



QUESTIONS?: PROCEDURE SCHEDULING: 352-331-8902 x 206

Endoscopic Retrograde Cholangiopancreatography (ERCP) Instructions

Use this guide to help you prepare for your procedure appointment.
Read the entire guide before beginning.

Procedure Date: _____

Physician: _____

Arrival Time: _____

Procedure Time: _____

Procedure scheduled at:

_____ Endoscopy Center at North Florida Regional Medical Center
6500 W. Newberry Road, 3rd Floor
You must call to pre-register
888-821-1632

How do I use this guide?

Read the entire guide at least one week before your procedure. Some steps in this guide begin up to one week before your appointment. If you haven't read through the guide at least one week in advance, call your physician. Preparing for your procedure is very important. If you have questions, remember that we're here to help.

If you don't follow all the steps listed here, your procedure may be cancelled.

What does this guide cover?

Five days before your procedure.....	page 2
The day of your procedure.....	page 3
What to expect, procedure charges and cancellation/missed appointment.....	page 4
Information Regarding Gastrointestinal Endoscopy.....	page 5

5 days before your procedure

Follow instruction for medications and conditions below. Fill out the check-boxes below to help you keep track of your progress.



Blood Thinners such as Plavix, warfarin (Coumadin), or Lovenox

- We will contact your doctor who prescribed the blood thinner medication to get approval to temporarily stop your medication for _____ days before your procedure.

Your labs will be drawn the day before your procedure to check you levels. After your procedure, your doctor will inform you when to restart your Coumadin.



Fish Oil



Iron (some multivitamins contain a small amount of iron but are all right to take).

You may continue to take

- All other medications as directed
 Acetaminophen (Tylenol)
 Aspirin (81 mg)
 Other: _____



Follow special instructions if you have any of these conditions:

Diabetes Patients

- Continue medication as prescribed

Implanted cardio defibrillator patients

- We will contact your cardiologist for a letter stating your defibrillator has been checked within the last 12 months.
 If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Pacemaker Patients

- We will contact your cardiologist for a letter stating your pacemaker has been checked within the last 12 months.
 If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Cardiology

- If you have been seen by a cardiologist in the last 6 months, notify procedure scheduling at 352-331-8902 x 206.



Diabetic patients: Do not take your morning dose of insulin or anti-diabetic pills today. Bring ALL medication with you to your procedure.

If you take medication for your **heart, stomach, seizure, depression, or nerves**, take your normal dose with a sip of water at least 4 hours before your scheduled time.

Bring any prescribed respiratory inhaler with you.

NO FOOD AFTER MIDNIGHT

CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.

A liquid is considered clear if you can read a newspaper through the glass.

- water
- plain tea & coffee
- carbonated beverages
- Gatorade, PowerAde, G2

JUICES

- white cranberry
- apple
- white grape
- filtered limeade, lemonade

SOUPS

- clear broth, consume

DESSERT

- gelatin
- water ices, popsicles
- clear sorbets (non-dairy)

Checklist

Use this checklist to help you remember everything you need to bring with you today.

- A friend or relative over 18 years old to drive you home (**you cannot take a taxi or public transit home; you will be woozy from medication**). The responsible party must remain on hospital grounds. You must not drive for 16 hours after the procedure.
- Photo identification (license or other form of ID)
- Insurance cards
- Funds for deductible or co-payments (credit card, check etc.)
- Remove ALL piercings
- All medications in Rx bottle with label
- Other _____

PROCEDURE CHARGES:

In addition to the facility fee, you will receive a bill from Digestive Disease Associates (a section of SIMEDHealth) – this will include:

- Anesthesia Fee
- Procedure Fee
- Pathology Fee (if biopsies are taken)

All insurance questions should be directed to our billing department (352-331-8902 X 202).

CANCELLATION OR MISSED APPOINTMENTS:

Should you have to cancel and reschedule your procedure, a 48-hour (minimum) advance notice is required. Those that cancel with less than a 48-hour notice will be charged a \$100 missed procedure fee.

INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

BRIEF DESCRIPTION OF PROCEDURES:

Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left lower colon.

ENTEROSCOPY is the examination of the small intestine.

COLONOSCOPY is the examination of the entire colon (large intestine)

POLYPECTOMY is the removal of small growths called polyps, with the use of either a wire loop and electric current or a cold forceps.

BANDING is the application of tiny bands to an area to reduce the risk of bleeding.

INJECTION THERAPY is the injection of a medication or solution to treat or mark an area.

BRAVO is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally within 48 hours.

ANESTHESIA is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

THE PROCEDURE — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

ALTERNATIVES: Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, these potential alternatives include x-rays CT (virtual colonoscopy), surgery, no examination, stool tests for blood, Cologuard for screening, or other alternatives that have been explained to you.

POSSIBLE RISK AND COMPLICATIONS: These vary in frequency among different procedures but may include:

1. Infection
2. Bleeding
3. Irregular heart beat
4. Pneumonia
5. Rare possibility of a ruptured spleen
6. Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall
7. Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing)
8. Dental damage
9. Irritation in vein at site of the IV line
10. Death

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is suboptimal you may be advised to return for a repeat exam within a short time interval.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

AFTER ENDOSCOPY — Though patients worry about the discomforts of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately: Severe abdominal pain (not just gas cramps), A firm, distended abdomen, Vomiting or Fever, Difficulty swallowing/severe sore throat, A crunching feeling under the skin, Rectal bleeding more than a few tablespoons

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.

I have received a North Florida Endoscopy Center packet, which includes: ♦ Patient rights and responsibilities, ♦ Disclosure of physician ownership in the Endoscopy Center, ♦ Information and facility policies concerning advanced directives, ♦ Information concerning the patient informed consent.

INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

BRIEF DESCRIPTION OF PROCEDURES:

Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left lower colon.

ENTEROSCOPY is the examination of the small intestine.

COLONOSCOPY is the examination of the entire colon (large intestine)

POLYPECTOMY is the removal of small growths called polyps, with the use of either a wire loop and electric current or a cold forceps.

BANDING is the application of tiny bands to an area to reduce the risk of bleeding.

INJECTION THERAPY is the injection of a medication or solution to treat or mark an area.

BRAVO is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally within 48 hours.

ANESTHESIA is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

THE PROCEDURE — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

ALTERNATIVES: Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, these potential alternatives include x-rays CT (virtual colonoscopy), surgery, no examination, stool tests for blood, Cologuard for screening, or other alternatives that have been explained to you.

POSSIBLE RISK AND COMPLICATIONS: These vary in frequency among different procedures but may include:

1. Infection
2. Bleeding
3. Irregular heart beat
4. Pneumonia
5. Rare possibility of a ruptured spleen
6. Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall
7. Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing)
8. Dental damage
9. Irritation in vein at site of the IV line
10. Death

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is suboptimal you may be advised to return for a repeat exam within a short time interval.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

AFTER ENDOSCOPY — Though patients worry about the discomforts of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately: Severe abdominal pain (not just gas cramps), A firm, distended abdomen, Vomiting or Fever, Difficulty swallowing/severe sore throat, A crunching feeling under the skin, Rectal bleeding more than a few tablespoons

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.

I have received a North Florida Endoscopy Center packet, which includes: ♦ Patient rights and responsibilities, ♦ Disclosure of physician ownership in the Endoscopy Center, ♦ Information and facility policies concerning advanced directives, ♦ Information concerning the patient informed consent.

Print Patient's Name

X _____
Patient's Signature

Witness' Signature

Date

DDA Account Number: _____

Procedure Date: _____