Procedure:

ERCP (Endoscopic retrograde cholangiopancreatography)

Indication:

Bile duct blockage, Bile duct stone removal, CA tissue sampling, Stent placement.

Description:

Pt is intubated and under GA. Endoscope is passed down esophagus and used to inject dye and inspect pancreatic/gall ducts in conjunction with X-rays. Endoscope is then used to perform desired interventions such as stent, stone removal, or biopsy.

Post-op Implications:

Complications:

Pancreatitis & Bacteremia: prophylactic antibiotics.
Bleeding: first priority is repeat endoscopic intervention, then angiographic embolization, then surgery.
Proximal esophageal perforations: usually can be managed with antibiotics, NPO status, and cervical drainage as needed. Duodenal perforations secondary to the endoscope may result in a large rent of the lateral wall and may require more aggressive therapy including surgical drainage, or in more serious situations, duodenal diversion techniques Biliary tree or duodenal perforation: management can range from NPO and AbX to stents/drains or surgery.
Gas insufflation of duodenum can cause post-op discomfort.

Meds:

Prophylactic AbX. Pt may be NPO for extended period of time depending on complications. N/V managed with antiemetic IV.

Care Plan:

Wound care, strict I&O monitoring, manage IVF, Skin care, percutaneous drain care (if applicable), foley care (if applicable), pain control, early ambulation.

Course of Care:

POD#1: OOB, advance diet as tolerated unless NPO, restart home Rx as able.

Room Setup:

Humidified 02, oral suction, standard IV-pump, possible PCA, and, SCDs.