About Your Endoscopic Retrograde Cholangiopancreatography (ERCP)

This information will help you get ready for your endoscopic retrograde cholangiopancreatography (ERCP) at Memorial Sloan Kettering (MSK).

An ERCP is a procedure that helps your doctor look at your bile and pancreatic ducts without doing surgery. Your doctor will use a flexible tube called an endoscope to find the opening where your bile duct and pancreatic duct meets your small intestine.

You may have an ERCP if your bile duct or pancreatic duct is narrowed or blocked. This can happen because of a tumor, gallstone (lump that forms when bile hardens), scar tissue, or swelling. A blockage in your duct can cause bile to buildup in your liver. The buildup can cause infection, nausea (feeling you will throw up), vomiting (throwing up), fever, itching, or jaundice (when your skin and the whites of your eyes look yellow).

During your ERCP, your doctor may also:

- **Ducts** are tubes in your body that carry fluids.
- **Bile ducts** carry bile, a fluid the liver makes to help break down food.
- **Pancreatic ducts** carry pancreatic juice, a fluid the pancreas makes to help break down food.
• Take a sample of tissue (biopsy) from an abnormal growth in your bile or pancreatic ducts to examine it for cancer.
• Remove gallstones.
• Place a stent (thin, hollow tube) in your bile duct to hold it open.

Before Your Procedure

Ask about your medications

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

Anticoagulants (blood thinners)

If you take a blood thinner (medication that affects the way your blood clots), ask the doctor performing your procedure what to do. Their contact information is listed at the end of this resource. Whether they recommend you stop taking the medication depends on the reason you’re taking it.

Do not stop taking your blood thinner medication without talking with your doctor.

<table>
<thead>
<tr>
<th>Examples of Blood Thinners</th>
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<tbody>
<tr>
<td>apixaban (Eliquis®)</td>
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<tr>
<td>dalteparin (Fragmin®)</td>
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<tr>
<td>meloxicam (Mobic®)</td>
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<td>ticagrelor (Brilinta®)</td>
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<td>aspirin</td>
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<td>dipyridamole (Persantine®)</td>
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<td>nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)</td>
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<td>tinzaparin (Innohep®)</td>
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<td>celecoxib (Celebrex®)</td>
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<td>edoxaban (Savaysa®)</td>
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<td>pentoxifylline (Trental®)</td>
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<td>warfarin (Coumadin®)</td>
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<td>cilostazol (Pletal®)</td>
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<td>enoxaparin (Lovenox®)</td>
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<td>prasugrel (Effient®)</td>
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<td>clopidogrel (Plavix®)</td>
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<td>Fondaparinux (Arixtra®)</td>
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<tr>
<td>rivaroxaban (Xarelto®)</td>
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<tr>
<td>dabigatran</td>
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<tr>
<td>heparin (shot)</td>
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<td>sulfasalazine (Azulfidine®,</td>
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Please read our resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)). It has important information about medications you’ll need to avoid before your procedure and what medications you can take instead.

**Medications for diabetes**

If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose before your procedure.

**Get a letter from your doctor, if needed**

- If you have an automatic implantable cardioverter-defibrillator (AICD), you will need to get a clearance letter from your cardiologist (heart doctor) before your procedure.

- If you’ve had chest pain, dizziness, trouble breathing that’s new or worse, or have fainted in the last 6 weeks, you will need to get a clearance letter from your doctor before your procedure.

Your MSK doctor’s office must receive your clearance letter at least 1 day before your procedure.

**Arrange for someone to take you home**

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely and report concerns to your healthcare providers, if needed. Make sure to plan this before the day of your procedure.

If you don’t have a responsible care partner to take you home, call one of the agencies below. They’ll send someone to go home with you. There’s usually a charge for this service, and you’ll need to provide transportation. It’s OK to use a taxi or car service, but you must still have a responsible care partner with you.
3 Days Before Your Procedure

An endoscopy nurse will call you between 8:00 AM and 6:00 PM 3 days before your procedure. They will review the instructions in this guide with you and ask you questions about your medical history. The nurse will also review your medications and tell you which medications to take the morning of your procedure. Use the space below to write them down.

The Day Before Your Procedure

Note the time of your procedure

A staff member from the Admitting Office will call you after 12:00 PM the day before your procedure. If you’re scheduled for your procedure on a Monday, you will be called on the Friday before.

The staff member will tell you what time you should arrive at the hospital for your procedure. They will also tell you where to go for your procedure. If you don’t receive a call by 5:00 PM, please call 212-639-7882.

If you need to cancel your procedure for any reason, please call the doctor who scheduled it for you.
Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember

- Take only the medications you were instructed to take the morning of your procedure with a few sips of water.
- Don’t put on any lotion, cream, powder, deodorant, makeup, cologne, or perfume.
- Don’t wear any metal objects. Remove all jewelry, including any body piercings.
- Leave all valuables, such as credit cards and jewelry, at home.
- If you wear contact lenses, wear your glasses instead.

What to bring with you

- A list of the medications you take at home.
- Your rescue inhaler (such as albuterol for asthma), if you have one.
- Only the money you may need for the day.
- A case for your glasses or contacts.
Where to park

MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Where to go

Your procedure will take place in the Endoscopy Suite at the main hospital, which is located at 1275 York Avenue. Take the M elevator to the 2nd floor and enter the Endoscopy Suite through the glass doors.

If you parked in MSK’s parking garage on 66th Street and York Avenue, follow the signs to the A elevator. Take the A elevator to the 2nd floor, then follow the signs to the M building and enter the Endoscopy Suite through the glass doors.

What to expect

After you arrive at the hospital, you will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or a similar name may be having a procedure on the same day.

When it’s time for your procedure, you will get a hospital gown to wear. A nurse will place an intravenous (IV) line in one of your veins, usually in your arm or hand.

During your procedure

You will get a mouth guard to wear over your teeth to protect them. If you wear dentures, you will take them out right before your procedure.
You will lie on your back or left side for the procedure. Once you’re comfortable, you will get medication through your IV that will make you relaxed and sleepy.

Once you’re asleep, your doctor will pass an endoscope into your mouth and pass it slowly down your throat, into your stomach, and then into your small intestine. Using the camera attached to the end of the endoscope, your doctor will perform your procedure by passing tools into your bile ducts.

Your doctor will inject a contrast dye into your bile duct or pancreas duct. Contrast dye will make it easier for your doctor to see differences in your organs.

Your doctor may also take biopsies, remove gallstones, or place a stent, if needed.

**After Your Procedure**

**In the hospital**

When you wake up after your procedure, you will be in the Post-Anesthesia Care Unit (PACU). You will get oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You will stay in the PACU until you’re fully awake. Once you’re awake, your nurse will bring you something to drink. Your doctor will talk with you about your procedure before you leave the hospital.

Your nurse will teach you how to care for yourself at home before you leave the hospital.

**At home**

- You can go back to doing your normal activities (such as driving and going to work) 24 hours after your procedure.
- You may feel soreness in your throat. This will go away in a day or 2.
- Your doctor may give you a prescription for antibiotics. Be sure to take all of them as directed.
• Don’t drink alcohol for 24 hours after your procedure.

• You may start eating light foods as soon as you’re discharged. Work your way up to your normal diet. Your doctor will let you know if you should limit your diet after your procedure.

**Call your doctor if you have:**

• A fever of 101° F (38.3° C) or higher
• Severe stomach pain or hardness
• Swelling in your abdomen (belly)
• Severe nausea or vomiting
• Blood in your vomit
• Bloody or black bowel movements (stool)
• Weakness, faintness, or both

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.