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What is endoscopic retrograde cholangiopancreatography (ERCP)?

ERCP is an advanced endoscopic procedure to examine and treat problems related to the bile ducts, pancreas and gallbladder. A special endoscope is passed through the mouth, oesophagus (gullet), stomach and upper small bowel (duodenum) to perform the procedure.

Why am I having this procedure?

Diagnosis and treatment of problems such as:

- Jaundice (yellowing of the skin or eyes)
- Blockage of bile ducts (due to gallstones or cancer)
- Cholangitis (infection or inflammation of the bile ducts)
- Pancreatitis
- Strictures (narrowing) of the bile ducts or pancreatic ducts

How do I prepare for an ERCP?

An empty stomach is essential

- **You should have nothing solid to eat in the 6 hours leading up to your arrival time.** You may drink 'clear fluids' only (e.g. water, cordial, clear fruit juice, black tea or coffee **WITHOUT** milk, soft drinks) until **2 hours** prior to your arrival.
- After that you must remain strictly nil by mouth, apart from a sip of water to take important regular medications, but **NOT** diabetic or blood thinning medications.

This document provides general information only and does not replace personalised advice from your treating team. It is not a diagnosis, treatment plan, or informed consent discussion, and reading it does not create a doctor–patient relationship. Preparation and medication instructions (including blood thinners/diabetes medicines and pregnancy considerations) may differ between patients—follow the directions provided to you by your clinician and facility. While care is taken to keep information accurate, it may be incomplete or change over time; reliance is at your own risk. To the extent permitted by law, liability is limited for any loss or harm arising from use of or reliance on this document. If you develop severe symptoms or are concerned after a procedure, seek urgent medical care.

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Special Considerations

- X-rays are required during the procedure so it is important to tell your Gastroenterologist if you could be pregnant
- People with diabetes, heart valve disease, cardiac pacemakers, on weight loss drugs (e.g. Ozempic, Wegovy, Mounjaro, Trulicity, Saxenda), or on blood thinning medication e.g. Apixaban, Rivaroxaban, Dabigatran, Warfarin, Clopidogrel, Ticagrelor, Prasugrel (except Aspirin), may require special arrangements, which should be discussed with your Gastroenterologist.

What happens on the day of the procedure?

- Arrive at the Endoscopy Unit at the time you are advised. Do not bring any valuables.
- You will be admitted by a nurse. After which, your Gastroenterologist and the Anaesthetist will speak with you.
- A rectal suppository (Indomethacin) may need to be administered by the nurse prior to the procedure to reduce the risk of inflammation to the pancreas.
- Deep sedation is administered by an Anaesthetist prior to the procedure so that you remain comfortable.
- X-ray imaging is required to be performed during the procedure.
- The procedure generally takes around 30-60 minutes to complete.

What happens after the procedure?

- After the procedure, you will be taken to the recovery area until the sedation wears off.
- You will usually be allowed to drink fluids once awake, but solids are recommended the following day.
- Your Gastroenterologist will briefly inform you of the findings of your procedure and a follow-up appointment will be organised to discuss the results in detail.
- Due to the sedation, within the first 24 hours of the procedure, you must AVOID driving, travel alone on public transport or taxi/uber, operate machinery, sign legal documents or consume alcohol. An adult must accompany you home after the procedure and stay with you overnight.
- After 24 hours, you can return to work and resume normal activities.

Potential risks

ERCP is an advanced endoscopic procedure and therefore the risks are higher than a diagnostic endoscopic procedure.

- Mild sore throat and abdominal discomfort are common post-procedure, which usually resolves within an hour.
- For technical reasons, the procedure cannot be successfully completed in 5-10% of cases. In this case, either repeat attempt or alternative procedure may be required.
- Pancreatitis (inflammation of the pancreas) can occur in 3-5% but may be up to 15% in selected patients. If this occurs, then hospital admission will be required.
- Bleeding can occur in 2% of cases and may require blood transfusion or endoscopic treatment.
- Cholangitis (Infection) can occur in 2% of cases.
- Perforation risk is 0.5-1%. Surgery may be required to repair this.
- Like all medical procedures, there is a remote chance that a significant complication can result in death, however this is rare.