MEDICAL DIVISION OF GASTROENTEROLOGY
ERCP
(Endoscopic Retrograde Cholangiopancreatography)
INFORMATION AND CONSENT

Your ERCP will take place

on ____________________________

at ____________________________ o’clock. You need to register
at room G-304 of the Jewish General Hospital. Please ensure to have a
valid hospital card. The procedure will take place in the Radiology suite.

Background Information

An ERCP is a test in which a duodenoscope (a long flexible
tube) is passed through the mouth into the upper digestive
tract to allow the physician to examine the bile ducts and
pancreatic ducts. Once the opening to the ducts (ampulla) is
visualized, a catheter is passed through the duoden-
scope into the ducts. Contrast material is then injected
gently into the ducts and x-ray films are taken. An ERCP
is often performed to evaluate a blockage of the biliary
or pancreatic duct which can be caused by stones com-
ing from the gallbladder or by tumors or benign narrow-
ings. Once a diagnosis has been achieved, it is possible
to treat these blockages by either removing stones or
by placing a stent (plastic tube). It may be necessary to
widen the opening of the ampulla by performing a small
incision using an electrical device passed via the endo-
scope (sphincterotomy). If an abnormality is detected, the
doctor may take a small piece of tissue (biopsy) for further
analysis.

Your doctor will be giving you medication through a vein to
make you relaxed and comfortable, and your throat will be
sprayed with a local anesthetic. You may fall asleep during
the procedure. The procedure is well tolerated and any
discomfort is usually mild. The tube will not interfere
with your breathing. Gagging is usually prevented by the
medication.

Your reflexes and judgment will be impaired by the medications
you received. It is strongly recommended that you be accompa-
nied because you will not be able to drive after the procedure
for 24 hours.

After the ERCP, you will remain under observation in the
endoscopy area for 1-2 hours. Your throat may be sore and you
may feel bloated for a few hours.

For the best possible examination, your stomach must be
COMPLETELY EMPTY. It is important to follow these steps:

YOU ARE ALLOWED TO HAVE CLEAR FLUIDS (coffee, tea, apple
juice) BEFORE 9H00 AM. You must remain fasting afterwards.

It is important to inform the doctor in advance if you have the
following medical conditions:

a. You are taking Coumadin, Plavix or other anticoagulants.
   You must notify the doctor if you are on these medications as
   they will need to be modified before the procedure.

b. You have diabetes. Your diabetic medications will need to
   be adjusted prior to starting the preparation for the ERCP so
   please notify your endocrinologist or family doctor.

c. You require antibiotics prior to dental work due to heart
disease.

d. You are allergic to any medications especially iodine.
Complications

An ERCP is associated with a low risk of complications when performed by specialized physicians. The most common complication is mild pancreatitis (inflammation of the pancreas) that occurs in less than 5% of cases. If that were to occur, it is often managed simply by analgesic medication and fluid hydration which would require a brief hospital stay. Bleeding may occur at the site of the sphincterotomy in 2% of cases. It is usually minor and stops on its own or can be controlled by cautery (application of an electric current) through the duodenoscope. It is extremely rare that we have to transfuse or perform surgery to stop the bleeding. Another possible complication is a perforation (a tear in the wall of your esophagus, stomach or duodenum) that occurs in less than 1% of cases. If that were to occur, it is managed by aspirating the stomach fluids and administering antibiotics until the opening seals. Rarely it may require surgery to close the tear.

Localized irritation of the vein or a small bruise may occur at the site of injection of medication. This will usually resolve after a few days.

We rarely see reactions to the medication administered during the procedure. These can include slowing of respiration and a decrease in blood pressure. However these resolve by themselves within minutes in the vast majority of cases. Other extremely rare complications can occur in predisposed patients, including a heart attack or a stroke. As for any other medical intervention, cases of death have been reported, but this is extremely rare.

Referring Physician __________________________

Indication __________________________

Informed Consent

I have read and understand the content of this consent form.
I agree to undergo the ERCP, a sphincterotomy or stent insertion.

Patient signature __________________________

Witness __________________________

Date __________________________

Doctor’s signature __________________________