

ERCP- Endoscopic Retrograde Cholangio Pancreatography:

ERCP is a visual and radiological examination of the ductal (drainage system) system of the liver and pancreas. A flexible tube with a camera at the end of it is inserted through the mouth to the stomach and into the upper small intestine. A fine catheter is then inserted into the openings of the pancreatic and liver ducts and a dye is injected. Radiograph (x-rays) are then taken to assess the anatomy of the liver and pancreas.

If stones are seen blocking the ducts, the opening of the ducts is enlarged by making a small cut (sphincterotomy) so that the stones can be removed safely.

If an obstruction of any sort is seen we may elect to place a stent (tube) to relieve the obstruction. Aspirations, brushings and/or biopsies (small pieces) may be taken if abnormalities are noted. These samples are then analyzed or examined under the microscope to help with the diagnosis.

Preparation: Your stomach must be empty, so do not eat or drink anything after midnight, if you must you could take a few small sips of water or juice. Please take all prescription medication using only small sips of water. Do not take antacids. **Do not use aspirin or other medication that contain Aspirin. If you are on a blood thinner like warfarin (coumadin) inform your doctor.**

What will happen: The doctor and /or nurse will explain the procedure and answer your questions. Please tell them if you have had any other endoscopy examination, or any allergies or bad reactions to medications. You will be asked to sign a consent form, giving your permission to have the procedure performed. You will be asked to put on a hospital gown, and to remove your eyeglasses, contact lenses and dentures. A local anesthetic will be sprayed onto your throat, to make it numb. You may be given medication by injection through a vein to make you sleepy and relaxed. While in a comfortable position on your left side, the doctor will pass the endoscope through your mouth, and down your throat. A guard will be placed to protect your teeth. The instrument will not interfere with your breathing, nor cause any pain. You will be asked to change over to a prone position once the endoscope is in the duodenum. The examination takes 1-2 hours.

Afterwards: You will remain in the clinic area for up to 1 hour, until the main effects of any medication wear off. Your throat may feel numb and slightly sore. You should not attempt to eat or drink until your swallowing reflex is normal (at least 4 hours). After this you may return to your regular diet unless otherwise instructed. You may feel slightly bloated, due to the air which has been injected through the endoscope; this will quickly pass.

If you have had a sedative injection, a companion must be able to drive you home as the sedation impairs your reflexes and judgment. For the remainder of the day you should not drive a car, operate machinery, or make important decisions. We suggest that you rest quietly.

Risks? Endoscopy can result in complications, such as reaction to medication, perforation of the intestine, and bleeding. These complications are very rare (less than one in 1000 examinations) but may require urgent treatment, and even an operation. The possibility of complications is greater when the endoscope is used to apply treatment. Be sure to inform us if you have any pain, black tarry stools or troublesome vomiting in the hours or days after endoscopy.

If biopsies are taken or if sphincterotomy is performed, there is an increased risk for bleeding that may necessitate blood transfusions or rarely surgery.

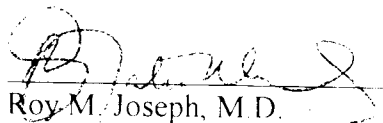
There is a 3%-10% inherent risk of developing acute pancreatitis (inflammation of the pancreas) anytime this procedure is performed. **This could cause severe abdominal pain and sometimes make you seriously ill with life threatening consequences.**

Reactions to medications could result in respiratory failure or hypotension (fall in blood pressure) which could rarely be life threatening. **Please be sure to let us know if you have allergies to medication or contrast dye so that potential reactions to medication can be prevented.**

If you should have any questions please contact my office at 243-7200 or 566-5800. Phones are answered 24 hours a day.

If there is a chance you may be pregnant it is your responsibility to notify us immediately!

Patient's Signature/ Date


Roy M. Joseph, M.D.