

ERCP (Endoscopic Retrograde Cholangiopancreatogram)

Please read all instructions at least **14 days** before your procedure.

Please provide 72 business hours cancellation notice to avoid a \$75.00 cancellation fee.

Name: _____ Date: _____

Location: **Borgess Hospital, At The Atrium (see map on back)**

Arrive at: _____ to register and the procedure will be performed at _____ a.m./p.m.

(Date / Time Subject To Change)

PREPARING FOR THE ERCP PROCEDURE:

You are asked to follow the instructions below, in preparation for your ERCP procedure.

CHECK WITH YOUR INSURANCE COMPANY: Ensure we are a participating provider, that your procedure is covered, and what your out of pocket cost will be. You may be required to get pre-certification and/or pre-authorization. Be sure to ask about any fees charged by the facility and anesthesiologist. Procedure code range is 43260-43271.

NO DRIVING: You cannot drive; use a taxi or ride a bus after the procedure. You must be accompanied by an adult during your **entire** stay. If you fail to do so, the medical facility may cancel your appointment. **You need someone to assist you for 24 hours after the procedure.**

14 DAYS BEFORE THE PROCEDURE:

Stop taking all diet aids such as Phentermine, Hydroxycut, Slimquick or any natural diet supplements.

MEDICATION INSTRUCTIONS:

1. Stop taking blood thinners (Aspirin 325 mg, Coumadin, Plavix, Pradaxa, Effient, etc.). We will contact prescribing physician to obtain clearance. We will inform you of the instructions.
2. 5 days before procedure stop taking all ibuprofen, Motrin, Glucosamine, fish oil, flax seed oil, Lovaza, iron, vitamin E, vitamin C, arthritis medications as well as multi-vitamins.
3. You may take Tylenol, Celebrex, Ultram, Methotrexate, anxiety medication, and Aspirin 81 mg.

ONE DAY BEFORE THE PROCEDURE:

- 1) If diabetic, take half your insulin dose.

DAY OF PROCEDURE:

1. Do not eat or drink anything 8 hours prior to your procedure.
2. You may take your routine medications with a small amount of water three hours prior to test.
 - a) If diabetic, **do not take** your morning dose of insulin or your oral diabetic medications.
3. Bring all current insurance cards, a photo identification or valid driver's license, and bring a current list of your prescribed vitamins and medications – including the name and dosage of each one – along with a list of any known drug allergies.

NO DRIVING after your procedure. You cannot drive; use a taxi or ride a bus after the procedure. You must be accompanied by an adult during your **entire stay**. If this procedure is not followed, your procedure may be cancelled. **You need someone to assist you for 24 hours after the procedure.**

Kalamazoo: 269-385-9900

Battle Creek: 269-441-1776

Visit WWW.KGH-DHC.COM for detailed maps and directions.