



MEDICAL INFORMATION ABOUT ENDOSCOPIC CATHETERIZATION OF PANCREATIC DUCT AND BILE DUCT SYSTEMS BEFORE EXAMINATION

Dear Sir or Madam,

Endoscopic catheterization of pancreatic duct and bile duct systems can be useful to determine the origin of your disorders and enable their treatment.

We ask you to read this document very carefully in order for you to be informed about this medical intervention. Your doctor is at your disposal to provide you with any further details you may require.

WHY PERFORM ENDOSCOPIC CATHETERIZATION OF PANCREATIC DUCT AND BILE DUCT SYSTEMS?

This intervention aims at examining bile ducts and pancreatic ducts. Depending on the circumstances, this examination can be performed when others have failed in determining the cause of bile duct and pancreatic duct disorders. Stones, narrowing due to tumour and inflammation, or other uncommon diseases can be found in bile ducts and pancreatic ducts. Besides, this examination can enable the treatment of some of these diseases by being used in combination with surgery or on its own.

HOW IS ENDOSCOPIC CATHETERIZATION OF PANCREATIC DUCT AND BILE DUCT SYSTEMS PERFORMED?

Biliary and pancreatic ducts drain into the first part of the intestine (duodenum) through a sphincter and then a papilla (small rounded protuberance). During the examination, a flexible device called an endoscope is inserted from the mouth into the duodenum. This examination is performed in a radiology room. Diagnostic catheterization consists in introducing a catheter from the duodenum into the papilla in order to inject contrast agent into the biliary and pancreatic ducts. Radiographs are then made. Afterwards, but during the same session, treatment can be given. The first step usually consists in cutting the sphincter (endoscopic sphincterotomy) with a cautery knife. Then, stones can be removed and put into a basket or a ball by fragmenting them beforehand if necessary. In case of stricture (narrowing), the sphincter can be dilated with a balloon catheter or a bougie. Otherwise, a permanent or temporary drain (prosthesis) can be inserted through the narrowing.

After considering all treatment possibilities, this procedure might be repeated once again to supplement therapy.

According to the current rules, the endoscope is disinfected after each patient, and the devices are sterilized or thrown away if single-use.

These procedures are indispensable to prevent any possible infections.

General anaesthesia is often performed to improve examination tolerability. The anaesthetist-resuscitator will answer your questions concerning his specialty. Hospitalisation is usually required for monitoring purposes.

HOW TO GET PREPARED FOR THE INTERVENTION?

You must go on a strict fast (no eating, no drinking and no smoking) for 6 hours before the examination.

WHAT COMPLICATIONS MAY ARISE DURING THE EXAMINATION?

Each medical or surgical intervention, exploration or examination in the human body presents risks, even when proficiency and security conditions are met, consistently with the current rules and scientific knowledge. When only radiography is performed, diagnostic catheterization complications are uncommon. They can be acute inflammations of the pancreas (acute pancreatitis) or perforations or infections of the biliary ducts or gallbladder.

Complications of endoscopic sphincterotomy and associated treatments are more common – they can be acute pancreatitis, infections of the biliary ducts or gallbladder, perforations of the gastrointestinal tract or gastrointestinal haemorrhages. The frequency of each of these complications is 1%.

Other complications such as cardiovascular or respiratory disorders are exceptional.

These complications may be increased by your medical and surgical history or some of the drugs you may take.

All these complications might require more hospitalisation, together with surgical intervention. They usually arise during endoscopy, but they can also appear a few days after the examination and trigger abdominal pains, jaundice, red or black blood in stools, fever, shivers, etc. Haemorrhages may lead to blood or blood-derived product transfusion.

If these complications arise, you must immediately call your practitioner and/or anaesthetist at:



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Should it be impossible to do so, you must absolutely contact your referring doctor as soon as possible.

