ERCP
(Endoscopic Retrograde Cholangiopancreatography)

Thank you for choosing us to perform your procedure. Please carefully read the following packet of information. If you have questions, please contact our office at (801) 408-7500, option 3 and ask to speak to our nurse, or your doctor’s medical assistant. If you need to cancel or reschedule we require a 48hrs notice.

Your procedure is scheduled on ___________ at_____________ with Dr. Darcie Gorman, Dr. Melvin Kuwahara, Dr. Joseph Merrill, or Dr. Dan Collins

Please arrive at LDS Hospital at _________________ for check-in. You need to check in ONE HOUR before your procedure time.

Endoscopic Retrograde Cholangiopancreatography (ERCP) is used to diagnose problems in the liver, gallbladder, bile ducts and pancreas. ERCP is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer.

ERCP combines the use of x-ray and endoscope (which is a long, flexible lighted tube). Through the endoscope your physician can inject dye into the bile ducts and pancreatic duct so they can be seen on X-rays. Using special equipment he can remove stones or “sludge” and take biopsies. A stent may be placed if there is a stricture or blockage (sludge) in the duct. A small brush may be used to obtain samples as well. Strictures may also be dilated with special balloons, if needed. A “spy glass”, a very small camera that is able to go inside the ducts for direct visualization, as well as obtaining biopsies, may be used during your procedure.

How long will the procedure take?
• An ERCP can take anywhere from 30 minutes to 2 hours depending on what is found during the scope.

What preparation is needed for an ERCP?
• You must have NOTHING to eat or drink for 8hrs prior to procedure.

Will my insurance company pay for my Upper Endoscopy?
• Please call your insurance company prior to your procedure to see what portion of the procedure you may be financially responsible for. Any charges not covered by your insurance will be your responsibility.
Medication Precautions

- Blood thinning medications need to be adjusted prior to your procedure, please call the nurse at the office to discuss. Antibiotics are not usually required prior to your procedure unless your procedure is going to include laser lithotripsy (breaking up stones into smaller pieces).

What are the risks of an ERCP?

- Perforation, which is where the scope would make a hole in the esophagus, stomach or duodenum. This requires immediate surgery and may cause a systemic infection, organ failure, and could potentially lead to a fatal outcome.
- Side effects of the sedation medication can include decreased respirations and heart arrhythmias.
- Infection or bleeding if tissue samples are taken.
- Pancreatitis, which is a painful condition that may require hospitalization and treatment for other conditions related to pancreatitis.
### Allergies/Reaction

- **Diabetes** (Low Blood Sugar)
- **Hypoglycemia**
- **Thyroid Problems** (Rheumatic Fever, Murrin, Chest Pain, Heart Attack, Irregular Heartbeat, Aneurysm, Arthritis, Swelling, Valve Replacement, Pacemaker, Heart Failure, etc.)
- **Blood Clots, Transfusion Problems, Or Bleeding Tendency** (Hemorrhage, Anemia, Sickle Cell Anemia, etc.)
- **High Blood Pressure**
- **Stroke** (Weakness/Numbness on one side, Difficulty Speaking, Loss of Vision, etc.)
- **Seizures** (Epilepsy, Convulsions, Blackouts, etc.)
- **Neurological Problems** (Loss of Sensation, Numbness, Tingling, etc.)
- **Severe Headaches**
- **Glaucoma** (Have you ever had or are you receiving treatment for)
- **Lung Problems** (Asthma, Chronic Cough, Pneumonia, Wheezing, Shortness of Breath, Emphysema, Abnormal Chest X-ray, Oxygen, Tracheotomy, Ventilator, etc.)
- **Tuberculosis / TB**
- **Sleep Apnea** (Breathing Interruption During Sleep, etc.)
- **Liver Problems** (Jaundice, Hepatitis, etc.)
- **Kidney, Bladder Or Prostate Problems** (Infections, etc.)
- **Stomach Problems** (Ulcer, Hiatal Hernia, Reflux, Heartburn, Nausea/Vomiting, etc.)
- **Bowel Problems** (Irritable Bowel, Diverticulitis, Diverticulosis, Diarrhea, etc.)
- **Back Trouble** (Spinal, Disc Problems, Numbness/Tingling of Hands or Feet, etc.)
- **Broken Bones Of Head, Neck Or Spine, Restrictions In Movement Or Difficulty Opening Mouth** (TIA, etc.)
- **Arthritis**
- **Muscle Disorders** (MD, Myasthenia Gravis, Myositis, MS, etc.)
- **Cancer** (History or current treatment)
- **Mental Health / Phobias** (Anxiety, Depression, Psychosis, etc.)
- **Mental Disability** (Confusion, Memory Loss, Down's Syndrome, etc.)
- **Skin Problems** (Eczema, Fragile, Skin Breakdown, etc.)
- **Pain In The Past Several Weeks Or That Limits Daily Activity**
- **Chronic Infection** (MRSA, WRA, VRE, etc.)
- **Other Medical Problems**

### Previous Hospitalization(s) Or Operations

(Indicate approximate year)

### Have You Had A Bad Reaction To Anesthesia?  YES  NO

- **Diabetes**
- **Hypoglycemia** (Low Blood Sugar)
- **Thyroid Problems** (Rheumatic Fever, Murrin, Chest Pain, Heart Attack, Irregular Heartbeat, Aneurysm, Arthritis, Swelling, Valve Replacement, Pacemaker, Heart Failure, etc.)
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### Have you any special needs / concerns?

- **Vision**
- **Hearing**
- **Speech**
- **Language**
- **Translator Requested**
- **Learning Needs**
- **Physical Limitations**
- **Environmental Concerns** (room temperature, lighting, etc.)

### Do You Currently Need Assistance To Get Around The House, Do Errands, And Take Care Of Your Personal Needs?

- **Women:** Is There A Possibility You Are Pregnant?
- **Last Menstrual Period:**

### Last menstrual period:

- **Women:** Are You Breastfeeding?

### If the Patient is a Child: (17 & under)

- **Was the child premature?**
- **Gestational Age:**
- **Any Birth Defects Or Developmental Problems?**
- **Any Immunization Problems Or Delays?**
- **Any History Of Breast Holding, Breathing Problems, Croup or BPD?**
- **RSV-Date Resolved**

### THIS FACILITY WILL NOT BE RESPONSIBLE FOR PERSONAL BELONGINGS AND VALUABLES. AS MANY BELONGINGS AND VALUABLES AS POSSIBLE SHOULD BE TAKEN HOME BY FAMILY MEMBERS.

### X

- **Patient's or significant Others Signature**
- **Relationship**
- **Date**

### Hospital / Agency Interpreter Name

- **Patient/parent declined hospital / agency interpreter (patient/parent has been advised that interpretation is free) and request made by the patient/parent to use (name) (relationship)**

### Medication History Completed and Reviewed

- **Reviewed by**
- **RN Date**
- **Time**
Complete form within 24 hours of admission (see instructions on back of form)

- Source of Medication List:
- NO HOME MEDICATIONS
- Unable to obtain medication history [give reason and follow-up plan (i.e. family bringing in)]:

Primary Care Physician: 
Patient’s Home Pharmacy: 

**CURRENT MEDICATIONS ON ADMISSION**

Include all prescriptions, over-the-counter medications, patches, inhalers, vitamins, teas, herbal, dietary, supplements

<table>
<thead>
<tr>
<th>Medication [Include dosage form if indicated (EC, XL, SR, etc.)]</th>
<th>Dose (amount)</th>
<th>Route (oral, topical, inject, etc.)</th>
<th>Frequency (how often taken, if taken regularly or only when needed)</th>
<th>ADMIT ONLY When Last Taken: Date Time</th>
<th>DISCHARGE ONLY When Next Dose Due: Date Time</th>
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History obtained/reviewed by: 

Date: Time: 

History obtained/reviewed by: 

Date: Time: 

**NEW MEDICATIONS TO BE CONTINUED AT HOME**

COMPLETE LIST INCLUDES YOUR CURRENT MEDICATIONS ABOVE AND NEW MEDICATIONS ADDED BELOW

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<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
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**HOME SCHEDULE**

Crossed-out drugs on list should not be taken until you check with your Ordering Physician

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<tr>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Bedtime</th>
<th>Next Dose Due: Date Time</th>
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LIP/RN Signature: Date: Time: 

LIP/RN Signature: Date: Time: 

Patient given a copy and instructed to keep a complete list of medications with them and to give to other healthcare providers.

**Medication History and Discharge Form**

Intermountain Healthcare

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White: Medical Record  Yellow: Patient  Pink: Pharmacy
LDS HOSPITAL ENDOSCOPY

1. Check in at Registration
2. Check in at Endoscopy waiting area with receptionist

C STREET - MAIN ENTRANCE

PATIENT PARKING