



Barrie GI Associates

Dr. Kyle Fortinsky, MD, MBA, FRCP(C)

Gastroenterology and Therapeutic Endoscopy

Tel: 705-721-3344 Fax: 705-721-5522

Patient: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_ Procedure Time: \_\_\_\_\_

### **ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)**

**PLEASE READ THE ENTIRE FORM WHEN YOU RECEIVE IT. IT CONTAINS IMPORTANT INFORMATION CONCERNING DIET AND MEDICATIONS, SOME OF WHICH NEEDS TO BE DONE 1-WEEK PRIOR TO THE PROCEDURE.**

**\*\*\* On day of procedure please report to central registration (Surgical Daycare) department at RVH in Barrie. Enter the hospital at the Atrium Entrance \*\*\***

- Appointment changes by our office may occur due to unforeseen emergency cases.
- If you need to cancel, please call at least 7 days prior to your appointment. Waiting times are a major problem. Short notice cancellations may be subject to a fee of \$200.
- Bring all of your medications (including insulin) and your Ontario Health Card with you.
- Bring a bag for clothing. Do not bring valuables, jewelry, or large sums of money.

#### **What is an ERCP Procedure?**

- A duodenoscope is a thin, flexible tube with a camera on the tip. The scope is inserted into the mouth and beyond the stomach into the small bowel to allow your doctor to gain access into the bile duct and/or pancreatic duct with the use of specialized devices. These devices are placed through the scope to permit therapeutic maneuvers (e.g., removal of stones, placement/removal of stents). To facilitate the procedure, the use of contrast dye along with X-rays allow for the examination of the bile duct and/or pancreatic duct.

#### **What are the risks of ERCP?**

- First it is important to understand the benefits of ERCP. The procedure is required for the treatment of certain diseases. Common indications including removing gallstones or relieving jaundice (i.e., yellowing of the skin). The alternative options include a percutaneous approach (puncture through the skin by a radiologist leaving an external bag) or a surgical approach which have higher associated risks.
- The major risks of ERCP include: **sedation (<1%), aspiration (<1%), bleeding (2%), infection (<1%), perforation (<1%), and pancreatitis (5-10%)**. In less than 5% of cases, the procedure may be unsuccessful due to technical factors where you may require another procedure on a different day. The individual risk for each patient will vary depending upon patient and procedural factors. You will be given intravenous fluids and a rectal suppository called Indomethacin during the procedure to reduce the risk of pancreatitis. Complications may lead to severe pain, hospitalization, blood transfusion, surgery, or death.

### **Will I be sedated for the procedure?**

- An anesthesiologist will ensure your comfort during the procedure and most patients will remain completely asleep for the entire procedure. You may be unable to eat or drink for up to 2 hours after the procedure since the back of your throat may be sprayed with a numbing agent to make the procedure more comfortable.
- After receiving sedation, you will be unable to drive, operate machinery, or make any major decisions for the remainder of the day.
- Whoever is coming to pick you up can either wait for you (3-4 hours after arrival time), or they can arrange to be called when it is time to come and pick you up. If you are taking a taxi, someone must accompany you other than the driver.
- You will require someone to stay with you at home the evening after your procedure. **If you have nobody to stay with you after the procedure, your procedure will be cancelled.**

### **What will happen after the procedure?**

- The doctor will speak to you and leave a brief report on what he/she has found and plans for future investigation, treatment, or follow-up. The doctor will advise if there are any specific dietary changes that must be made. Most patient can resume regular eating, drinking, and activity within a couple of hours after the procedure.
- You can expect to be at the hospital about 3-4 hours from arrival to discharge.

### **How do I prepare for the procedure?**

- **DO NOT HAVE ANY SOLID FOODS FOR 8 HOURS BEFORE YOUR PROCEDURE. YOU MAY HAVE CLEAR LIQUIDS UNTIL 4 HOURS BEFORE YOUR PROCEDURE** (e.g., water, broth, clear drinks)
- After this time, **NOTHING BY MOUTH** including water, gum, candy or mints.
- Take your morning medications (except diabetes meds) with small sips of water.
- **IF YOU ARE TAKING ANY BLOOD THINNERS THESE MAY NEED TO BE HELD UP TO 1 WEEK PRIOR TO THE PROCEDURE.** Examples of blood thinners include: Plavix (clopidogrel), Brillinta (ticagrelor), Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban), Lixiana (edoxaban), Lovenox (enoxaparin), Fragmin (dalteparin), or Heparin.
- **YOU MAY CONTINUE TAKING ASPIRIN, THIS IS SAFE.**
- **IF YOU ARE UNSURE ABOUT ANY OF YOUR MEDS, CALL YOUR DOCTOR.**



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- If you are undergoing a fine-needle aspiration (FNA) of a pancreatic cyst (a fluid-filled space), then you will be given antibiotics on the day of the procedure and a prescription to take antibiotics for 5 days after the procedure. Antibiotics are not required for fine-needle biopsy (FNB) of solid lesions.
- If you are a diabetic, to avoid low blood sugar, please do NOT take your oral diabetes medications or any insulin on the morning of your procedure unless specifically instructed to do so by your physician. You can resume your diabetes medications after the procedure, once you have eaten. If you are taking insulin it is always a good idea to check with your endocrinologist or primary doctor as to the best way to manage your blood sugars. Please bring your insulin with you.
- If you are a smoker, you should not smoke at least 6 hours before the procedure.