ERCP
Locating and Treating Common Bile Duct Blockages
What is ERCP?
ERCP stands for endoscopic retrograde cholangiopancreatography. This procedure is used to view the common bile duct. ERCP is used to help locate and treat blockages in the duct. It helps find the source of pain and plan surgery. It may also be used to locate pancreas problems. ERCP is done by a gastroenterologist. This is a doctor with special training in treating the digestive system.

Preparing for ERCP
- Talk to your doctor about any health problems you have or medications you take. Discuss any allergies, especially to contrast material (the special dye used for some x-rays).
- Ask your doctor about the risks of ERCP. These include pancreatitis, irritation or infection, bleeding, bowel perforation, and reactions to medications used during ERCP.
- You may be asked to take antibiotics ahead of time.
- Try to avoid blood-thinning medications such as aspirin for 1 week before ERCP.
- Be sure your stomach is empty. Do not eat or drink for 8–12 hours before ERCP.
- Have someone ready to take you home.
The Common Bile Duct

The common bile duct carries bile from the gallbladder and enzymes from the pancreas. The duct carries these two digestive juices to the duodenum. This is the beginning of the small intestine.

When the common bile duct is blocked, bile can’t enter the duodenum. Pain and infection can result. Blockages are often caused by gallstones. These stones can form when the chemicals in bile are out of balance. Strictures, narrowed sections, can also block the duct. Pain and infection can also be due to an inflamed pancreas (pancreatitis).
The endoscope moves from the mouth, through the upper digestive tract, to the common bile duct opening.

The Procedure
ERCP is most often done in a radiology or endoscopy suite. The doctor, nurses, or technicians, and often a radiologist, are present. ERCP takes 20–90 minutes. An IV is started to give you medications. You will be given something that makes you very sleepy.

Taking X-rays
As blockages are located and removed, x-rays are taken. To help with this, contrast dye is injected through a catheter. This makes the duct show up better on the x-rays.

Treating Blockages
The most common blockages are gallstones. Often they can be removed during ERCP. Stents (tubes) may also be placed in narrow places to allow bile to flow out.
A cut may be made where the common bile duct opens to the duodenum. The cut (papillotomy) makes it easier to remove stones.

The stone is dislodged. A balloon at the tip of a catheter opens above the stone. The stone is gently pulled out of the duct. The stone passes through your digestive tract and leaves your body through stool.

Placing the Endoscope

While you’re lying down, your throat is numbed. A narrow tube (endoscope) is placed into your throat. An image of the inside of your digestive tract shows up on a video screen. The scope lets the doctor see the way through the esophagus, stomach, and duodenum to the opening of the common bile duct. It also allows your doctor to insert instruments (catheters) used in the procedure. During this part, you may have a gagging feeling. You may also feel pressure in your stomach.
After ERCP

Your doctor may discuss the test results right away. Or a return visit may be scheduled. You may go home the same day or spend the night in the hospital. Follow these tips:

- You can return to your normal routine the day after the ERCP.
- Follow a low-fat diet as directed by your healthcare provider.
- If a cut was made in the duct, avoid blood-thinning medications such as aspirin for 5–7 days.
- Call your doctor right away if you have a fever or abdominal pain. These may be signs of an infection.