



Physician: _____ Phone Number: _____
 Patient Name: _____
 Date of Procedure: _____ Time to Arrive: _____
 Location: _____

Pre-Procedure Instructions for ERCP

Welcome to the MGH GI Endoscopy Unit. We would like to make your stay as pleasant and safe as possible. Please read these instructions carefully before your colonoscopy. You will find additional information on our website <http://www.massgeneral.org/GASTROENTEROLOGY/clinical/preps.html>

Please plan to spend about 3 hours in our unit for your procedure. We will do everything possible to avoid a delay in your procedure, but emergencies may interrupt the schedule. Please check the location of your procedure; we now have two sites (MGH-Blake 4 and Charles River Plaza-165 Cambridge Street, 9th floor).

What you need to do BEFORE you start to prepare for your procedure:

1. Call 1-866-211-6588 to update your registration (if not done within 6 months).
2. You must have an adult escort to take you home after the procedure. You will be receiving sedation and you should not drive for 8 hours after the procedure. Your escort does not have to come with you when you check in but must meet you in the endoscopy unit when you are ready to go home. You are still required to have an adult escort if you plan to take the T or a taxi home. If you don't have an escort on the day of your procedure, your procedure will be CANCELLED and rescheduled.
3. Be sure you have an insurance referral, if required by your insurance company.

4. If you have use a CPAP machine for sleep apnea or you have an implanted defibrillator, please notify the doctor's office listed on this form.

ERCP Preparation

- **FIVE DAYS before your procedure:**

1. Please review and complete your patient medication list (see enclosed).
2. If you take COUMADIN or PLAVIX, we recommend that you stop these medications. (You will receive instructions when to restart these medications). However, if you had a coronary stent placed in the past year, you should continue to take Coumadin and/or Plavix.
3. If you have diabetes and take medication to control your blood sugar, contact your primary care physician or diabetes doctor for instructions about how to take your diabetes medication while preparing for this procedure.

- **ON THE DAY of your procedure:**

1. Take all of your usual medicines with a sip of water. Take Coumadin and/or Plavix if necessary. If you take insulin, we recommend that you take ½ your usual dose. We will check your blood sugar prior to the procedure.
2. If your procedure is scheduled BEFORE NOON, do not eat or drink anything after midnight on the night before the procedure.
3. If your procedure is scheduled AFTER NOON, you may have a clear liquid breakfast, which includes water, tea, black coffee, clear broth, apple juice, Gatorade, soda, Jell-O. Do not eat or drink anything after 8:00a.m.
4. If you have a medical condition requiring antibiotics before or after procedures, we will determine whether they are needed for your procedure.
5. Wear loose-fitting, comfortable clothes.
6. Read the consent form. You will be asked to sign the form before your procedure.

- Please bring these things with you to your procedure:

1. Your completed Medication List
2. Your blue MGH identification card
3. The name and phone number of your escort.

- **AFTER your procedure:**

1. You will be monitored in the Endoscopy Unit recovery area for approximately one hour.
2. You will receive diet and medication instructions after your procedure.
3. You may return to work the day after the procedure.

- **HELPFUL HINTS FOR PATIENTS UNDERGOING ERCP**

1. If you have questions about your procedure, call the Patient Information Line at (617) 726-0388. A Registered Nurse will return your call.
2. If you think food empties slowly from your esophagus or stomach, please avoid a large dinner the night before the procedure.
3. Some patients will require hospitalization after ERCP. Please bring a few personal items in case you have to stay in the hospital.
4. Answers to frequently asked questions are available on our website at:
<http://www.massgeneral.org/GASTROENTEROLOGY/clinical/faq.html>



PROCEDURE CONSENT FORM

PATIENT:

UNIT NO:

PROCEDURE: ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)

For Surgical patients,

- Right
- Left
- Bilateral
- Not applicable

I have explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

I have given the patient written teaching materials to help inform him/her.

Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.

The following additional issues were discussed.

ERCP is an important test for the evaluation of pancreatic and biliary disorders. The test will be performed to examine the bile and pancreatic ducts with contrast dye and x-ray. If a gallstone is found, it will be removed. If there is a blockage of a duct, a stent will be placed in the bile or pancreatic ducts. There are risks associated with this procedure and they include pancreatitis, bleeding, pain and infection. Pancreatitis can be a serious complication that may result in pain, hospitalization, and surgery.

All questions were answered and the patient/family/guardian consents to the procedure.

 (Physician/Licensed Practitioner Signature)

Date: _____

_____ Has explained the above to me and I consent to the procedure. I understand that Massachusetts General Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. In addition, I understand that tissue, blood or other specimens removed for necessary diagnostic or therapeutic reasons may subsequently be used by the Hospital or members of its Professional Staff for research or educational purposes.

(patient's/health care agent's/guardian's/family's signature*)

*(if patient's signature cannot be obtained, indicate reason in comments section above.)