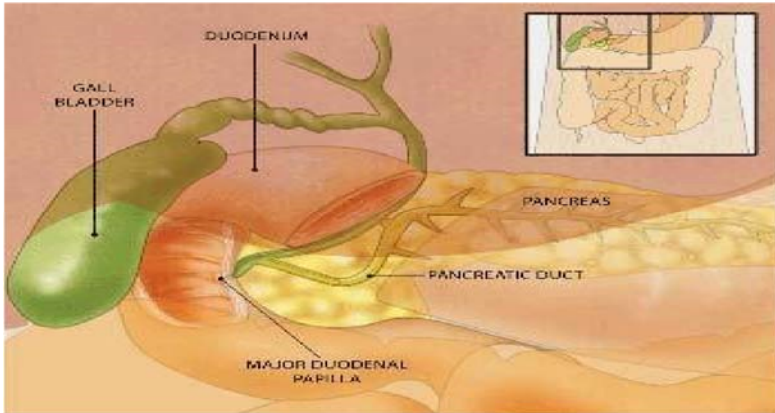


ERCP: Endoscopic retrograde cholangiopancreatography, is a specialized technique used to study the bile ducts, pancreatic duct and gallbladder. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. The pancreatic duct is the drainage channel from the pancreas.

How it's performed: During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels. After your doctor sees the common opening to the ducts from the liver and pancreas, called the major duodenal papilla, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays.



tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalization can occur, they are uncommon. Complications can include pancreatitis (inflammation of the pancreas), infections, bowel perforation and bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons.

Possible Complications: Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken and whether a patient has major medical problems. Patients undergoing therapeutic ERCP, such as for stone removal, face a higher risk of complications than patients undergoing diagnostic ERCP. Some patients require overnight observation following an ERCP.

Preparation: 10 days prior to your procedure. If you are taking blood/platelet thinners: Please contact your PCP/Cardiologist for specific instructions in regards to stopping your blood thinners. If you are unable to stop your blood/platelet thinner, please call our office and speak with a nurse. **Warfarin/Coumadin, Xarelto/Rivaroxaban, Eliquis/Apixaban, Plavix/Clopidogrel, Effient/Prasugrel, Brillinta/Ticagrelor, Savaysa/Edoxaban,**

Pradaxa/Dabigatran or Aggrenox/Dipyridamole. If your specific medical condition allows, it is safest if performed off these medications. You may continue your daily aspirin if prescribed/recommended by your physician.

4 days before the procedure: Stop taking iron pills and multivitamins that contain iron.

12 Hours prior to the procedure: Please hold your Metformin 12 hours prior to the procedure if applicable.

THE DAY OF THE PROCEDURE: NO SMOKING THE DAY OF THE PROCEDURE! NO CHEWING TOBACCO, GUM OR MINTS 4 HOURS PRIOR TO YOUR TEST. DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT PRIOR TO YOUR PROCEDURE.

- Clear liquids must be limited to no more than 6 ounces after midnight until four hours prior to your scheduled procedure. You may brush your teeth.
- If you are on insulin, please hold your morning dose the day of the procedure.
- You may take your routine medications the morning of the procedure with a sip of water, with the exception of anticoagulants and Metformin.
- **YOU MUST BE ACCOMPANIED BY A FRIEND/RELATIVE TO DRIVE YOU HOME. YOUR DRIVER MUST CHECK IN WITH YOU AND STAY IN THE BUILDING UNTIL YOU'RE DISCHARGED. YOU MAY NOT DRIVE, GO HOME BY TAXI, UBER, OR TRANSPORTATION BUS. IF YOU DO NOT HAVE A DRIVER, YOUR PROCEDURE MAY BE CANCELLED**
- Bring your insurance cards, driver's license, copayment, list of medication you are currently taking (this includes over the counter medications, herbs, and vitamins).