

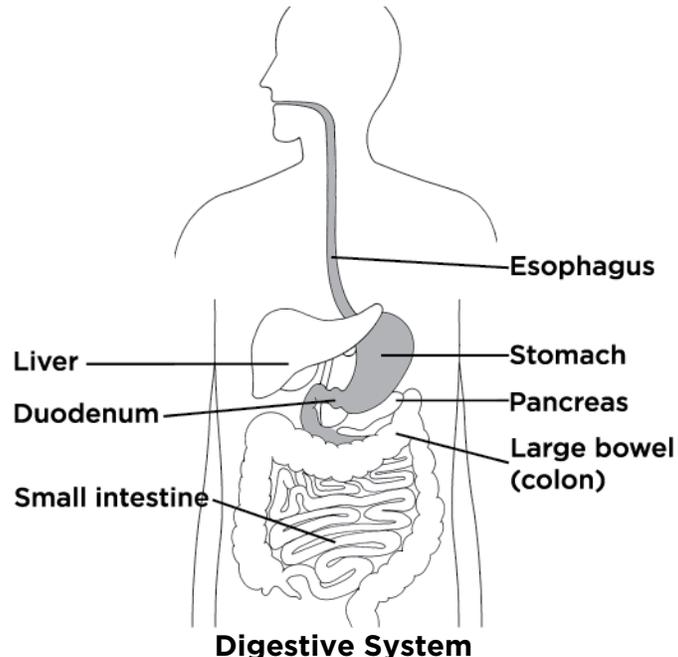
ERCP: Preparing Your Child

What is ERCP?

An endoscopic retrograde cholangiopancreatography (ERCP) is a procedure that allows doctors to diagnose, evaluate and treat problems in your child's liver, pancreas, and ducts (tiny pipes) that drain these organs. This type of therapy is done without the need for traditional surgery or cutting into the skin.

The procedure combines x-ray and the use of an endoscope - a long, flexible tube with a light and tiny camera at the end.

While your child is asleep (sedated), the doctor gently passes the endoscope down their throat, stomach and first section of the small intestine. Your doctor finds where the bile and pancreatic duct come into the intestine and with a tiny catheter, injects a contrast agent (dye) into the draining system while x-rays are taken. The contrast agent allows doctors to see the ducts. If problems are identified, doctors may be able to treat it immediately while they are inside the digestive tract.



(Illustration courtesy of National Institute of Diabetes, Digestive and Kidney Diseases, National Institutes of Health)

To Learn More

- Ask your child's nurse or doctor or call the clinic where your child usually receives their GI (gastrointestinal) care.
- If your child is sick on the day of the procedure, call 206-987-2045.
- For questions about the time and date of this procedure call the GI procedure scheduler at 206-987-2521, choose option 2.
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What can we expect on the day of the endoscopy?

You will need to plan to be at the hospital for most of the day. Here's what your child can expect.

1. Change into a gown and get vital signs taken

After checking in, a nurse will take your child into an exam room. Your child will change into a hospital gown. They can keep their underwear on. The nurse will take your child's temperature, heart rate, and blood pressure and orient you and your child to the GI procedure area.

2. Talk with the anesthesia doctor

The anesthesiologist will speak with you about your child's health history and examine your child. They will explain the type of anesthesia recommended to keep your child comfortable and asleep during the procedure.

Children are under general anesthesia, where they are completely asleep, for the procedure.

3. Talk with the anesthesia doctor

Before the test your child will have several monitors attached to them:

- Electrodes (sticker like patches) placed on the chest to check heart rate and breathing.
- A small probe taped to the toe or finger to watch the oxygen level during the procedure.
- A blood pressure cuff on the arm or leg.
- A mobile X-ray machine will be brought into the room

4. Talk with the anesthesia doctor

In most cases, you may sit next to your child while they go to sleep. After your child is asleep, you will be shown to the waiting room.

How long does the procedure take?

The procedure takes about 90 minutes including the time it takes to get your child ready in the room. After the procedure your child will go to the recovery room. Your child will be in recovery room for about 30 to 60 minutes. As soon as they are awake, they will be brought to you in a Phase II recovery room.

You child will typically be watched for another hour and be allowed to slowly advance their diet. They may stay overnight for further observation or you may be able to go home right away.

How soon will I know the test results?

Your child's gastroenterologist will meet with you right after the procedure to discuss the findings.

Preparation Instructions

Taking medicine before the procedure

- For the 7 days before and after your child's endoscopy, do not give your child aspirin, Aleve or ibuprofen (such as Advil or Motrin). These can cause bleeding. If your child needs pain or fever medicine, ask your child's healthcare provider if it's OK to give acetaminophen (Tylenol).
- If your child has diabetes and takes insulin, please ask their doctor about changes to insulin doses needed before and after the day of the procedure.

Procedure prep

Eating instructions: The day before the surgery your child should follow the eating instructions highlighted or checked below:

- Your child can eat normally up until 8 hours before the start time of their procedure. Then give your child only **clear liquids** (see box below).
- Your child should get only **full liquids** (see box below) on the day before the procedure, from the time they wake up until midnight. After midnight, give your **child clear** liquids only.

Clear liquids are fluids with color, but are transparent. You can see clearly through them – they are not foggy liquids. Clear liquids include water, popsicles, transparent juices, and Gatorade. (For babies: Pedialyte and breast milk are OK, but **not formula**.)

Full liquids include formula, ice cream, pudding, milkshakes, plain yogurt, clear liquids, Jello-O, and liquid soups or broths that don't have pieces of food like vegetables or rice in them.

Your child must have an empty stomach for this procedure.

- **Stop all clear liquids or breast milk 4 hours before the start time of their procedure.** Do not give your child anything to eat or drink at this time – not even gum.
- **You may take medications up to 4 hours before the procedure.** Tell your anesthesiologist which medications your child has taken and which were not given.
- If your child has any special dietary needs, please talk to your nurse or doctor when you schedule the procedure.

Please let us know if your child is ill on the day of the procedure. Call the number in the To Learn More box on page 1.