

E.R.C.P. Preparation Instructions

The GI lab will contact you 1-3 days prior to your procedure with an exact check in time.

M T W TH F	Procedure Date: _____	For any scheduling concerns please call 801-387-5620, option 1, then option 1.
Provider:	Location:	
Dr Eric Eliason	ASC McKay Dee Endoscopy Center	
Dr Kyle Eliason	3903 Medical Drive, STE 400 Ogden, Utah 84403	
Dr Luke Townsend	McKay Dee Hospital	
Dr Taylor Frost	4401 Harrison Blvd, Ogden, UT 84403	
Dr. John Morris	Layton Hospital	
	201 W Layton Parkway Layton, Utah 84041	

No shows, late cancellations or rescheduling within 5 days, may be charged a no-show fee.

Please follow all instructions carefully

3 days before your exam

- **Discontinue any blood thinners, (with physician approval) this includes:**
 - Coumadin (Warfarin) -Apixaban (Eliquis)
 - Clopidigrel (Plavix) -Dabigatran (Pradaxa)
 - Prasugrel (Effient) - Rivaroxaban (Xarelto)
 as well as any nonprescription blood thinners, Aspirin, Ibuprofen, or any type of NSAIDS.
- **Don't take any Iron supplements.** They can make it harder to get a successful prep.

**** YOU MAY NOT HAVE ANYTHING TO EAT AFTER MIDNIGHT PRIOR TO THE PROCEDURE****

On the day of your exam

- You may **NOT** have anything to **EAT**.
- May **ONLY HAVE CLEAR LIQUIDS** up until 3 HOURS PRIOR to your check in time
- You **MUST** be accompanied by an adult who will remain at the facility and drive you home after your endoscopy.
- You may **NOT** work or drive for 12 hours after the procedure. Plan on spending 2-3 hours at the facility.

Medications:

- You may not take any medication on the morning of your procedure except for: any necessary **blood pressure, heart, Parkinson's and/or seizure medication** with water up until 3 hours prior to your procedure.
- If you are on **ANTIBIOTIC PROPHYLAXIS**:
According to the latest information from the American Gastroenterology Association and of Endocarditis (infection of the heart valve), you do not need antibiotic prophylaxis before a colonoscopy.

If you take **DIABETIC MEDICATIONS**:

- **Oral Hypoglycemic medications (such as Metformin)**: can be taken in the morning the day before your procedure. Please do not take these medications the night before or the morning of your procedure.
- **Insulin**: Please take your insulin the morning prior to your procedure. Please take half of the Normal insulin dose either night prior or the morning of your procedure.

Other Information:

- Please be aware that your scheduled procedure time is tentative and may change.
- If you need to cancel or reschedule your procedure, please call our office 2 days prior to your procedure: **801-387-5620 Option # 1 then Option # 3**
- If you have any biopsies or polyps removed, and you do not hear from us within 5 business days, you may call the clinic to recover your test results.
- You may receive up to 4 separate bills: 1-facility 2- physician 3-pathology 4-anesthesia
- You will receive 3 separate phone calls prior to procedure **1- registration 2-nurse 3- Clinic.**

IF YOU ARE NOT FULLY PREPPED FOR YOUR PROCEDURE, YOUR DOCTOR WILL DISCONTINUE THE PROCEDURE AND REQUIRE YOU TO RESCHEDULE FOR A DIFFERENT DATE.

Endoscopic Retrograde Cholangio Pancreatography (ERCP)

What is ERCP?

ERCP stands for **endoscopic** [en-duh-SKOP-ik] **retrograde** [RE-truh-greyd] **cholangio** [ko-LAN-gee-oh] **pancreatography** [pan-kree-TOG-ruf-fee]

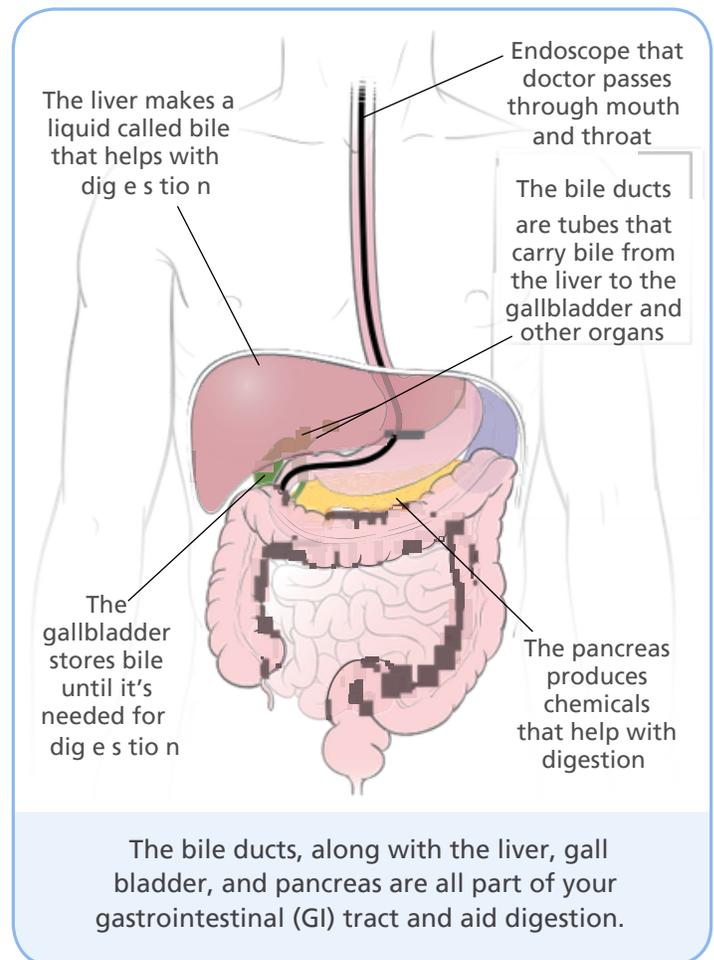
This procedure allows your doctor to find and treat problems that block the movement of bile, which helps with digestion. Problems include gallstones, tumors, scarring, inflammation, and **pancreatitis** [pan-kree-uh-TAHY-tis].

During an ERCP, your doctor passes a thin, flexible tube with a tiny camera at one end (an **endoscope**) through your mouth and throat. The doctor can then inject a dye into the bile ducts to help them show up on x-rays. Some problems can then be treated during the procedure.

Why do I need this procedure?

Your doctor may recommend an ERCP if you have:

- Jaundice (a condition that makes the whites of your eyes turn yellow)
- Abdominal pain
- An abnormal blood test



Potential benefits	Risks and potential complications	Alternatives
Relieve symptoms such as jaundice and abdominal pain	Complications are rare, but may include: <ul style="list-style-type: none"> • Mild-to-severe inflammation (swelling) of the pancreas • Perforation (hole) • Allergic reaction to the dye or to the anesthesia • Infection • In rare cases, extended hospitalization due to complications 	Your doctor can tell you if other tests or treatments are options for you.

What do I need to do to prepare?

- **Give your doctor a list of all your medicines.** Be sure to include over-the-counter medicines (such as cold and allergy medicines), vitamin supplements, inhalers, liquid medicines, and patches.
- **Follow your doctor's instructions concerning your medicines.** Some medicines can increase your risk of bleeding. You may have to stop taking them for a few days before the procedure.
- **Follow all instructions on when to stop eating and drinking before your surgery.** This will help avoid complications and ensure that the doctor can see any problems clearly.
- **Arrange for a responsible adult to drive you home after the procedure.**

What happens before?

- In most cases, you'll be given a sedative through an **intravenous line (IV)** inserted into a vein in your arm. This will help you relax and feel drowsy, but most people remain awake.
- Your doctor or nurse may also spray your throat with a local anesthetic to keep you from coughing or gagging when the endoscope is inserted. A mouth guard may be used to protect your teeth and the endoscope.
- If your doctor feels it is necessary, you may be given general anesthesia to sleep through the procedure.

What happens during?

The ERCP procedure usually follows the steps below.

- **To insert the endoscope:**
 - You'll lie on your left side while the doctor inserts the endoscope through your mouth and into your esophagus, stomach, and first part of your intestine. (The endoscope is thinner than most food you swallow, so you should be able to breathe normally.)
 - The camera at the tip of the endoscope sends images of these organs to a monitor. The scope puts air into these organs to inflate them, creating a better view.

- The doctor will move the endoscope into the opening of the bile duct and pancreatic duct.
- **To take x-rays:**
 - You will be turned to lie flat on your stomach.
 - The doctor will insert a plastic catheter (tube) through the endoscope and inject a contrast dye into the bile ducts to outline the ducts on x-ray.
 - The doctor will then take an x-ray and look for widening, narrowing, or blockages of the ducts.
- **To treat stones or narrowed ducts, a doctor may:**
 - Remove stones using a tool attached to the endoscope.
 - Pass a wire balloon through the endoscope and inflate it to open a narrowed passage. The doctor may also be able to insert a plastic **stent** (support) to keep it open.

What happens after?

- Most patients go home a few hours after the procedure. Your doctor will decide based on your medical condition.
 - You may be sleepy from the sedative you were given. **For the first day, DO NOT** drive a car, operate machinery, or drink alcohol.
- Your doctor will tell you when you can eat and drink again. Usually this is within a few hours.
- For the first day or 2, you may feel full, pass gas, pass softer stools, or have other brief changes in bowel habits due to the air let into your digestive tract during the procedure.



When should I call my doctor?

After ERCP, contact your doctor if you experience:

- Bleeding from the rectum
- Severe abdominal pain
- Black, tarry stools
- Weakness or dizziness
- Vomiting
- Fever over 101° F. (38° C.)

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