



Preparation for ERCP

Patient Name- _____

Procedure Date and Time- _____

Please do not take any Aspirin products for four days prior to this procedure, unless instructed by your doctor.

There is nothing to eat, drink, smoke or chew after midnight the night before the procedure.

At _____ proceed directly to the:

- Dolores Hope, First Floor Registration

We do ask that your family member or friend who will be accompanying you for your procedure remain at the _____ until you are ready to leave.

The doctor will see you following the procedure.

You may take any necessary medications the morning of the procedure (Heart medication, Blood pressure medication) with a tiny sip of water unless otherwise instructed by the office.

***** If your procedure is late in the day, you may have clear liquids until _____ .*****



INFORMED CONSENT FOR ERCP

I understand I have been scheduled for an Endoscopic Retrograde Cholangiopancreatography (ERCP) which is a specialized technique used to study the ducts of the gallbladder, liver and pancreas. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. During ERCP, your doctor will pass a thin, flexible tube through your mouth, esophagus and stomach into the duodenum. After your doctor sees the common opening to ducts from liver and pancreas, he will pass a narrow catheter through the endoscope and into the ducts. Your doctor will inject a dye into the pancreatic or biliary ducts and will take x-rays. However, most ERCP's are actually done for treatment and not just for picture taking. When done to allow treatment it is called a therapeutic ERCP.

ERCP is generally a low risk procedure. The overall complication rate requiring hospitalization is 6-10%. Depending on your age, your other medical problems, what therapy is performed and the indication for your procedure, your complication rate may be higher or lower than the average. Your physician, will discuss their frequency with you, if you desire, with particular reference to your own indication for the ERCP

I understand some possible risks and complications of the procedure. Some include but are not limited to:

- Bleeding
- Pancreatitis
- Infection
- Ulceration
- Perforation (tearing hole) of the gastrointestinal tract
- Damage to other organs beyond the gastrointestinal tract

I understand that sedation and other medicines given during the procedure have a slight risk of unwanted effects. Some reactions include and are not limited to:

- Allergic reaction
- Vein irritation
- Respiratory and cardiac depression
- Even death

Dental Consent

Dental Injury- We will **NOT** accept liability for any mouth or tooth injury. In all upper endoscopies, protective mouth pieces are used. Despite this, some patients develop injuries to existing teeth or dental implants, bridges, etc. If you have loose teeth or partial dentures risk of injury is greater. I understand any cost due to a mishap will be my responsibility.

Blood Thinner Consent

It is very important you let your physician know of any blood thinning medication you may be on. Being off blood thinning medication increases a risk of having a stroke, heart attack or blood clot. Even if it has been stopped in the past without problems, the risk still exists. After polypectomy, restarting blood thinning medication does increase the risk for bleeding. Blood thinner medication taken _____.

I understand and accept this risk _____ (initial here).

Billing Regarding ERCP

This is to inform you that you will be receiving two bills when undergoing this procedure. The bills consist of the physician bill for performing the procedure, a bill from the facility, Eisenhower Medical Center.

I have read the above statements, my physician/physician assistant or nurse practitioner have discussed it with me. I understand and accept the risk of the procedure and give my consent to proceed.

Patient Name- _____

Date _____

Patient Signature- _____

Witness _____



Anesthesia Waiver

Patient Name- _____

Most patients who undergo endoscopic procedures are generally comfortable and do not recall the procedure with a standard sedation technique called **conscious sedation (CS)**. This involves the use of a short acting narcotic and a Valium-like medicine that creates sedation that is generally tolerable and safe. **Conscious sedation** is the standard care for endoscopic procedure.

Although we make every attempt to ensure that you are comfortable during the procedure, we cannot always predict in advance of an endoscopic procedure who is going to experience pain, discomfort, or other reactions to the CS.

There is another type of sedation available called **deep sedation (DS)**. Insurance companies traditionally do not pay for this; however, it assures that there is generally no recollection of the procedure. **Deep sedation** is done under the care of an anesthesiologist.

You have the option to request DS in advance of your procedure; however, this cannot be done during the procedure if you experience pain that is not responding to the traditional sedation method.

Therefore, we are asking you to choose deep sedation or conscious sedation.

If you want **DS**, we will arrange to have your procedure done under anesthesia; cost estimates will be provided in this circumstance. Please notify the scheduling office staff.

If you do choose to use a deep sedation technique during your procedure there may be an increased risk of complications related to deep sedation and an increased risk of perforation of the gastrointestinal tract. By signing below, you are agreeing to this increased risk and that you have a copy of this document.

I am **waiving** my option to the deep sedation; I am requesting **conscious sedation**, signed:

_____/_____/_____/_____ Print/Signature/Date/Time

I am **requesting deep sedation** as done by an anesthesiologist and accept the associated risk:

_____/_____/_____/_____ Print/Signature/Date/Time