If the duct has been cut to let out a stone there may be some bleeding. This usually settles on its own but very occasionally may need intervention to stop it.

Occasionally the procedure may cause a flare up of infection in the gallbladder or bile ducts which may require hospitalization for antibiotics. Rarely intervention may be necessary to control this. If you think that all is not well, please ask the nurses or doctors.

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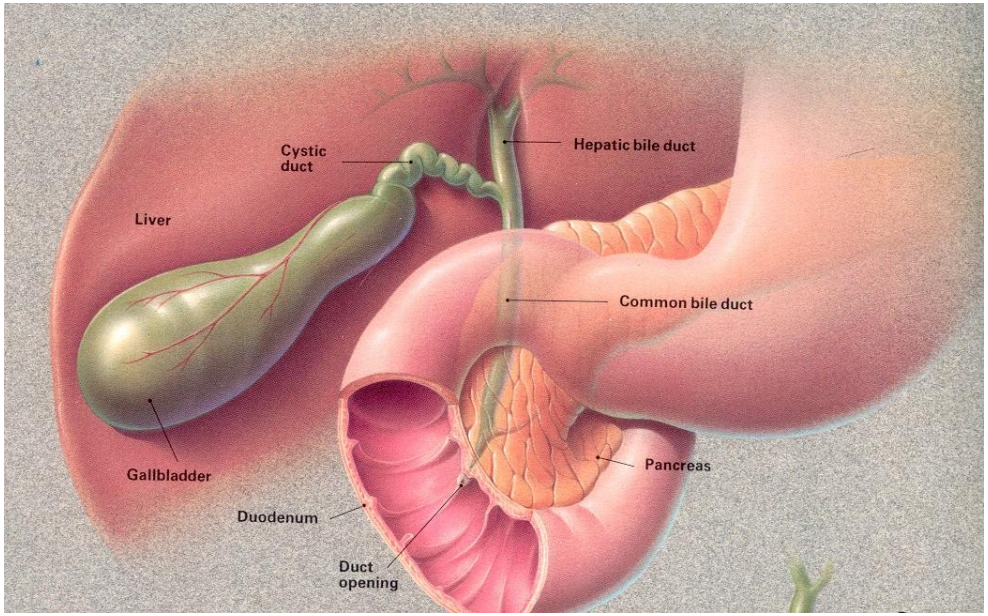

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ERCP TEST (short for endoscopic retrograde cholangio-pancreatography).

What is the problem?

Your symptoms point to your pancreas or gallbladder and bile ducts being the cause of your condition. The tests done so far have not been too helpful. The best way of finding out now is to do an **ERCP.** It has not been suggested before because it is a bit complicated and may need a stay in hospital.

What does an ERCP consist of?

This means passing a flexible telescope (duodenoscope) through the mouth into and through the stomach to the first part of the bowel called the duodenum. Looking through this scope the outlet of the ducts (pipes) from the liver and pancreas can be seen. A small tube is then passed into the ducts. Dye is injected and x-ray films are taken.

The x-rays may show gallstones in the ducts, narrowing of the ducts or may be normal. Stones can be removed and small plastic tubes placed through narrowed ducts at the time. This will avoid an operation.

WHAT HAPPENS BEFORE THE PROCEDURE?

Reception

When registering at reception your medical aid details will be required. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure

and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the procedure and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Periods

The periods will not affect the test. Please let the doctor know if there is any chance that you might be pregnant as x-rays are dangerous to a baby.

Diet

You will have your usual diet until 6 hours before the procedure after which you will be asked to take nothing by mouth except sips of water. This will let your stomach empty to prevent vomiting during your procedure.

Premedication

A sedative before the procedure is not needed. Antibiotics either orally or via a drip may be given if indicated. Immediately prior to going to the X-ray department where the procedure is done, you will be given a drink of clear fluid to disperse any bubbles of fluid in the stomach.

THE ERCP

First you will have your mouth and the back of your throat sprayed 3 or 4 times to make the lining numb. The spray tastes of orange and is a little sour. Then you have a little needle put into an arm vein as a sedative is needed. A probe to monitor your breathing is attached to a finger. You will be turned to lie on your left side. You will be given a plastic tooth guard to bite on.

The scope is then passed slowly down the back of your tongue. It tickles and makes fizzing noises. You will be asked to swallow once or twice to get the tube started on its journey down the back of your throat. You will be able to breathe normally, but you will find it difficult to talk because of the tube.
You may feel your tummy swelling a little with wind as we blow air down the gastroscope to get a good view. You may even burp loudly. This is normal. The swelling soon passes off.

Some people get a sickly feeling at one moment during the examination. This passes quickly. As the scope is taken out at the end of the examination, it makes a noise in your mouth clearing any secretions.

WHAT HAPPENS AFTER THE PROCEDURE?
You may be slightly drowsy for a while after the procedure ends, and you may remember little of the procedure. Some patients feel a bit sick after the procedure, but this passes off. You will be given some treatment for sickness if necessary.

Will it hurt?

There may be some discomfort. This is treated by the sedative injections. Sometimes the procedure takes a long time. Very rarely it may have to be redone on another day because of difficulty.

Drinking and eating

You will be able to drink straight after the procedure provided you are not feeling sick. The next day you should be able to manage normal food.

How long in hospital?

It may be necessary to spend the night after the procedure in hospital.

Sicknotes

Please ask the doctor for sick notes, certificates etc.

After you leave hospital

You are likely to feel back to normal within 24 hours of the procedure.

Driving

If you are able to go home the same day you **MUST NOT** drive. It is unsafe because of the sedatives you will have been given. You must not return to work the same day. Arrangements must be made for someone to drive you home. You can restart driving within 24 hours of the procedure.

Complications

Complications are rare and seldom serious. There may be slight soreness of the throat which will settle in a day or two. The dye may irritate the pancreas causing inflammation which may take a few days to settle. You will then have to stay longer in hospital. Very rarely this can be very serious. If you are already at home and develop severe pain, notify your doctor as you may need readmission for observation and pain killing injections.