

## ERCP (Endoscopic Retrograde Cholangiopancreatography) ADVICE AND CONSENT

IMPRINT AREA

In order to try to get a more definitive diagnosis of your problem and to aid in treatment, ERCP (endoscopic retrograde cholangiopancreatography) has been ordered. This procedure involves placing a tube in your throat and passing it down your esophagus (the tube that connects the mouth and stomach) into your stomach and into the upper part of your small intestine (duodenum). The opening from the bile and pancreatic duct into the duodenum is identified. A small plastic tube is passed through the endoscope into the opening and fluid is injected into the ducts so their outlines can be seen under the x-ray.

To keep you relaxed during the procedure, an injection is usually given before the procedure to make you drowsy. You will also be given medicine which numbs the back of your throat so that it will be easier for you to swallow the tube. In order for the doctor to get a good look without his view being obstructed by food, do not eat anything after your evening meal the night before the procedure. Because you will be sedated during the procedure, make arrangements for someone to take you home. Usually the procedure takes less than one hour, including the giving of the relaxing medicine. You will be discharged from the Outpatient Recovery Room after 2 or 3 hours.

Although this procedure is usually safe and performed without difficulty, like any procedure there are potential complications that may occur. These are rare, but you should be aware of them. They include:

1. Pancreatic inflammation (pancreatitis) in 1 person out of 100.
2. Making a hole in the lining of the esophagus, stomach or small intestine.
3. Infection in the bile ducts or pancreas.
4. Damage to the throat when the instrument is being swallowed.
5. Bleeding as a result of the instrument injuring an area as the instrument is moved.
6. Pneumonia because of stomach contents coming up and getting into the air passages and lung during the procedure.
7. Inflammation of the veins through which the relaxing medicine is given.
8. The most severe complications are heart and breathing problems from the sedatives, but these are very rare and occur primarily in the elderly or infirm.

In some patients with bile duct stone(s), an opening can be cut in the end of the duct during the procedure to allow passage or retrieval of the stone(s). This is called Sphincterotomy. It is an alternative to general anesthesia and surgery and is used in selected patients. Although it is safer than surgery, there is a 5-10% risk of a complication, such as excessive bleeding, infection, pancreatitis, or perforation of the intestine (making a hole inadvertently). The risk of death from a complication of the procedure is about 1%. Bile duct stones are a serious problem and should be removed or else infection, jaundice, or pancreatitis can develop. If Sphincterotomy is performed we keep you overnight and administer antibiotics.

My signature below indicates that I have read and understand the above information, that my questions have been answered, and that I agree to have the procedure performed.

DATE	SIGNATURE OF PATIENT
SIGNATURE OF WITNESS	SIGNATURE OF RELATIVE IF PATIENT IS UNDER AGE OR UNABLE TO SIGN
SIGNATURE OF PHYSICIAN	