

# GASTROENTEROLOGY SPECIALISTS OF FREDERICK, P.A.

85 THOMAS JOHNSON COURT SUITE B

FREDERICK, MD 21702-4331

Phone 301.663.9440

[www.frederickgi.com](http://www.frederickgi.com)

---

## PATIENT INSTRUCTIONS FOR ERCP

### ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

1. NOTHING TO EAT OR DRINK after midnight. *May have clear liquid 4 HOURS BEFORE PROCEDURE. You should be accompanied by a driver.*
2. **CONTINUE ALL BLOOD PRESSURE MEDICINES ON DAY OF PROCEDURE** (Unless instructed of change)
3. **DAY OF PROCEDURE, HOLD DIABETES MEDICINES TAKEN BY MOUTH** (such as metformin, glimepiride, glipizide, glyburide, pioglitazone, rosiglitazone, nateglinide, repaglinide, alogliptin, linagliptin, saxagliptin, sitagliptin, and combination medications, canagliflozin (Invokana), dapagliflozin (Farxiga), etc. **Long- Acting Insulin Analogs** such as Toujeo, Lantus, Tresiba and Levemir should be continued without change . **For other insulin products**, such as Regular insulin and intermediate- Acting NPH , **take ½ dose on day of procedure.**
4. No need to stop Aspirin or other NSAIDs ( ibuprofen, Celebrex, naproxen, etc – NEW RECOMMENDATION) - **UNLESS INSTRUCTED especially if sphincterotomy is anticipated.**
5. **Get (or we will) get recommendations from your prescriber at the time of your office visit if you are on the following medications prior to scheduling your procedures.** { Anticoagulants – Savaysa (edoxaban), Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran )} or [Antiplatelet – Zontivity (vorapaxar), Plavix (clopidogrel), Brilinta (ticagrelor), Effient (prasugrel)]
6. Note that you may receive antibiotics immediately prior to the procedure. Inform me if you have any **allergies to medication, IV dye, or iodine.**
7. You should be off aspirin and similar medication 7 days before your ERCP (and after if a sphincterotomy was performed) to lessen the risk of bleeding. If you are taking such medication, please let me know. Acetaminophen (Tylenol) is permitted.
8. You will be required to sign a **CONSENT FORM** prior to your ERCP. Your signature on this form indicates that I have explained the ERCP procedure and possible sphincterotomy (cutting with instruments passed through the ERCP scope) and/or biopsy, and /or stent placement (insertion of plastic tube for bile drainage) to you in detail and to your satisfaction, including the more common risks, benefits, and alternatives of the procedure, and your full understanding of these. The risks, which may be life-threatening and can result in permanent damage and death, include, but are not limited to, the risks of the **sedation** affecting your breathing and/or heart; the risks of **bleeding** which may require blood transfusions (and the risks associated with blood transfusions) and/or surgery(s); the risks of **infection**, including pneumonia and cholangitis (infection in the bile duct); the risks of **perforation** (a hole or tear in a structure) which may require surgery(s) for repair; **pancreatitis** (inflammation/infection of the pancreas) which may require prolonged hospital stay(s), surgery(s), and other interventions and treatments; inability to remove a stone from a duct; inability to inject dye into the appropriate duct, and/or perform the procedure; lack of 100% accuracy. You further acknowledge that every conceivable risk, complication and consequence, alternative, and benefit has not and cannot be explained, and that complications can occur even if all is performed correctly and appropriately by those involved in your care. No guarantees regarding the procedure or its outcome have been made. If you should have any questions or concerns regarding your ERCP, or have had an adverse reaction to sedation, endoscopic procedures, or surgery in the past, please inform your physician.

(OVER)

9. I give my consent for other physician(s) to assist with the ERCP and related procedures AND for a different procedure to be performed by a radiologist (X-ray physician) if felt appropriate by Dr. Kane.

10. At the time of the procedure you should not be pregnant. Inform your physician if you could be pregnant, preferably at least one (1) day before the procedure. A pregnancy test may be ordered; note that a NEGATIVE pregnancy test does NOT guarantee with 100% certainty that you are not pregnant.

11. Because you will receive sedation, for the remainder of the day you should not:

- a. drive
- b. operate hazardous equipment
- c. go to work
- d. sign legal documents, etc.

12. Because you will receive sedation, a responsible adult MUST accompany you home after the procedure.

13. If you should experience any fever, chills, chest, back, shoulder, or abdominal pain, bleeding, nausea or vomiting, or any other problem after the ERCP, please do not delay in calling me.

14. If a sphincterotomy is performed or a stent is placed, please anticipate an overnight admission for observation if needed.

**PATIENT AFFIRMATION:** I HAVE READ THIS INFORMATION SHEET (BOTH SIDES) AND HAD IT EXPLAINED TO ME BY DR. KANE. PICTURES, DIAGRAMS, AND/OR DRAWINGS WERE USED TO AID IN MY UNDERSTANDING. BY SIGNING THIS INFORMATION SHEET AND THE CONSENT FORM, I AM INDICATING THAT WHAT THESE DOCUMENTS SAY ARE TRUE. I AM ALSO ACKNOWLEDGING THAT I AM SATISFIED WITH THE EXPLANATION I HAVE BEEN GIVEN ABOUT MY MEDICAL CONDITION, THE PROCEDURE/OPERATION/TREATMENT, AND ALTERNATIVES. I KNOW THAT IF I DO NOT UNDERSTAND ANY OF WHAT DR. KANE HAS TOLD ME, I SHOULD ASK MORE QUESTIONS AND GET MORE INFORMATION BEFORE SIGNING BELOW ON THE CONSENT FORM.

---

signature of patient

---

date/ time