attach or stroke. Death is extremely rare but remains a remote possibility.

WHAT SHOULD YOU EXPECT DURING THE PROCEDURE?

Your doctor will give you medication through an I.V. to make you sleepy, and your throat will be sprayed with a local anesthetic. Be sure to alert him if you have any allergies. While you are lying in a comfortable position, the endoscope is inserted through the mouth and into the duodenum. The tube will not interfere with your breathing. During your procedure, your vital signs will be continually monitored. The procedure is usually well tolerated and rarely causes pain. Most patients fall asleep during the examination. There may be some discomfort but it is usually mild.

VERY IMPORTANT!!

Please take no aspirin or arthritis medications for 5 days before the procedure. Alert your doctor is you are taking Coumadin or blood thinners. Alert your doctor if you have a heart valve condition which requires antibiotics prior to the procedure. Please call Our Office at (978) 741-4171 if you have any question regarding the procedure.