

# Procedure Information Sheet – Endoscopic Retrograde Cholangiopancreatography (ERCP)

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|--------------|-----------|
| Hosp No. :   | HKID No.: |
| Case No. :   |           |
| Name :       |           |
| DOB :        | M / F     |
| Adm Date :   |           |
| Contact No.: |           |

## 1. Introduction

- 1.1. ERCP is a procedure which allows the doctor to pass a flexible endoscope via the mouth, stomach and duodenum to examine the bile duct and pancreas. With the use of X-ray imaging, lesions of bile and pancreatic ducts, such as common bile duct stone and tumor can be diagnosed. By using various instruments, doctor is able to remove bile duct stones and/or place a plastic tube to relieve bile duct obstruction.

## 2. Pre-operative Preparations

- 2.1. A written informed consent is required.
- 2.2. Eating and drinking should be avoided for at least six hours before the procedure.
- 2.3. Do not take any valuables or wear any metallic belongings or jewellery to the procedure room; dentures, glasses and contact lens should be removed.
- 2.4. Avoid having any make up or nail polish for it may interfere with our medical observations.
- 2.5. Patient should inform the medical staff of any major medical problems including diabetes, lung disease, heart disease, hypertension and pregnancy, or with pacemaker and implant.
- 2.6. Patient should provide information concerning of current medications used especially the use of antiplatelet and anticoagulation drugs and allergic history if any.
- 2.7. Patient must be accompanied by an adult relative or friend when leaving the hospital.

## 3. Procedures

- 3.1. Prior to the procedure, depending on the individual patient's condition, sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
- 3.2. Local anaesthetic solution will be sprayed into the throat.
- 3.3. Patient will be instructed to wear a small plastic mouth guard as to facilitate the insertion of endoscope by our doctor.
- 3.4. Patient should keep in prone position and then turning his/her head to their right side.
- 3.5. Patient is under close monitoring during the whole procedure.
- 3.6. It is normal to have bloating and abdominal distention during the procedure.
- 3.7. The procedure will usually last for 15 to 60 minutes but in complex cases that require additional therapeutic procedure it may take a longer time.

## 4. Post-operative Instructions

- 4.1. Patient should resume diet only after the effects of any anaesthesia or sedative have worn off. This prevent choking with food or fluid intake.
- 4.2. You may feel mild abdominal pain and bloating temporary. Usually, the symptoms will be relieved within an hour.
- 4.3. Inform medical or nursing staff if you have severe pain over the abdomen, fever or vomiting after procedure.

## 5. Possible Risks and Complications

- 5.1. Minor discomfort including nausea and feeling of abdominal distension is common.
- 5.2. The local anaesthesia causing numbness of the throat, resulting in difficulty in swallowing will wear off about an hour.
- 5.3. ERCP is a technically demanding endoscopic examination method. Depending on patient's condition and the nature of the diseases, the failure rate could be up to 10%. If the procedure failed, patient may need to receive alternative interventional treatment.



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- 5.4. ERCP could cause serious complications, which include perforation, bleeding, cardiopulmonary events, acute cholangitis, pancreatitis, etc. The complication rate in general is less than 10%. When major complications occur, emergency surgical treatment may be needed.
- 5.5. The examination procedure will be performed under X-ray monitoring and luminal contrast agent will be used for delineating the bile ducts and the pancreatic duct. Although the risk of allergic reaction related to the use of luminal contrast agent is rare, severe reaction such as shock may occur.
- 5.6. The complication rate varies with patient's conditions and the complexity of the diagnostic and therapeutic methods performed. Patient should consult the attending physicians for the detail of the endoscopic procedures.

### 6. References

- 6.1. Hospital Authority. Smart Patient Website.
- 6.2. Queen Elizabeth Hospital Birmingham (2017). Patient information leaflet: Endoscopic Retrograde Cholangiopancreatography (ERCP). American Society for Gastrointestinal Endoscopy (ASGE) (2017). Patient information: Understanding ERCP.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: \_\_\_\_\_

Patient/ Relative Name: \_\_\_\_\_

Date: \_\_\_\_\_

