

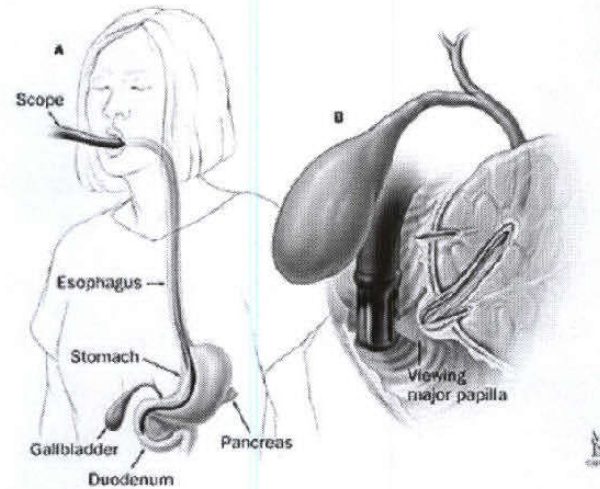
S. RADISHAMSI, M.D.

GASTROENTEROLOGY DISEASES OF THE LIVER DIAGNOSTIC AND THERAPEUTIC ENDOSCOPY

ERCP

(Endoscopic Retrograde Cholangio-Pancreatography)

ERCP is used in the diagnosis of disorders of the pancreas, bile duct, liver and gallbladder. The doctor passes an endoscope (a thick 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 detailed x-ray pictures.



Since x-rays are taken, you should inform us if there is any possibility of pregnancy.

Preparation:

1. To allow a clear view, you should **NOT** eat or drink anything after midnight.
2. If you must take any medication (prescription or over the counter), please talk to the doctor **BEFORE** the scheduled procedure.

What will happen:

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

The examination is performed on an x-ray table. Local anesthetic will be sprayed onto your throat to make it numb and you will be given medication by injection through a vein to make you sleep 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 and gums. The endoscope will not interfere with your breathing and generally causes only mild throat and abdominal discomfort. You may be asked to change positions during the examination and you will be assisted by a nurse. The examination generally takes 30-90 minutes.

Afterwards:

1. Your throat may feel numb and slightly sore.
2. Because of the local anesthetic and sedation, you should **NOT** attempt to take anything by mouth for at least one hour.
3. It is wise to take clear liquids for the remainder of the day.

4. If you are an outpatient, you will remain in the clinic recovery area for at least two hours. A **companion MUST be able to drive you home, as the sedation impairs your reflexes and judgments.**
5. For the remainder of the day, you should NOT drive any type of vehicle, operate machinery or make any important decisions. We suggest you rest quietly.

Risks? Endoscopy can result in complications, such as reactions to the medications, perforation of the intestines and bleeding. Injection of contrast dye through the endoscope can cause allergic reactions, inflammation of the pancreas (pancreatitis) and of the bile duct (cholangitis). While these complications are not common, in certain cases they can be very serious and may require urgent treatment, an extended hospitalization, or even an operation. Very rarely, serious injury or even death has resulted from a serious complication. Be sure to inform us if you have any pain, fever or vomiting *after* the ERCP.

Questions or Problems? Contact Dr. Radi Shamsi at (310) 453-0504, 9:00 am – 4:30 pm Monday – Friday. At other times, in case of an emergency, Dr. Shamsi can be reached through the above listed number.

ERCP TREATMENTS

Sphincterotomy:

If the x-rays show a gallstone(s) or other blockage, the doctor can enlarge the opening of the bile duct. This procedure 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 intestines spontaneously. **Do not take aspirin, ibuprofen, Motrin, Advil, arthritis medication or any blood thinners for at least one week following sphincterotomy. Call Dr. Shamsi immediately for any rectal bleeding, black tarry stools, vomiting blood, fever, chills, or jaundice.**

Stenting:

A stent is a small plastic tube which is pushed through the endoscope and into a narrow area in the bile duct. This can relieve jaundice by allowing the bile to drain freely into the intestine. Stents are also sometimes placed in the pancreatic duct when it is narrow or blocked. Stents placed in the pancreatic or bile duct are NOT permanent. They will become blocked eventually. Serious infection may occur if a blocked stent is left in place. **Call Dr. Shamsi immediately for any fever, chills or jaundice.** In general, bile duct stents must be removed in 3-4 months, while pancreatic stents must be removed in 1-2 weeks.

NOTE: IT IS THE PATIENT'S RESPONSIBILITY TO CALL DR. SHAMSI'S OFFICE TO SCHEDULE TIMELY STENT REMOVAL.

Balloon Dilation:

If a narrowed area is encountered in either the pancreatic duct or the bile duct, a balloon may be inflated inside the duct to stretch out this narrowing. This is similar to stretching open a blocked vessel in the heart (angioplasty).

Risk? These treatments for stones and blockage have been developed and are recommended to you because they are simpler and safer than standard surgical operations. However, you should be aware that they are not always successful and problems may arise.

Potential complications include perforation of the intestines, bleeding, inflammation of pancreas (pancreatitis) and infection of the bile duct (cholangitis). These complications are not common (6-10%) but may be serious enough to require urgent treatment, an extended hospitalization and even an operation. Very rarely serious injury or even death has resulted from serious complications.

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

Stents can become blocked with debris after many months. This may result in a recurrence of jaundice, usually associated with fevers and chills. If this happens, you should inform your local doctor within one or two days. You will need antibiotics and probably a stent change.

Please sign below indicating that you:

1. Have received, read and understood this packet
2. have discussed the procedure and alternatives with Dr. Shamsi
3. Have all your questions answered to your satisfaction and understand and accept the risks associated with this procedure
4. Understand it is your responsibility to call Dr. Shamsi's office to arrange for repeat ERCP for purposes of stent removal/replacement.

I acknowledge receipt of a copy of this consent form.

Signature of Patient

Date

Signature of Witness

Date