ERCP CONSULT CHECKLIST

Please ensure all the of the following are complete PRIOR to transporting patient to KGH for ERCP

- ☐ The following must be faxed and received by OUTPATIENT PROCEDURES UNIT (613-548-1367) prior to transfer
  - Copies of complete history and physical examination
    - Ensure to include the use of antiplatelet/anticoagulants (ASA, clopidogrel, aggrenox, dabigatran, warfarin, etc...)
    - Include if patient has/is receiving antibiotics currently and when the last dose was
  - Documentation of implantable devices (i.e. pacemaker/ICD).
  - Copies of blood work including - CBC, BUN, Cr, Lytes, INR, PTT, AST, ALT, ALP, Bilirubin.
  - Copies of all relevant imaging reports (U/S, CT, MRCP) and CDs, if available, should be sent with the patient.

- ☐ Signed "pre-consent" for procedure: Patient should be told of general risks for ERCP, that include but are not limited to:
  - Pancreatitis ~5% (1 in20)
  - Hemorrhage ~1% (1 in 100)
  - Cholangitis 1% or less (1 in 100 or less)
  - Perforation 0.1% (1 in 1000)
  - Mortality 0.3% (3 in 1000 or 1 in 333)

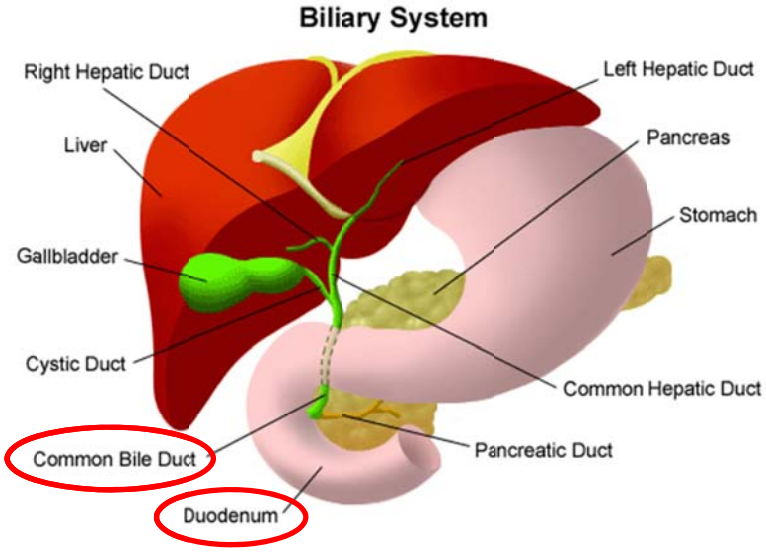
- ☐ Patient has been NPO for at least 6 hours

ERCP CONSENT PRIOR TO TRANSPORT

You are being sent to KGH because your doctors determined that there appears to be blockage in the system that drains bile from your liver and gallbladder. They have decided that you should have an ERCP (*Endoscopic retrograde cholangiopancreatography*) to try to relieve the blockage by removing stones or putting a tube in your bile duct in order to allow the bile to flow freely. Once the procedure is done you will be transported back to your hospital, where your doctor will continue your care. If there are any complications you may be kept at KGH.

In general, the procedure you will have is as follows:

- You will be given a spray to numb the back of your throat, then sedation (not a general anesthetic, but you are made quite sleepy and comfortable).
- Then, a scope (which is a tube, roughly the size of your index finger, with a camera on the end) is passed, down into your stomach to the duodenum where bile drains into. (see below)
- Then, a tube is passed into the common bile duct, dye is injected and if there are stones a small cut is made in the little nub (*Papilla*) where the common bile ducts drains and the stones are then swept out, relieving the blockage.
- If there is a narrowing in the duct, sometimes *stents* (small plastic or metal tubes) are placed in the duct to allow bile to drain.



http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/oncology/0054-pop.html

The general risks of the procedure are as follows (your risks may vary depending on your specific situation, this will be discussed with you further at KGH)

- Pancreatitis (inflammation of the pancreas) ~5% (1 in 20)
- Bleeding ~1% (1 in 100)
- Cholangitis (infection in your biliary system) 1% or less (1 in 100 or less)
- Perforation (where the instrument causes a hole in your intestine) 0.1% (1 in 1000)
- Heart and breathing problems from sedation~1% (1 in 100)
- Rarely, these complications can lead to death 0.3% (3 in 1000)

Signature of physician_____ **Signature of patient** _____

DATE_____