



Endoscopic Retrograde Cholangiopancreatography (ERCP)

APPOINTMENT DAY: _____

ARRIVAL TIME: _____ **EXAMINATION TIME:** _____

YOU WILL BE CONTACTED FOR PRE-PROCEDURE WORK UP

You are scheduled for an (ERCP). This test will help your doctor determine the cause of your symptoms and the best treatment for you. To ensure the best possible examination, be sure to read all information and follow directions carefully. If you have questions, please call the phone number below. If the staff cannot take your call leave your name, phone number, date of birth and a brief message so we may return your call.

MEDICATIONS

Blood thinners or anticoagulants and insulin instructions:

If you are taking COUMADIN, PLAVIX, TICLID, OR ASPIRIN contact our office during normal business hours for further instructions. Your dosage may need to be altered before your procedure can be performed. INSULIN dosage may need to be adjusted, since you will not be eating prior to this procedure. Please contact the physician who prescribed this medication for you to get exact instructions.

Arthritis Medication or Anti-inflammatory Medication

These medications should be stopped **48 hours** (2 days) before your procedure. Some examples of these are **Motrin, Advil, Nuprin, Ibuprofen, Aleve, Naproxyn, Voltaren, Feldene, and Clinoril**. You may take Tylenol. Contact the physician who prescribed the medication for you to get exact instructions.

DIET INSTRUCTIONS

If taking narcotics, clear liquids only the day before the procedure.

Nothing to **EAT after 12 midnight** the night before your procedure.

Nothing to **DRINK 6 hours** prior to your procedure (except for sips of water for your medication).

DAY OF THE PROCEDURE

1. Take your regularly scheduled medication with sips of water, including heart and blood pressure medication.
2. **Arrive ___ hour prior to your scheduled procedure time.**
3. Bring your insurance cards and a list of your current medications.
4. Plan to be at the facility at least 3 hours. Time is needed to prepare you for the test and for recovery time after the procedure, since you will receive sedating medication.
5. Make arrangements for someone to drive you home, since you may be drowsy after the procedure. **Taxicabs and the city bus CANNOT BE USED TO GET HOME.**
6. We recommend that someone be with you at the time of discharge, so the doctor and nurses can explain the findings and follow-up care needed.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROCEDURE, PLEASE CALL US AT:

614-754-5500

THANK YOU FOR FOLLOWING THESE INSTRUCTIONS