Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Endoscopic Retrograde Cholangiopancreatography (ERCP)

This resource will help you get ready for your endoscopic retrograde cholangiopancreatography (ERCP) at MSK. This procedure is pronounced:

- Endoscopic (en-doh-SKAH-pik)
- Retrograde (REH-troh-grayd)
- Cholangiopancreatography (koh-LAN-jee-oh-PAN-kree-uh-TAH-gruh-fee)

What is an ERCP?

An ERCP is a procedure that helps your doctor see your bile ducts and pancreatic ducts without surgery.

A gastroenterologist (GAS-troh-EN-teh-RAH-loh-jist) will do your ERCP. A gastroenterologist is a doctor with special training in treating problems with digestion. They're also called a GI specialist.

You may have an ERCP if your bile or pancreatic ducts are narrowed or blocked.

- **Ducts** are tubes in your body that carry fluids.
- **Bile ducts** carry bile. This is a fluid the liver makes to help break down food.
- **Pancreatic ducts** carry pancreatic juice. This is a fluid the pancreas makes to help break down food.

This blockage can be caused by:

- A tumor.
- A gallstone (lump that forms when bile hardens).
- Scar tissue.
- Swelling.

When these ducts are blocked, it can make bile build up in your liver. This can cause:

- Infection.
- Abdominal (belly) pain.
- Nausea (feeling like you're going to throw up).
- Vomiting (throwing up).
- Fever.
- Itching.
- Jaundice (when your skin and the whites of your eyes look yellow).

Things you will get the day of your ERCP

Anesthesia

Anesthesia is medicine to make you sleep during your procedure. You'll get anesthesia through a catheter (thin, flexible tube) in your vein before your ERCP. If you have a central venous catheter (CVC), a nurse will use it to give you anesthesia if they can. Not everyone can get anesthesia through their CVC.

Examples of CVCs include:

- An implanted port (sometimes called a Mediport or Port-A-Cath).
- A tunneled chest catheter (sometimes called a Hickman™ catheter).
- A peripherally inserted central catheter (PICC) line.

If you don't have a CVC, you'll get anesthesia through an intravenous (IV) line. A nurse will place the IV line in one of your veins, usually in your arm or hand.

Contrast

You will need to get contrast dye the day of your ERCP. Contrast is a special dye that helps your doctor see your organs. Your GI doctor will inject the contrast directly into your ducts during your ERCP.

Tell your healthcare provider if you have had a reaction to contrast before. You may get medicine to lower your risk of having another allergic reaction. If you do, you'll get a resource called *Preventing An Allergic Reaction to Contrast Dye* (www.mskcc.org/pe/allergic-reaction-contrast).

Contrast will leave your body through your urine (pee) in 1 to 2 days.

What to do before your ERCP

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.



It's very important to take your medicines and supplements the right way in the days before your procedure. If you don't, we may need to reschedule your procedure.

Anticoagulants (blood thinners)

A blood thinner is a medicine that changes the way your blood clots. Blood thinners are often prescribed to help prevent a heart attack, stroke, or other problems caused by blood clots.

If you take a blood thinner, talk with the healthcare provider who scheduled your procedure and the healthcare provider who prescribes it. Ask them what to do before your procedure. They may tell you to stop taking the medicine a certain number of days before your procedure. This will depend on the type of procedure you're having and the reason you're taking a blood thinner.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

- Apixaban (Eliquis®)
- Aspirin
- Celecoxib (Celebrex®)
- Cilostazol (Pletal®)
- Clopidogrel (Plavix®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Dipyridamole (Persantine®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin injection (shot)
- Meloxicam (Mobic®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)
- Pentoxifylline (Trental®)
- Prasugrel (Effient®)
- Rivaroxaban (Xarelto®)
- Sulfasalazine (Azulfidine®, Sulfazine®)
- Ticagrelor (Brilinta®)
- Tinzaparin (Innohep®)
- Warfarin (Jantoven®, Coumadin®)

Other medicines and supplements can change how your blood clots. Examples include vitamin E, fish oil, and nonsteroidal anti-inflammatory drugs (NSAIDs). Ibuprofen (Advil®, Motrin®) and naproxen (Aleve®) are examples of NSAIDs, but there are many others.

Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement). It will help you know which medicines and supplements you may need to avoid before your procedure.

Diabetes medicines

You may take insulin or other diabetes medicines. If so, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking the medicine or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

Your care team will check your blood sugar levels during your surgery or procedure.

Here are some examples of diabetes medicines. There are others, so be sure your care team knows all the medicines you take.

- Insulin.
- Metformin, such as Glucophage® and Glumetza®.
- Medicine that contains metformin, such as Janumet®.
- SGLT-2 inhibitors, such as canagliflozin (Invokana®), dapagliflozin (Farxiga®), empagliflozin (Jardiance®), ertugliflozin (Steglatro®), bexagliflozin (Brenzavvy®), and sotagliflozin (Inpefa®).
- GLP-1 receptor agonists. Read the section "GLP-1 medicines for weight loss" for examples of GLP-1 medicines.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You must follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions if you have taken a GLP-1 medicine at any time in the last 30 days. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Start following a clear liquid diet at 6 a.m. the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they're prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

Get clearance letters from your doctor, if needed

A clearance letter is a letter from your doctor that says it's safe for you to have a procedure. You may need to get one or more clearance letters before your ERCP. Your MSK healthcare provider will tell you if you do. They must have your clearance letter at least 1 day before your ERCP.

Clearance letter for an automatic implantable cardioverter-defibrillator (AICD) or permanent pacemaker (PPM)

Tell your MSK healthcare provider if you have an AICD or PPM. You will need a clearance letter from your cardiologist (heart doctor).

Clearance letter for other symptoms

You'll need a clearance letter from a doctor if you've had any of these during the last 6 weeks:

- Chest pain.
- Trouble breathing that's new or has gotten worse.
- Fainting.

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. They should be able to contact your care team if they have any concerns. 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 a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

What to do the day before your ERCP

Note the time of your procedure

An endoscopy nurse will call you between 8 a.m. and 6 p.m. the day before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Friday before. If you don't get a call by 5 p.m., please call 212-639-7882.

The nurse will tell you what time to arrive at the hospital and where to go for your procedure. They will review the instructions in this guide with you. They will ask you questions about your medical history. They will also review your medicine and tell you which ones to take the morning of your procedure.

Write down the medicines to take the morning of your procedure below.

If you need to cancel your procedure, call the GI scheduling office at 212-639-5020.

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your ERCP

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different

instructions for when to stop drinking. If so, follow their instructions.

Things to remember

- Follow your healthcare provider's instructions for taking your medicine the morning of your procedure. It's OK to take them with a few small 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, if you can. If you don't have glasses, bring a case for your contacts.
- If you wear dentures, you'll be asked to remove these before your procedure.

What to bring

- 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 personal items if you have one. This includes glasses or contacts, hearing aid(s), dentures, prosthetic device(s), wig, or religious articles.
- Your Health Care Proxy form, if you completed one.
- If you have an implanted pacemaker or automatic implantable cardioverter-defibrillator (AICD), bring your wallet card with you.

Where to go

Your procedure will take place at one of these locations:

- **David H. Koch Center for Cancer Care at MSK**
  530 E. 74th St.
  New York, NY 10021
  Take the elevator to the 8th floor.
- **Endoscopy Suite at Memorial Hospital (the main hospital at MSK)**
  1275 York Ave. (between East 67th and East 68th streets)
  New York, NY 10065
  Take the B elevator to the 2nd floor. Turn right and enter the Surgery and Procedural Center through the glass doors.

Visit www.msk.org/parking for parking information and directions to all MSK locations.

What to expect when you arrive

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or similar names 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.

Inside the procedure room

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 anesthesia through your IV.

Once you're asleep, your doctor will put the endoscope into your mouth. This is a thin, flexible tube with a camera on the end. They will use the endoscope to find the opening where your bile duct and pancreatic duct meet your small intestine.

Your GI doctor will slowly move the endoscope down your throat, through your stomach, and into your small intestine. They will use the camera to guide tools into your ducts. Then, they will give you an injection (shot) of contrast dye into your bile duct or pancreatic duct.

Your GI doctor may also:

- Do a biopsy to get a tissue sample from a growth in your bile or pancreatic ducts. They will send the sample to a lab to check it for cancer.
- Remove gallstones (hardened bile that forms in your gallbladder).
- Place a stent (thin, hollow tube) in your bile duct to help keep it open.

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your procedure, you'll be in the PACU. You will get oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will monitor 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.

What to do after your ERCP

It is safe to eat as you normally would as soon as you leave your ERCP. Your doctor will tell you if you should limit your diet after your procedure. If they do, follow their instructions.

Do not drink alcohol, such as beer or wine, for 24 hours (1 day) after your procedure.

You can go back to doing your normal activities 24 hours after your procedure. This includes driving and going to work.

Your throat may feel sore after your ERCP. This will go away in 1 to 2 days. Your doctor may prescribe antibiotics (medicine to treat infections caused by bacteria). Follow the directions for how to take them safely.

When to call your healthcare provider

Call your doctor if you have:

- A fever of 101° F (38.3° C) or higher.
- Severe (very bad) stomach pain or hardness (your stomach feels hard when you touch it).
- Swelling in your abdomen.
- Severe nausea or vomiting.
- Blood in your vomit.
- Bloody or black bowel movements (poop).
- Feeling weak, like you're going to faint, or both.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your Endoscopic Retrograde Cholangiopancreatography (ERCP) - Last updated on June 2, 2026
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