



ERCP – treating the bile duct and pancreatic duct

What you need to know before and after the test

PE-PROC-07

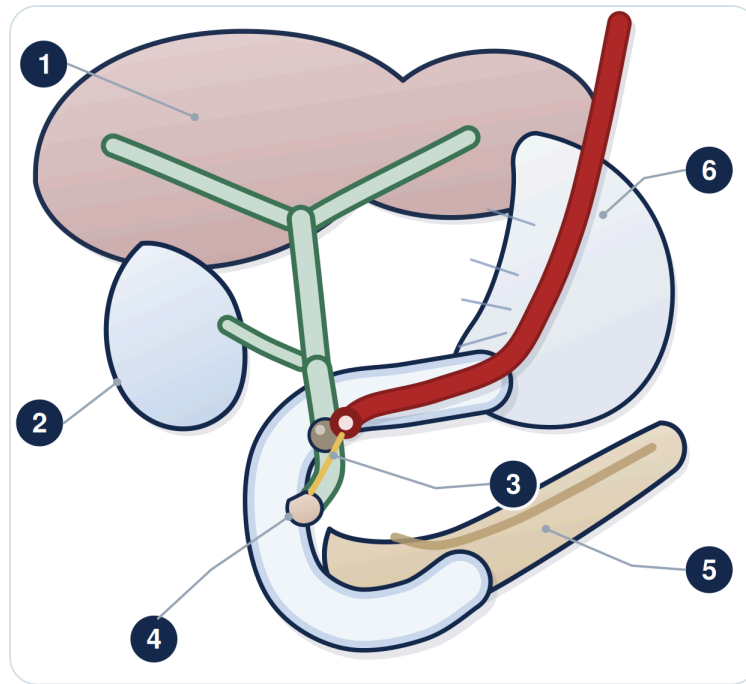
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ERCP is a procedure that uses a camera and X-rays to reach the bile duct and the pancreatic duct, and to treat problems in them. In modern practice it is a treatment rather than a test – scans are used to make the diagnosis first. Please read this before your appointment.

What it is, and why you are having it

A special endoscope that looks sideways is passed through the mouth to the point in the small bowel where the bile duct and pancreatic duct open. A fine tube is threaded into the duct, X-ray dye is injected, and the problem is treated through the endoscope under X-ray guidance. Nothing is cut on the outside of your body.

The usual reasons are stones in the bile duct, a blockage causing jaundice, infection in the bile (cholangitis), a leak of bile after gallbladder surgery, and changing or removing a stent. To reach the duct, the small muscle at its opening is usually cut with an electric current (a sphincterotomy) or stretched with a balloon. Stones are then pulled out with a basket or balloon, and a narrowing is held open with a small tube called a stent.



1 the liver and the ducts inside it · 2 gallbladder · 3 the bile duct, with a stone in it · 4 where the ducts drain into the bowel · 5 pancreas and its duct · 6 the side-viewing camera

Getting ready

- Have nothing to eat for six hours before, and clear fluids only up to two hours before.
- Tell the endoscopy unit if you have ever reacted to X-ray dye, and if there is any chance you are pregnant.
- Blood thinners matter here. ERCP with a sphincterotomy is a higher-bleeding-risk procedure, so some medicines have to be stopped, and for a set number of days. Contact the unit at least seven days before your appointment and follow the written plan we give you – see sheet [PE-PROC-16](#). Never stop a blood thinner on your own.
- Antibiotics are not given routinely, but they are given if we expect the drainage to be incomplete, if your immune system is severely suppressed, or for certain specialised procedures.
- Tell the endoscopy unit about diabetes, heart or lung disease, sleep apnoea, and any previous problem with sedation or anaesthetic. If you take insulin or tablets for diabetes, telephone the endoscopy unit first so the dose can be adjusted around the fast.

On the day

ERCP is done with sedation through a drip, or under a general anaesthetic for longer or more complex cases and for people who cannot lie still. The procedure usually takes about 30 minutes, and can take anywhere from 15 minutes to an hour and a half. You will be positioned as the endoscopist asks, usually lying on your front or on your left side, and monitored throughout.

Many patients are given a suppository of an anti-inflammatory medicine (diclofenac or indomethacin) into the back passage just before or during the procedure. This is not for pain – it substantially reduces the chance of pancreatitis afterwards, which is the commonest complication of ERCP. It is given immediately before the procedure. Tell the endoscopy unit if you are pregnant or might be, have had a stomach ulcer recently, have poor kidney function, or have ever reacted badly to an anti-inflammatory medicine. Tell the endoscopy unit about pregnancy in any case, because X-rays are used throughout this procedure.

What are the risks?

ERCP carries more risk than a standard gastroscopy or colonoscopy, which is why it is only done when the benefit is clear. About 1 in 15 people have some complication; most are mild and settle with a night or two in hospital.

Complication	How often it happens
Pancreatitis – inflammation of the pancreas	The commonest. Roughly 3 to 9 in every 100 people, and around 1 in 7 if you are in a higher-risk group. It causes severe pain and usually needs a hospital stay.
Bleeding, from the cut at the duct opening	Around 1 in 100. Usually stops on its own or is controlled at the time.
Infection in the bile (cholangitis)	Around 1 to 3 in 100, and more likely if the duct cannot be fully drained.
Perforation – a tear in the bowel or duct wall	About 6 in every 1,000. Uncommon but serious, and may need surgery.
Problems with breathing, heart rate or blood pressure	Short-lived dips are common and treated on the spot; serious events are rare.

during sedation

Death

Rare – about 3 in every 1,000, mostly in people who are already seriously ill.

Afterwards

You will be watched in the recovery area, and most people stay in hospital for the rest of the day; some stay overnight. The team will tell you when you can eat and drink. A sore throat and some bloating are normal. Because you have had sedation or an anaesthetic, a responsible adult must take you home and stay with you, and you must not drive, use machinery, drink alcohol or sign anything important for 24 hours – see sheet [PE-PROC-17](#).

Two other things are worth knowing in advance. Occasionally the duct cannot be entered despite a proper attempt; a second ERCP, or drainage by a different route, is then arranged. And a fine plastic stent is sometimes left in the pancreatic duct to protect it – it usually passes on its own, and a plain X-ray a week or two later confirms that it has gone.

If you have been given a plastic stent – this part is important

A plastic stent is a temporary tube. It must be removed or exchanged, normally at about three months and at the latest by six. If it is left in place it will eventually block, and a blocked stent can cause a serious infection of the bile duct quickly – sometimes within a day. Make sure you leave with a date for your next procedure written down, and contact the endoscopy unit if that appointment does not arrive.

Get urgent help if

- You have severe or worsening abdominal pain, especially boring through to the back – this may be pancreatitis.
- You have a fever or shivering and shaking chills – this may be infection in the bile, or a blocked stent.
- Yellowing of the eyes or skin returns, or your urine goes dark, or your stools become pale.
- You vomit blood, or pass black tarry stools.
- You have chest pain or difficulty breathing.

Do not wait for your next appointment. Go to the Emergency Department, take this sheet with you, and tell the staff you have had an ERCP and whether a stent was placed.

PE-PROC-07 · For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. This sheet supports the discussion with your doctor and the consent process; it does not replace them. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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