

Planning for Your ERCP

- You must have a driver with you at the procedure.**
 - A licensed driver must be with you at your
 - ERCP appointment. If you do not have a driver with you at check in, we will reschedule your appointment.
 - Your entire procedure may take 3 to 4 hours to complete. Please tell your driver that they must remain at the procedure appointment during your entire visit.

- If you have diabetes you must call your doctor**
 - People with diabetes have special diet and medicine instructions. Call the doctor who ordered your procedure for your special diet and medicine instructions.

- If you need to reschedule**
 - Call (734) 936 - 9250 or toll-free (877) 758 - 2626.

7 days before your ERCP

Day: _____
Fill in the day according to the timeline table

- **Do not** stop your aspirin.
- If you take a blood thinner and do not have instructions on how to manage them before the procedure, tell the doctor who ordered your ERCP. If you are unsure that you are taking blood thinners, please contact your doctor.

The day of your ERCP

**8 hours before your ERCP
appointment**

Day/Time: _____
Fill in the day according to the timeline table

Stop eating all food, you may continue to have clear liquids until 2 hours before your appointment

<p>You may drink these clear liquids:</p> <ul style="list-style-type: none">• Gatorade, Crystal Light Lemonade®, Pedialyte® or Powerade®• Coffee or tea (black only)• Carbonated or non-carbonated soda• Fruit-flavored drinks• Apple juice, white cranberry juice or white grape juice• Jell-O or popsicles	<p>Do not drink these liquids:</p> <ul style="list-style-type: none">• Chicken, beef or vegetable broth• Alcohol• Milk or non-dairy creamer• Juice with pulp• Any liquid you cannot see through• Hard candy <p>Note: Nothing Red or Purple</p>
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- Take your morning medications with a small amount of water 4 hours before your appointment time (unless you have been told otherwise). If you take Diabetes medications follow your doctor’s instructions.

2 hours before your ERCP

Day: _____

Fill in the day according to the timeline table

- Stop everything by mouth, including all liquids, smoking and chewing gum.

If you have questions about your prep and your ERCP is scheduled for the following day call 734-936-9250 or toll-free 877-758-2626. After business hours, on weekends or holidays call the paging operator at 734-936-6267 and ask to speak with the GI doctor on call.

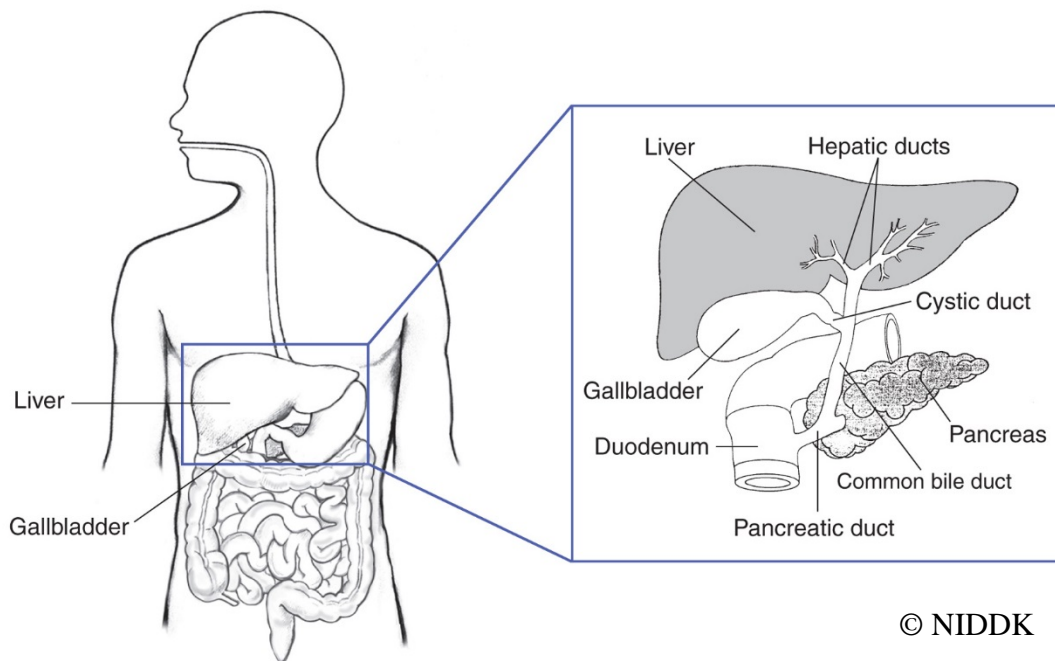
→ Turn the page to learn about the benefits, risks and alternatives for a ERCP

What are the Benefits, Risks and Alternatives for an ERCP?

Before starting the procedure, a member of our team will ask you to sign an informed consent indicating that you understand the procedure, its benefits and risks, and the alternatives for an ERCP.

What is the purpose of an ERCP?

ERCP is a procedure that enables your doctor to examine and treat problems in the pancreatic and bile ducts. The doctor passes a thin tube called an endoscope through your mouth and stomach into the first part of the intestine, where the opening into the bile and pancreatic ducts is located. The doctor inserts wires and/or catheters through the endoscope in order to treat blockages or stones affecting this area.



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What are the benefits of a ERCP?

With ERCP doctors can to treat many problems of the bile and pancreatic ducts such as gallstones, duct blockages and tumors or cancers of bile duct or pancreas.

What are the risks of an ERCP?

ERCP is an invasive procedure that does have potential complications:

- A reaction to the sedating medication, including breathing or heart problems.
- Pancreatitis: inflammation of the pancreas. This occurs in 3-20 out of 100 patients (3-20%). The risk varies according to the medical condition and what is done during the procedure.
- Bleeding. Occurs in 1-2 out of 100 patients (1-2 %)
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in 1-2 out of 100 patients (1-2 %)
- Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)
- A reaction to medications used in the procedure, including breathing or heart problems.

Risks are higher in in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases.

What are the alternatives?

The only alternatives to treatments in the bile or pancreatic ducts are open surgery or sometimes, puncturing the bile ducts through the skin by interventional radiology.

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