



ERCP (Endoscopic Retrograde Cholangio Pancreatography) Instructions

Please read this information as soon as you receive it!

If you have any questions or to make a change to your appointment, Please call our OFFICE at 334 613 7070.

Date and Time

Date:

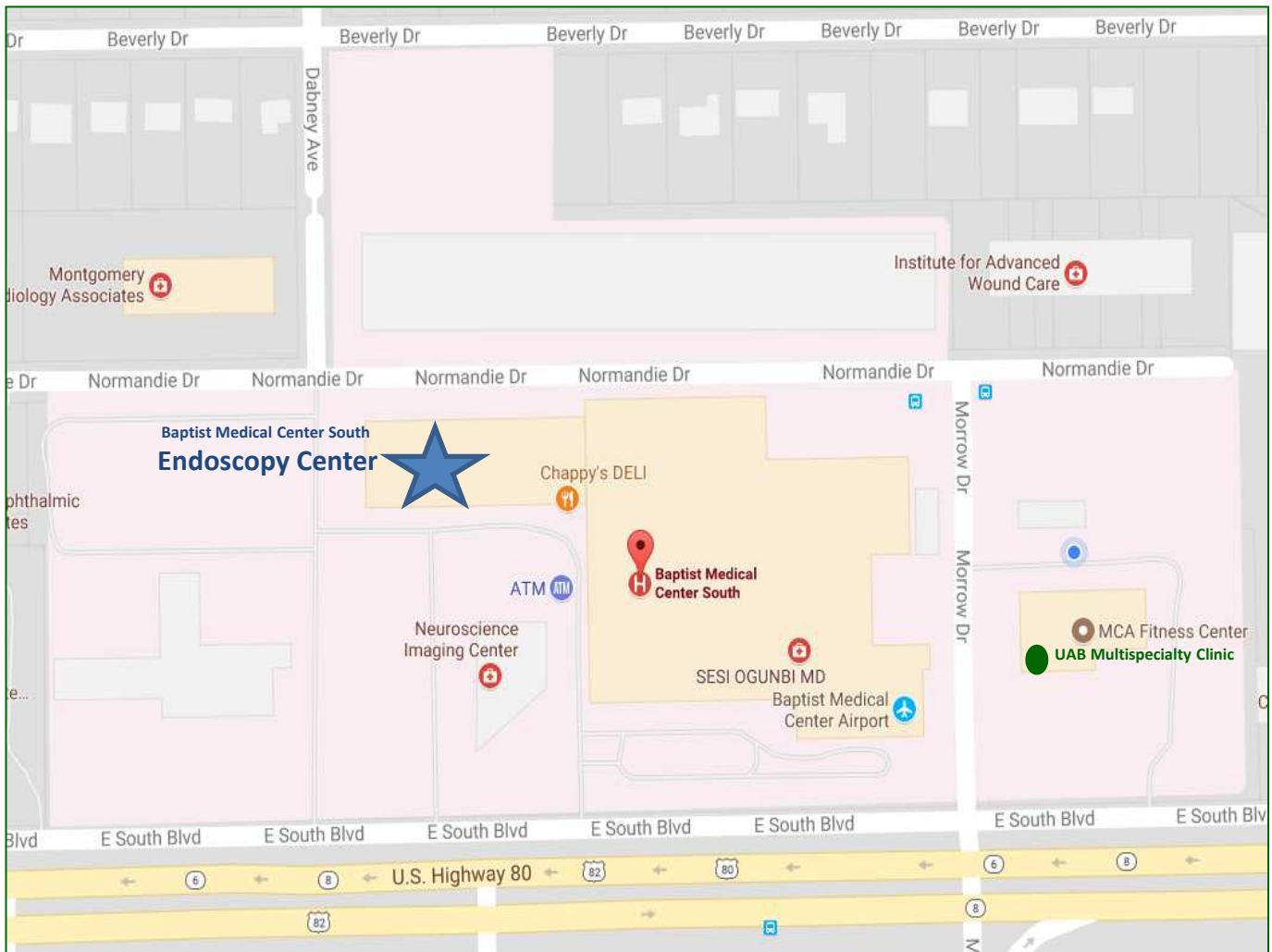
Arrival Time:

- Your procedure is scheduled with Dr _____
- Please arrive on time for your procedure.
- We work very hard to stay on schedule. We need some time before procedure to complete paperwork, place an Iv line etc.
- If you cannot keep your scheduled appointment, please notify us at least 2 business days before your scheduled time.

Location

Baptist Medical Center South Endoscopy Center located at **first floor of Morrow tower** (Blue star in the map)

Address: 2055 E South Blvd, Montgomery, AL 36116 (Parking available on site).



Day of ERCP Procedure:

- DO NOT CONSUME ANYTHING AFTER MIDNIGHT EXCEPT MEDICATIONS UNTIL AFTER YOUR PROCEDURE
- You should take your vital medications, including heart, blood pressure, thyroid and seizure medications as directed 4 HOURS BEFORE PROCEDURE with a small sip of water.
- If you have asthma, use your inhaler as directed and bring it with you.
- You may brush your teeth.
- Wear loose comfortable clothing such as a sweat suit. NO JEANS and NO METAL – including zippers and bra hooks (Sports bras only). Leave all jewelry at home including belly rings & tongue piercings.
- If you are a smoker, it is advised that you do not smoke at least 6 hours before the procedure.
- Arrive at the Endoscopy Lab at Baptist Medical Center South at **first floor of Morrow tower** at your scheduled procedure time.
- You will need someone to drive you to and from the hospital AND wait in the waiting room until the procedure is done. The procedure can't be done unless you have a driver. Plan on being at the facility for at least 4 to 4.5 hours dependent on the preparation time, procedure time, recovery time, and arrival time of physician. This is a longer procedure. Procedure time alone may take 30 min. - 2 hours. The person driving you must accompany you at check in for confirmation and instructions for pick up.
- Please bring medication list with you to your appointment along with your insurance cards and driver's license.

Instructions For Medications Use

- Take all your **heart, blood pressure, and seizure medication** as usual with small sips of water the day prior and on day of procedure.
- **Coumadin (warfarin):** Call your primary care doctor or cardiologist and ask if you can safely stop the Coumadin five (5) days before your procedure. If your doctor tells you that you cannot stop the Coumadin, then please call us immediately to reschedule the procedure at later time whenever you can safely stop Coumadin for procedure.
- If you take **Eliquis** (apixaban), **Pradaxa** (dabigatran), **Savaysa** (edoxaban), or **Xarelto** (rivaroxaban): Call your primary care doctor or cardiologist and ask if you can safely stop these medications 48 hours before your procedure. If your doctor tells you that you cannot stop these medications, please call us immediately to reschedule the procedure at later time whenever you can safely stop medications for procedure.
- If you take **Plavix** (clopidogrel), **Effient** (prasugrel), **Ticlid** (ticlopidine) or **Brilinta** (ticagrelor): Call your primary care doctor or cardiologist and ask if you can safely stop these medications five to seven (5-7) days before your procedure. If your doctor tells you that you cannot stop these medications, please call us immediately to reschedule the procedure at later time whenever you can safely stop these medications.
- If you take **Lovenox** (enoxaparin), **Aristra** (fondaparinux), **Fragmin** (dalteparin) or **Iprivask** (desirudin): Call your primary care doctor or cardiologist and ask if you can safely stop these medications 24 hours before your procedure. If your doctor tells you that you cannot stop these medications, please call us immediately to reschedule the procedure at later time whenever you can safely stop medications.
- **Aspirin:** Do not stop aspirin (81mg) prior to your procedure. If you are on aspirin dose higher than 81mg, Call your primary care doctor or cardiologist and ask if you can safely stop these medications five (5) days prior to procedure.
- If you are on **any other blood thinners** not mentioned above, please discuss with your cardiologist or primary care physician or call our office at least seven days prior to procedure.
- **Iron:** Stop iron five (5) days before the procedure. Iron can make preparation difficult and result in a poorly cleaned colon.
- **Insulin:** Call your primary care doctor for instructions at least five (5) days before the procedure.
- **Herbal Medications:** It is best to stop any herbal remedies five (5) days before the procedure as many of them can thin the blood and increase the risk of bleeding during the procedure.

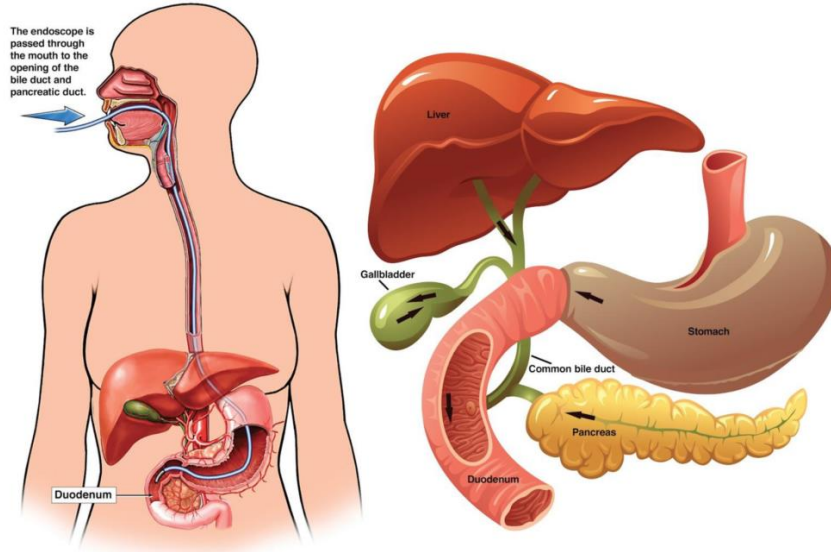
Important Points To Remember

- Do not consume anything after midnight on day of procedure except medications
- For Blood thinners use, read 'instructions for medications use' attached here with.
- You will need driver on the day of procedure to drive you back home !!
- You will spend approximately 4 to 4-1/2 hours at Endoscopy center from the time you arrive.
- Please bring medication list, your insurance cards and your driver's license with you on day of procedure.

IF YOU FAIL TO FOLLOW INSTRUCTIONS, THE PROCEDURE MAY GET CANCELLED !!

What is the purpose of an ERCP?

ERCP is a procedure that enables your doctor to examine and treat problems in the pancreatic and bile ducts. The doctor passes a thin tube called an endoscope through your mouth and stomach into the first part of the intestine, where the opening into to the bile and pancreatic ducts is located. The doctor inserts wires and/or catheters through the endoscope in order to treat blockages or stones affecting this area.



What Happens after ERCP?

You stay in the procedure area for one (1) or 2 hours after your ERCP, until the sedatives wear off. Then you can have someone drive you home. You will probably want to spend the rest of the day relaxing at home. You may eat normally and take your regular medicines after the procedure, unless your doctor tells you not to. You might have a sore throat for a day or two. You might need to spend the night in the hospital after the procedure. If so, your doctor will discuss it with you.

What to Expect During the ERCP

- You will receive sedative medicine through an IV.
- If you need general anesthesia for an ERCP, you will be completely asleep for the procedure.
- You will be lying on a table for the procedure which allows x-rays to be taken. Once you are under the effect of sedation, Your doctor puts the endoscope into your mouth. Then they pass it down your throat (esophagus) to the stomach and the first part of your small intestine, the duodenum.
- ERCP usually lasts thirty minutes to an hour. Your procedure might take more or less time depending on what your doctor needs to learn and do. You can talk with your doctor ahead of time about how long it might take.

What are the benefits of a ERCP?

With ERCP, doctors can treat many problems of the bile and pancreatic ducts such as gallstones, duct blockages and tumors or cancers of bile duct or pancreas.

What are the risks of an ERCP?

ERCP is generally a well-tolerated procedure when performed by physicians who have had special training and experience in this technique. However all procedures carry some risk.

ERCP is an invasive procedure and does have potential complications:

- A reaction to the sedating medication, including breathing or heart problems.
- Pancreatitis: inflammation of the pancreas. This occurs in 3-20 out of 100 patients (3-20%). The risk varies according to the medical condition and what is done during the procedure.
- Bleeding. Occurs in 1-2 out of 100 patients (1-2 %)
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in 1-2 out of 100 patients (1-2 %)
- Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)
- A reaction to medications used in the procedure, including breathing or heart problems. Risks are higher in in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases.

Are there any alternatives to ERCP?

Occasionally, these problems can be addressed by radiology procedures or more advanced surgical procedures using cameras and tools by open or laparoscopic surgery, but ERCP is more commonly used because it is less invasive than surgery and it has a high rate of success.

The risks of the procedure vary with the indications for the test, what is found during the procedure, what therapeutic intervention is undertaken, and the presence of other major medical problems, such as heart or lung diseases.