



ISLAND  
GASTROENTEROLOGY  
CONSULTANTS, P.C.

1111 MONTAUK HIGHWAY, SUITE 3-1  
WEST ISLIP, NY 11795  
TEL 631-669-1171 FAX 631-669-1912

## ERCP (Endoscopic Retrograde Cholangio-Pancreatography)

Your procedure will take place at:

Good Samaritan Hospital  
Baxter Pavilion – ASU North  
1000 Montauk Hwy  
West Islip, NY 11795

Arrive 1 hr prior  
Unless otherwise instructed

NSLIJ  
Southside Hospital  
301 East Main St  
Bay Shore, NY 11706  
Arrive 1 hr & 30 min prior  
Unless otherwise  
instructed

This test is scheduled on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please read each page of the following instructions completely and carefully.  
Call (631) 669-1171 *immediately* if you are unable to keep this appointment.

### Note:

- You **will not be able** return to work on the day of your exam.
- Women of childbearing years will be required to provide a urine sample for a pregnancy test.

### When you receive your instructions:

1. **Arrange for a responsible adult to accompany you. He/she must accompany you to and from the procedure.** Your exam will be cancelled unless you have a driver. No public transportation will be permitted, unless prior arrangements are made and a responsible adult accompanies you.
2. Call (631) 669-1171 *immediately* if you take blood-thinning medicine. *There is no need to stop Aspirin or Plavix unless directed.*
  - **You may be advised to stop Coumadin 5 days prior to your exam.**
3. Call (631) 669-1171 *immediately* if you have a pacemaker or internal cardiac defibrillator.
4. Call (631) 669-1171 *immediately* if you had a heart valve replaced.
  - **Antibiotics may be necessary prior to your exam.**
5. Please stop taking iron supplements 3 days prior to your exam.
6. **Unless otherwise instructed take all of your other medications on the day of your exam with small sips of water. (\*Instructions for taking diabetic medications are attached.)**
7. If you use an inhaler, please bring it with you and remember to take it on the day of your procedure.

**Instructions:** *Failure to comply the following instructions may result in a repeat exam or cancellation of your exam.*

If your procedure is scheduled before 2pm:

- **Do not eat** (or have dairy products) **or drink anything after midnight before your procedure.**

If your procedure is schedule after 2pm:

- **Do not eat anything 8 hours before your procedure.**
- **Do not drink 6 hours prior to your procedure.**

RAJ MARIWALLA, M.D. RAJIV SAXENA M.D. NOEL D'SILVA M.D. DARIUS SORBI M.D.  
WILLIAM DISANTI M.D. UGONNA IROKU M.D. KATHERINE FREEMAN, M.D.



### About your ERCP

Your physician has ordered an exam called an Endoscopic Retrograde Cholangio-Pancreatography (ERCP). The purpose of this exam is to examine the ducts that drain bile and pancreatic juice. This is done by gently injecting a dye (contrast) into the ducts and taking pictures with x-ray. The inside of the stomach and duodenum (first part of the small intestine) may also be seen.

### Preparing for your exam

- Please *arrive on time*.
- Your health history will be reviewed and an IV will be started.
- Your vital signs will be monitored closely during the exam.
- During the exam you will receive IV (into your bloodstream) medicine to cause deep sleep. As the medicine can cause lapse of memory, impaired judgment and slowed reaction time the following is *necessary* for your safety:
  - Arrange for a responsible adult to stay with you for the remainder of the day.
  - Do not operate any machinery or drive any vehicle for 24 hours.
  - Rest for the remainder of the day. Do not return to work.
  - Do not drink alcohol for the remainder of the day.
  - Do not assume responsibility for young children or anyone dependent on your care.
  - Do not travel by airplane until the day after your procedure.
  - Do not make any important decisions or sign any legal documents.
- The exam is done with a long flexible camera once you are sedated. In most cases the procedure is completed within 60 minutes.
- The scope is equipped with a small camera that displays images on a screen. The endoscope allows the physician to look closely for ulcers, inflammation and tumors. There also is an open channel in the endoscope through which the physician may pass instruments to:
  - Inject dye into the ducts
  - Sample tissue (biopsy)
  - Remove stones from the bile duct
  - Place drainage tubes (stents) through areas that are narrowed by scarring or tumors. If a stent is placed you may require a repeat ERCP to remove or exchange the stent.
- When your exam is completed, you will be taken to the recovery area
- Your physician will review the results of your exam by a follow-up visit in the office, unless otherwise specified.

**Risks associated with ERCP:** *Serious problems with this exam are uncommon; you may discuss all possible problems with your physician. Possible complications include:*

1. Perforation (tear through the wall of the bowel, which may require emergency surgery)
2. Pancreatitis (inflammation of the pancreas), in most cases mild to moderate. This may require prolonged hospital admission and surgery. Although rare, pancreatitis can be severe and life-threatening.
3. Bleeding, in most cases minor. Occasionally, transfusions, repeat endoscopy and hospital admission may be required.
4. Infection. As indicated, antibiotics may be administered during and/or after the ERCP to minimize this risk.
5. Allergic reaction to medications.
6. If a stent is placed, occlusion or migration of the stent can occur.



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### **After your exam:**

#### Discomfort

It is normal to feel bloated. This will last until the air is expelled usually the day after. You may also have a mild sore throat or chest discomfort. (Throat lozenges, gargling with warm water and/or non-aspirin pain reliever may help).

#### Medications

You may resume taking your medicines unless instructed otherwise. Special instructions will be provided if you take Coumadin or Plavix.

#### Activity

Rest for the remainder of the day.

#### Diet

You must remain on a clear liquid diet after your ERCP. Failure to remain on a clear liquid for the remainder of the day after your procedure may result in severe pancreatitis.

### **When to seek medical help:**

If you experience any of the following symptoms below, call our office at (631) 669-1171 or go to the nearest emergency room.

- Vomiting blood.
- Pass dark tarry stools, blood clots or fresh red blood coloring the toilet bowl red.
- Constant abdominal pain that is not relieved by expelling air.
- Temperature of 100.4°F or greater.

### **Special directions for diabetic patients**

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#### **Day of your exam:**

A. If you take insulin,

- Do not take any insulin on the morning of your exam.
- Take half of your NPH/Lente insulin after the exam once you start eating. Do not take any regular insulin.
- Take the usual dose of insulin in the evening if you are eating.

B. If you take pills by mouth,

- Do not take oral medicines for diabetes on the morning of your exam.
- Take half of your usual oral dose after the exam once you start eating.
- Take usual dose of oral medicine in the evening if you are eating.

If you are taking Ultralente insulin or use an insulin pump, please contact your physician.

If you check your blood sugar daily, check it more often the day of your exam.

(Rev. 3/13)

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Patient Acknowledgment

I acknowledge that my gastroenterologist recommends that I undergo Endoscopic Retrograde Cholangio-Pancreatography (ERCP).

I have been made aware of the risks involved and the possibility of complications that are associated with ERCP, which include:

- Perforation (tear through the wall of the bowel, which may require emergency surgery)
- Pancreatitis (inflammation of the pancreas), in most cases mild to moderate. This may require prolonged hospital admission and surgery. Although rare, pancreatitis can be severe and life-threatening.
- Bleeding, in most cases minor. Occasionally, transfusions, repeat endoscopy and hospital admission may be required.
- Infection. As indicated, antibiotics may be administered during and/or after the ERCP to minimize this risk.
- Allergic reaction to medications.
- If a stent is placed, occlusion or migration of the stent can occur.

I acknowledge that no guarantees or assurances have been given to me by anyone as to the results that may be obtained.

I confirm that I have received the above instructions and risks associated with ERCP and if I have questions they can be directed to the physician at any time.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient's Signature (Legal Guardian)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

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