

Possible risks or complications:

Major complications including:

- ◇ perforation,
- ◇ bleeding,
- ◇ cardiopulmonary events,
- ◇ acute cholangitis, pancreatitis and so on may happen but in general, the risk is less than 5%.

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 physician for more information related to the endoscopic procedure.

Should you have any queries, please contact your doctor in-charge.

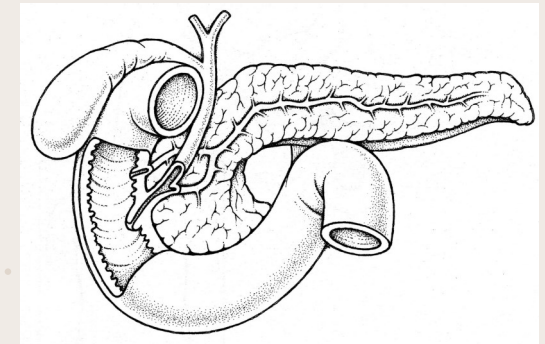
Reference: Hospital Authority
October 2021 (Reviewed)
PFE-EPI-9-E012



- We provide "Octopus hourly parking services"
- Green Line Minicab: 2, 17M, 25M, 46, 70,
- Red Line Minicab: Mongkok to San Po Kong / Wong Tai Sin / Kowloon City
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- MTR
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- * Sung Wong Toi: Exit B1, about 5-10 minutes walk
- East Rail Line
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St. Teresa's Hospital
聖德肋撒醫院



Endoscopic Retrograde Cholangiopancreatography (ERCP)

Health Information

健康資訊

Endoscopic Retrograde Cholangio-pancreatography (ERCP)

Pancreas and the biliary tract are important organs inside our body. The pancreas secretes digestive enzymes that are collected by 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 with external examination. Using endoscopic retrograde cholangio-pancreatography (ERCP), doctors 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 accessory tools

How is the procedure performed?

- 1) Local anaesthetic would also be applied to throat of the patients.
- 2) Intravenous sedative would be given to the patients to reduce any anxiety or discomfort that may arise from the procedure.
- 3) A flexible endoscope with a diameter of 1.3 cm would then be passed by the endoscopist through the mouth into the duodenum to perform examination and therapy.
- 4) Generally speaking, the procedure may last between 30 and 60 minutes depending on individual cases.
- 5) In complicated cases that require additional therapies, the examination time may be prolonged. Patients' cooperation with the medical staff would help shorten the examination time.
- 6) Minor discomfort including nausea and feeling of abdominal distension is common.

Preparation for the examination:

- ※ 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 pregnancy, and continue their medications as instructed.
- ※ Patients should also provide information concerning the current medications used and any allergic history.
- ※ Patients should avoid driving to attend the out-patient procedure appointment and also avoid heavy drinking, smoking or use of sedative before the procedure. Senior patients and those with difficulty walking should be accompanied by family member.

Care after the procedure:

- ※ Patients should resume oral intake only after the effect of anaesthetic or sedative has worn off as prescribed by your doctor.
- ※ 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 would result in failure of treatment.
- ※ Patients should follow the instruction given by the medical staff in completing the drug treatment.