

MILFORD GASTROENTEROLOGY ASSOCIATES

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ERCP (Endoscopic Retrograde Cholangiopancreatography)

ERCP is used in the diagnosis of disorders of the pancreas, bile duct, liver and gallbladder. The doctor passes an endoscope (a thin, flexible telescope) through your mouth, to inspect your stomach and duodenum. The doctor then injects contrast dye into the drainage hole (papilla) from the bile ducts and pancreas, to take direct detailed X-rays (you should inform us if there is any possibility of pregnancy).

Preparation: To allow a clear view, you should not eat or drink anything after midnight. If you must take prescription medicines, use only small sips of water. Do not take antacids.

ATTENTION: If you are taking Coumadin, please check with the office before starting your preparation for this test.

What will happen: The doctor and nurse will explain the procedure and answer your questions. Please tell them if you have had any other endoscopy examinations, or any allergies or bad reactions to medications or contrast dye. You will be asked to sign a consent form giving permission for the procedure, to put on a hospital gown, and remove eyeglasses, contact lenses or dentures.

The examination is performed on an X-ray table. Local anesthetic will be sprayed on your throat to make it numb, and you will be given medication by injection through a vein to make you sleepy and relaxed. With you in a comfortable position on your left side, the doctor will pass the endoscope down your throat. A guard will be placed to protect your teeth. The endoscope will not interfere with your breathing and will not cause you any pain. You may be asked to change positions during the examination, which takes 15-60 minutes.

Afterwards: Your throat may feel numb and slightly sore. Because of the local anesthetic and sedation, you should not attempt to take anything by mouth for at least 1

hour. It is wise to keep to clear liquids for the remainder of the day. If you are an outpatient, you will remain in the clinic area for at least 1 hour. A companion must be able to drive you home, as the sedation impairs your reflexes and judgments. For the remainder of the day, you should not drive a car, operate machinery or make any important decisions. We suggest that you rest quietly.

Risks: Endoscopy can result in complications, such as reactions to medication, perforation of the intestine, and bleeding. Injection of contrast dye through the endoscope can cause allergic reactions, inflammation of the pancreas (pancreatitis) and of the bile duct (cholangitis). These complications are rare, but may require urgent treatment and even an operation. Be sure to inform us if you have any pain, fever or vomiting in the 24 hours after the ERCP.

Questions or problems? Contact the nurse in charge, Endoscopy Unit (508-473-1190, x2860) Monday through Friday. Contact the gastroenterologist (doctor) on duty at 508-478-6363.

Please pre-register for this test by calling the Registration Line at 508-422-2222. You may pre-register up to two weeks in advance.

Report to:

- This test is done in the Hill Health Center of the Milford Regional Medical Center. Please report to the Hill Outpatient Desk 45 minutes before your scheduled Appointment.

NOTICE: A 48-hour cancellation notice is required for all Office Appointments or scheduled Endoscopic Procedure Appointments. A missed Office or Endoscopic Procedure (Colonoscopy/Upper GI Endoscopy etc.) appointment will incur a \$50 charge. This \$50 fee is NOT covered by your health insurance.

Milford GI Associates strives to schedule all patients for Office Appointments or Procedures as promptly as possible. Because of the great need for GI services in our community, these Appointments are very important and a Missed Appointment without prior notification adversely impacts other patients who may be waiting for an appointment.

These Appointments require the careful coordination of the schedules of our Patients and the Physicians and Nurse Practitioners of Milford GI Associates. In the case of scheduled Endoscopic Procedures, the Endoscopy Unit and Nurses at the Milford Regional Medical Center require additional consideration. Please help us, our Hospital and all members of our community by providing a 48 hour cancellation notice.

ERCP Treatments

Sphincterotomy: If the X-rays show a gallstone or other blockage, the doctor can enlarge the opening of the bile duct. This is called "sphincterotomy" and is done with an electrically-heated wire, which you will not feel. Any stones will be collected into a tiny basket, or left to pass into the intestine.

Stenting: A stent is a small plastic tube which is pushed through the endoscope and into a narrowed area in the bile duct. This relieves the jaundice by allowing the bile to drain freely into the intestine. Stents are also sometimes placed in the pancreatic duct when it is narrowed or blocked.

Naso-biliary tube: Sometimes a small plastic tube is left in the bile duct and brought out through the nose for a few days. This helps drainage of bile and allows X-rays to check when the duct is clear. The tube may be slightly uncomfortable at first, but does not interfere with eating or drinking.

Risks? These treatments for stones and blockages have been developed and are recommended to you because they are simpler and safer than standard surgical operations. However, you should realize that they are not always successful, and problems can arise. Potential complications include perforation of the intestine, bleeding, inflammation of the pancreas (pancreatitis) and infection of the bile duct (cholangitis). These complications are rare, but may be serious enough to require urgent treatment and even an operation. Death is a remote possibility.

It is very unusual for other biliary problems to develop in the months or years after sphincterotomy, but jaundice, fevers and even new stones can rarely occur. Usually these can be dealt with by another endoscopic procedure.

Stents can become blocked with debris after some months. This will result in a recurrence of jaundice, usually associated with fevers and chills. If this happens, you should inform us or your local doctor quickly. You will need antibiotics and consideration of a stent change.

Date: _____

Signature: _____

Witness: _____