



North Florida Regional Medical Center
6500 W. Newberry Rd. 3rd floor
(You must call to pre-register)
(352) 333-4060

1. You are scheduled for an ERCP on _____ at approximately _____. You MUST arrive at _____am/pm.
2. **5 DAYS PRIOR TO PROCEDURE:** If you take a blood thinner called **Coumadin, Warfarin, Or Jantoven**, you must stop this medication 5 days prior to your procedure. Your labs will be drawn the day before your procedure to check your levels. The doctor will inform you after the procedure when to restart your Coumadin.

Iron, Vitamin E, Fish Oil **you must stop these five (5) days prior to your procedure**, unless otherwise instructed by your doctor. The doctor will inform you after the procedure when to restart the above medications. Some multivitamins contain a small amount of iron, but are all right to take.

3. **DAY OF PROCEDURE:** If you are diabetic, DO NOT take your insulin or oral agent the morning of the procedure. Bring the medication with you so that you can take it when you eat.

Eating/Drinking prior to your procedure: **After Midnight: NO FOOD, ONLY CLEAR LIQUIDS** (see attached clear liquid diet). **Four (4) hours** prior to your procedure: **NOTHING BY MOUTH** (not even water)

Other medications: Take your heart, blood pressure, seizure, depression, nerve and/or stomach medications at your normal time of day, but Must be **at least 4 hours prior to your procedure**. If you take a respiratory inhaler please take it at your normal scheduled time.

4. You must have a responsible adult to bring and take you home after the procedure. Your driver must stay on the hospital grounds while you are here. **You must not drive for 16 hours after the procedure.** If you do not have transportation home, the procedure will be cancelled. Taxi service is not an acceptable form of transportation, unless you have a responsible adult with you. You will be ready to go home when your doctor discharges you. Remember you must not drive for 16 hours for your own safety and the safety of others.
5. If you have a change in your health (prior to your procedure), please contact your physician's Team Leader as soon as possible.
6. For any questions regarding these instructions, please call 352-331-8902 between 8am-5pm, Monday thru Friday. Ask for Procedure Scheduling.
7. Please leave your valuables at home the day of your procedure. Also, due to space limitations, please limit the number of people that come with you to 1 or 2.

You will receive two separate charges for your procedure, one from your DDA physician and one from the facility that performed the procedure.

If you have any changes in your insurance please contact our insurance department at 352-331-8902.

A minimum of 48-hours advance notice is required if you must cancel or reschedule you appointment. A missed appointment fee of \$75 will be charged for missed appointments without the minimum 48-hour notice.



INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

Direct visualization of the digestive tract with lighted instruments is referred to as Gastrointestinal Endoscopy. Upper Endoscopy refers to visualization of the esophagus, stomach, and the first portion of the small intestine. Colonoscopy refers to visualization of the large intestine (colon). Sigmoidoscopy involves examination of the last portion of the large intestine. These three procedures are considered to be safe with few complications. The following information is presented to help you understand the procedure(s) and the possible risks, benefits and alternatives associated with each examination.

At the time of your examination, the inside lining of your digestive tract will be inspected and possibly photographed. If any abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed for special studies. Small growths (polyps) can frequently be removed completely (polypectomy). If a narrowed portion of the intestine is encountered (stricture), the narrowing may be stretched to a more normal size (dilatation).

The risks associated with these procedures include, but are not limited to respiratory depression and cardiac rhythm disturbances due to the administration of sedatives. The risk of these problems occurring is 0.5%. Approximately 0.08% of patients may experience aspiration pneumonia, which has an associated 10% death rate. There is a 3 % risk of spreading bacteria into the blood from the Colonoscopy. This generally does not pose a clinical problem.

It is controversial whether preventative antibiotics are necessary for patients with an artificial heart valve or severe valvular heart disease who are undergoing routine Colonoscopy and /or polypectomy. Your physician will decide if antibiotics are appropriate for you. Due to the recent extensive coverage of AIDS by the media, some patients have expressed the concern that they might, in fact, contract AIDS through this examination. All our instruments are thoroughly sterilized after each use. Only techniques known to kill all disease-causing bacteria and viruses, including the hepatitis and AIDS virus, are employed in this process.

There is a 0.2-0.4% risk of perforation of the colon with colonoscopy; Perforation would require hospitalization with administration of antibiotics and intravenous fluids or surgical treatment repair. If a polyp is found in the colon, an attempt will be made to remove the polyp with a snare or hot biopsy and electrocautery. This procedure carries a perforation risk of 0.3%-1% and a bleeding rate of 0.7-2.5%. Bleeding may occur up to two weeks following the removal of the polyp due to sloughing of the scab at the polypectomy site. Occasionally, bleeding may require a blood transfusion. A blood transfusion is necessary only in the event of a complication and is not always needed even with complications. The risks associated with a blood transfusion, if required, are rare. Hepatitis, HIV, or an infection may be transmitted with a statistical frequency of about 1 in 20,000 units. Acute reactions such as chills, muscle aches, fevers, or dysphoria may also occur. If a balloon dilatation of a surgically induced stricture is recommended, this procedure carries a perforation rate of 4.6%.

There is a possibility of a ruptured spleen. A ruptured spleen may require hospitalization with the administration of antibiotics, intravenous fluids, and may require surgery to remove the spleen. The incidence of death following Colonoscopy is extremely rare but has been reported in the medical literature. There is the possibility of experiencing a rare allergic reaction to the medications used to achieve sedation. This reaction may result in hospitalization or rarely death. The drugs usually used are intravenous Valium, Brevital or Versed. On occasion, other drugs such as Demerol and/or Benadryl may be used. Patients may also develop phlebitis, an inflammation of the intravenous site, which may require antibiotic therapy and hospitalization.

All of the above complications are rare. They have been reported to happen with a statistical frequency of about 1 in 1,500 to 2,000 cases.

Alternative methods for evaluation of the gastrointestinal tract are radiological studies. These involve drinking a contrast agent or introducing a contrast into the rectum. These are less sensitive than Endoscopy for detecting abnormalities. Once an abnormality is noted, it can only be sampled (biopsied) by surgery or Endoscopy.

Benefits of Procedures/Treatments: The benefit of endoscopic evaluation is that Endoscopy is a direct inspection and biopsy, bleeding treatment, and polyp removal may be performed in the same procedure. This will help establish your diagnosis.

My signature below indicates that I have read and understand this handout. I have had the opportunity to ask questions about the procedure and my questions, if any, have been answered to my satisfaction. My signature below also indicates that if I have a biopsy taken during my procedure, I should hear from the office in about 14 day if not I will call in 14 days (_____) to get my results.

Print Patient's Name

X _____
Patient's Signature

Witness' Signature

Date

DDA Patient Number

Procedure Date- ERCP