



Digestive Health Center

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

INSTRUCTIONS

Appointment Date: _____ Arrival Time: _____ Procedure Time: _____ Physician: _____

**Plan to spend 4 hours in the GI Lab

Location 675 N Saint Clair St, **Galter** Pavilion,
4th floor, Chicago, IL

Insurance Codes:

Procedure Code (CPT): 43260

Diagnosis Code (ICD 10): _____

Welcome

Northwestern Medicine Memorial Hospital strives for your experience with Endoscopy Services and the hospital to be excellent. Your safety and comfort are our primary concern and we want your stay to be an exceptional experience.

Appointment Information

You will receive an arrival time for your procedure. Please be aware that your procedure may be delayed due to unforeseen circumstances.

Please keep your original appointment. If you need to re-schedule your procedure, you MUST give at least a 7-day notice.

For scheduling related matters, please call: 312.926.0628

For clinical concerns/questions, please call: 312.695.5620

Transportation and Parking

Due to the lingering effects of the sedation, you **MUST** have a trusted and capable adult accompany you home at the time of discharge. You cannot take a Taxi, Uber or public transportation by yourself. Your procedure will be cancelled if you do not have an escort arranged.

You will NOT be able to return to work after the procedure.

Parking for the Lavin location is available within the Lavin building located at 259 E. Erie Street, which is accessible from both Erie and Ontario streets. Bring your parking ticket to the GI lab for validation to receive a discount on your parking deck fee. Valet parking is available.

Parking for the Galter Pavilion is located at 222 E. Huron Street. Use second floor bridge to access Galter Pavilion.

For more information on our parking garage locations, parking deck fees, and a map, please visit www.nm.org.

About your test

Endoscopic Retrograde Cholangiopancreatography (ERCP) is a valuable procedure that enables your physician to examine, diagnose and treat conditions related to the bile ducts, liver, pancreas and gallbladder.

An endoscope is used to perform the ERCP and is a tube about the thickness of your little finger, with a tiny light and video camera on the end. The endoscope is placed through the mouth and then gently advanced down the throat into the stomach to the duodenum (top part of the small intestine). In the duodenum are two small openings that lead to the common bile duct and pancreatic duct. This allows the physician to see the openings of the ducts on a TV monitor. Once these openings are found, a tiny tube will be passed through the endoscope reaching the common bile duct and/or the pancreatic duct. An X-ray will be taken after the physician injects dye (contrast material) to illuminate the area so that the ducts can be carefully examined.

Diagnostic and therapeutic advantages to ERCP are:

- Identifying a narrowing of the bile or pancreatic ducts. The physician may repair a narrowing or blocked duct by making a small incision to enlarge the opening or placing a stent or drain into a duct to allow passage of bile or pancreatic enzymes.
- Finding the explanation to abnormal blood results or symptoms such as abdominal pain, weight loss, jaundice (yellowing of skin color), nausea, or vomiting.
- Diagnosis of diseases, including tumors of the bile duct or pancreas by performing tissue sampling.
- Determining the need for surgery as well as providing information for the surgery to plan the operation.

| <u><i>Timeline</i></u> | <u><i>Procedure Preparation</i></u> |
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| 14 DAYS BEFORE THE PROCEDURE | <ul style="list-style-type: none"> ➤ If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please contact your prescribing physician at least 2 weeks before your procedure to discuss how long to hold these medications. Your prescribing physician will tell you how many days prior to your procedure to stop/bridge your blood thinner. You may continue to take aspirin. |
| 7 DAYS BEFORE THE PROCEDURE | <ul style="list-style-type: none"> ➤ If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please begin following <u>your prescribing physician's instructions</u> for discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin. ➤ If you are taking diabetic medication, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar. ➤ If you require pre-procedure blood work (CBC, Chemistry panel, PT/INR), your nurse will discuss this with you at the time of scheduling. |
| 3 DAYS BEFORE THE PROCEDURE | <ul style="list-style-type: none"> ➤ Please contact your insurance company to verify coverage and if you will have any out-of-pocket costs, or precertification requirements. Please see the insurance/billing handout for more information on billing, coding, and potential out-of-pocket costs. |

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| | <ul style="list-style-type: none"> ➤ Make transportation arrangements utilizing the transportation and parking section of this document. ➤ You may complete pre-procedure forms ahead of time by visiting: https://www.nm.org/conditions-and-care-areas/digestive-health. <ul style="list-style-type: none"> ○ Scroll to the bottom of the page and locate Related Resources. Select GI Lab Patient Questionnaire and Medication List. |
| <p>THE DAY BEFORE THE PROCEDURE</p> | <ul style="list-style-type: none"> ➤ If you develop any moderate to severe cold symptoms (cough, sore throat, runny nose, etc.), a fever, new cut or wounds, or experience any other changes in your health before your procedure, please contact your physician’s office. <p><u>Diet Instructions:</u></p> <ul style="list-style-type: none"> ➤ Do not eat anything including gum, mints, tobacco, cough drops, or smoke any substance (i.e. tobacco, vape, marijuana) after midnight. ➤ After midnight, you may have plain water, black coffee/tea (no milk or creamer may be added, however, sugar and artificial sweeteners are permitted), apple juice, or Gatorade up to 2 hours prior to your scheduled arrival time. All other beverages/drinks are to be avoided after midnight. |
| <p>THE DAY OF YOUR PROCEDURE</p> | <ul style="list-style-type: none"> ➤ You may take your morning medications up until 2 hours before your scheduled arrival time. ➤ On the day of your procedure, please be available by phone. Occasionally, procedure times are adjusted if the previous cases have run longer or are finished early. ➤ Call your surgery center if you cannot arrive at your scheduled time at 312.926.2425. ➤ Bring a photo ID and insurance card. ➤ If you have an implanted cardiac defibrillator or pacemaker, bring your device card with you. ➤ If you use any inhalers or a CPAP machine, please bring these items with you to the procedure as they may be needed for the procedure. ➤ Wear loose-fitting, comfortable clothes. ➤ Avoid wearing make-up, jewelry, or contact lenses. ➤ If you wear contacts, please bring your glasses as your contacts will need to be removed for the procedure. ➤ For your privacy and safety, only one guest is allowed in the pre-operative and postoperative holding areas. ➤ Your personal items will be placed and remain under your procedure cart during the entire visit. We recommend bringing only essential items to the hospital and leaving any valuables at home or give them to a trusted family member or friend. The hospital is not responsible for lost or damaged personal belongings. |

ERCP PREPARATION GUIDELINES

GENERAL

- You may have plain water, black coffee/tea (no milk or creamer may be added, however, sugar and artificial sweeteners are permitted), apple juice, or Gatorade up to 2 hours prior to your scheduled arrival time – after this, nothing by mouth. This includes gum, mints, hard candy, cough drops, and cigarettes/tobacco/vape/marijuana.
 - For example, for a 7:30 AM arrival time, nothing by mouth after 5:30 AM.
- **During your ERCP:**
 - Your physician will discuss possible complications including inflammation of the pancreas, a tear or puncture of the intestine, bile or pancreatic ducts, infection, and/or bleeding. Discuss all ERCP concerns or questions with your physician.
 - For the ERCP, you will be placed on your stomach, with your left arm at your side, your right arm up near your head, and left cheek on the pillow (basically a swimming position). Once you are sedated, the physician will begin the procedure.
- **After your ERCP:**
 - You will be monitored after the procedure in the recovery area for a minimum of 1 hour or possibly longer to ensure that the effects of the medications have worn off.
 - Your physician may instruct you if Fine Needle Aspiration was performed or biopsies were taken to continue not taking medications such as blood thinners or Non-steroidal Anti-inflammatory drugs for up to seven days.
 - After an ERCP, you may experience bloating and a mild sore throat up to 1-2 days. You will be informed of your ERCP results on the day of the procedure unless biopsy samples were taken. Your biopsy results can take up to 7 days to return. Your doctor or his/her team will contact you with the results within 7 days via MyChart or phone. If you do not hear anything after 7 days, please contact the office via MyChart or phone (312-695-5620) to follow-up on test results.
 - You may be asked to follow a Clear Liquid Diet after your procedure, and then resume a normal diet the following day to help your pancreas rest.
 - Clear Liquid Diet:
 - Beverages: Water, Clear soda (Sprite), Clear, Pulp-Free Fruit Juices (Apple or White Grape Juices), Coffee/Tea (without milk or creamer), or any type of NON-ALCOHOLIC clear liquid
 - Desserts: Plain Gelatin, popsicles, Hard Candy
 - Soups: Clear Broth or Bouillon (chicken or Beef)

MEDICATIONS

- If you are taking a **blood thinner (Coumadin, Plavix, Eliquis, etc.)** other than aspirin, please contact your prescribing physician at least 2 weeks before your procedure to discuss how long to hold these medications. You may continue to take aspirin.

- Do NOT wait until the day before your procedure to have this discussion, as some blood thinners need to be held several days prior to the procedure.
- Aspirin and fish oil are okay to continue taking.
- Taking NSAIDs (ibuprofen, naproxen, etc.) may cause irritation in your stomach, which may be seen during your endoscopy. If you need to continue NSAIDs for pain, please make sure the endoscopy team is aware of what you are taking before your endoscopy. If you are able to stop NSAIDs before your endoscopy, please stop for 1 week prior to your procedure. Tylenol (acetaminophen) maybe used in place of NSAIDs. You never should stop aspirin.
 - Please stop taking your Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (1) day prior to procedure. NSAIDs may put you at risk for bleeding if a biopsy is taken. Since Acetaminophen (Tylenol) does not affect your blood clotting ability, it may be used for headache or pain.
- If you are taking **diabetic medication**, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.
- You may take your other normal medications up until 2 hours prior to arrival time.

CONTACT INFORMATION

Please review this document and the FAQ section before calling our office with questions as your question may be answered from within this document.

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| Clinic | 312.695.5620 |
| Procedure Scheduling | 312.926.0628 |
| Pre-Certification | 312.926.4645 |
| Billing | 844.669.2455 |
| Financial counseling/price estimates | 312.926.6906 |
| Hospital | 312.926.9000 |
| Medical Records | 312.926.3376 |
| Digestive Health Fax | 312.695.7095 |
| | dhc.nm.org |

FREQUENTLY ASKED QUESTIONS

Will the procedure be performed under anesthesia?

- Your procedure will be performed under monitored anesthesia care, where anesthesia staff will give you pain and sedative medication through an IV (into a vein) to keep you comfortable and may cause temporary memory loss. It would not be unusual if you did not remember all or part of the procedure. This is why you need to have a capable adult accompany you home.

What if I have removable dental work?

- Please remove any loose dental work prior to the procedure

Will I have discomfort after the procedure?

- Typically, no, however, some people can have a mild sore throat after the procedure, but this should be tolerable and should resolve after 1-2 days. For any severe or intolerable symptoms, please contact our office or go the emergency room.

What if I have a cold?

- If you have a mild cold with no fever, it is okay to take Tylenol and other over the counter cold medications and proceed with the preparation and the procedure. However, if you have a fever or more severe symptoms, it may be safer to call and reschedule the procedure. Please call the office to further discuss.

Which medications should I take on the day of the procedure?

- See Medication section in the beginning of this document for information regarding diabetic and blood thinner medications. All other medications can be taken up until 4 hours prior to your arrival time, or after the procedure.

Pregnant or breast feeding

- Please let us know if you are or could be pregnant because, except in very rare cases, an endoscopy should not be performed.
- If you are breastfeeding, you may resume breastfeeding once you are awake, stable, and alert after your procedure unless otherwise instructed by your physician.

Pre-procedural Antibiotics

- Antibiotics are sometimes needed prior to a procedure, if your physician thinks you are at risk for an infection. If you are a patient with kidney failure who receives peritoneal dialysis, please notify us ahead of time by calling our office at least 3 days prior to your procedure. IV antibiotics will be given prior to the procedure. If any of your other doctors feels it is necessary for you to receive antibiotics for another reason, he/she can give you a prescription for them.

What can I expect in terms of recovery?

- You may experience some discomfort, bloating, and a mild sore throat up to 1-2 days. The sedation medication used during your procedure will help you feel relaxed and calm. There is a possibility you may remember parts of your procedure, but many do not. After your procedure, you may feel weak, tired, or unsteady on your feet. You may also have trouble concentrating or short-term memory loss, but these symptoms should go away in 12-24 hours. For these reasons, do not drive, make important decisions, drink alcohol, operate machinery, or return to work for the rest of the day. We strongly recommend that you go home and rest. You may return to normal activity the following day unless instructed otherwise by your physician.