INTRODUCTION
This is a standard procedure used in the diagnosis and treatment of diseases of the pancreas and biliary tree (Bile ducts and Gallbladder). It is a similar examination to the common Gastroscopy, in that it is an endoscopic procedure done through the mouth, but more complex and requiring more skill to obtain visualisation of the bile duct and pancreatic duct. Furthermore, this procedure is also used to perform possible therapeutic procedures, such as extracting common bile duct stones. X-Rays are taken at the time of the procedure and you should inform us if there is a possibility of pregnancy.

INDICATIONS
Evaluation of the patient with jaundice that could be due to obstruction of the bile ducts.
Evaluation of other diseases of bile ducts.
Evaluation of patient’s with suspected pancreatic cancer, recurrent pancreatitis, or pancreatic cysts.
Evaluation of bile ducts or pancreatic duct after trauma.
To determine the anatomy of the bile ducts and pancreatic ducts before surgery.

PROCEDURE
The doctor and/or nurse will explain the procedure to you prior to the examination. It is performed under conscious sedation or light general anaesthesia, depending on your doctor’s assessment of your condition.

You will need to remove dentures, contacts and spectacles, jewellery.

The procedure is performed on an X-Ray table. Your throat will be sprayed with a local anaesthetic. A mouth guard will be placed between your teeth. Sedation will be administered by an intra venous catheter and the instrument will be passed through your mouth into the oesophagus. The endoscope will not interfere with your breathing and will not cause pain. The procedure may take 30 – 60 minutes.

After the procedure you may experience numbness in your throat. You should not eat or drink anything for 1 hour afterwards, and you will not be able to drive a vehicle, as the sedation impairs your reflexes and judgements.

RISK AND POSSIBLE COMPLICATIONS
This procedure is generally safe, but can result in complications such as
* Pancreatitis (inflammation in the pancreas) - (in 0.7 – 9 % of procedures).
* Infections in bile ducts (0.65 – 0.8 %).
* Perforations and bleeding (rare).
These complications might be serious enough to require urgent treatment, hospitalisation or even an operation.

ERCP TREATMENTS (THERAPY)
If the X-Rays reveal that stones or other obstruction are present in the bile ducts, the opening of the bile duct can be enlarged, by cutting with an electrical wire, and stones removed or the obstruction relieved by inserting a plastic tube (stent) through the narrowed area to allow bile to flow freely into the intestine.

QUESTIONS AND PROBLEMS AFTER THE PROCEDURE
Contact the doctor who performed the procedure, or your referring doctor, or in case of emergency, go to your nearest 24-H casualty for assistance.