Patient Information on Endoscopic Retrograde Cholangiopancreatography

Introduction

Pancreas and the biliary tract are important organs inside our body. The pancreas secretes digestive enzymes that are collected by the pancreatic ducts. The bile ducts transport bile synthesized in the liver to the small intestine. The common bile duct and the pancreatic duct merge with each other before entering the duodenum in one single channel. Diseases of the pancreas and bile ducts in general cannot be diagnosed accurately by means of external examination. Using endoscopic retrograde cholangio-pancreatography, endoscopists can cannulate the pancreatic duct or the bile duct through the opening in the duodenum and perform X-ray imaging. The procedure allows accurate diagnosis of biliary obstruction (e.g. due to gallstone or tumour), acute cholangitis, acute or chronic pancreatitis and post-operative biliary or pancreatic ductal leakage. The endoscopists can also perform therapeutic procedures using various accessory tools.

The Procedure

Prior to the examination, intravenous sedative will be given to the patient to reduce any anxiety or discomfort that may arise from the procedure. Local anaesthetic will also be applied to throat of the patient. A flexible endoscope with a diameter of 1.3 – 1.4 cm will then be passed by the endoscopist through the mouth into the duodenum. During the procedure, consciousness is maintained though patients may feel drowsy. Generally speaking, the procedure may last for 15-60 minutes depending on individual cases. In complicated cases that require additional therapies, the examination time may be prolonged. Patients' co-operation with medical staff will help shorten the examination time.

Risk and Complication

Minor discomfort including nausea and feeling of abdominal distension is common. The local anaesthetic causes numbness in the throat for around an hour, resulting in difficulty in swallowing. Major complications including perforation, bleeding, cardiopulmonary events, acute cholangitis, pancreatitis and so on may happen but in general, the risk is less than 10%. Should major complications occur, emergency surgical treatment may be needed. Death may occur as a result of the serious complications. The risk of complication may differ between different patients and the therapeutic procedures performed. Patients should consult the attending physicians for the detail of the endoscopic procedures.

Before the Procedure

Patients need to be fasted for at least 6 hours before the procedure. However, emergency procedure may be performed in seriously ill patients. Patients should inform the medical staff of any major medical problems including diabetes, hypertension and valvular heart disease, and continue their medications as instructed.

Patients should also provide information regarding their current medications especially antiplatelet and anticoagulation drugs and history of drug allergy.

After the Procedure

Patients should resume oral intake only after the effect of anaesthetic or sedative has worn off. If naso-biliary drainage is needed, the patient should carefully maintain the position of the tube as dislodgement of the tube from the bile duct will result in failure of treatment.

Follow Up

Patients can contact the endoscopy unit within office hours for any discomfort after the procedure, or if the patients have any question about the examination result and drug treatment. However, if serious events develop, such as passage of large amount of blood, severe abdominal pain, fever, etc. patients should seek medical advice at the nearest Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.