



Procedure Information

You are scheduled for an ERCP. Please read all of the attached information as soon as possible so you are prepared for your upcoming procedure.

PHYSICIAN PERFORMING PROCEDURE: _____

DATE: _____ **LOCATION:** _____

PROCEDURE TIME: _____ **CHECK-IN TIME:** _____

Please closely follow the instructions below in prepping for your procedure. It is very important that you follow them carefully, or we will be unable to perform the procedure and it will be canceled.

This packet includes:

1. Instructions for 14 days, 5 days, and 2 days prior to your procedure
2. Instructions for diabetic patients
3. Instructions for the day prior to your procedure
4. ERCP information

This information should answer most of the questions you may have about your procedure. If you still need additional assistance, please contact our office nearest you.

As a reminder, if you cancel your procedure less than 3 business days before your scheduled appointment, you may be charged a \$100 no show fee.

You must have an adult driver with you at all times when you are at the endoscopy center/hospital. You should expect to be at the endoscopy center/hospital between 6 and 8 hours. Your driver must stay at the endoscopy center/hospital during your procedure.

Carolina Digestive Health Associates
Phone Numbers

Billingsley: 704-372-7974

Belmont: 704-820-9430

Concord: 704-455-9700

Davidson: 704-799-2750

Matthews: 704-814-0779

Monroe: 704-291-2488

Pineville: 704-543-7305

University: 704-547-8818

Medication Instructions

14 DAYS BEFORE PROCEDURE:

- ☐ Discontinue taking Phentermine and Hydroxycut.

7 Days Before Procedure:

- ☐ Stop taking (Trulicity) Exenatide (Byetta) Exenatide Extended Release (Bydureon BCise) Liraglutide (Victoza) Lixisenatide (Adlyxin) Semaglutide subcutaneous, tablet (Ozempic, Rybelsus) Tirzepatide (Mounjaro).

5 DAYS BEFORE PROCEDURE:

- ☐ Discontinue taking medicines that may thin your blood, such as: COUMADIN, Jantoven, PLAVIX, TICLID, Heparin, Aspirin, Excedrin, Effient, Alka Seltzer, Empirin, Ecotrin, Bufferin, Ascriptin, Ibuprofen, Motrin, Advil, Medipren, Nuprin, Naproxen (Naprosyn), Aleve, Sulindac, Clinoril, Piroxicam, Feldene, Indomethacin, Indocin, Diclofenac, Voltaren, and BRILINTA (Ticagrelor) unless otherwise directed by your physician. If any of these are a medical necessity for you, please inform us as soon as possible by calling our office.
- ☐ Please stop all iron products, multi-vitamins, and fish oil.
- ☐ After your procedure, you will be informed when you may resume taking your regular medications.
- ☐ Tylenol is safe to use prior to this procedure.

***** If you do not see your medication or supplement listed here, verify with your local pharmacy your medication doesn't include Aspirin. *****

***** Contact us if any major health problems occur between now and your procedure.**

2 DAYS BEFORE THE PROCEDURE:

- ☐ Discontinue taking Xarelto, Eliquis, and Pradaxa. If either of these are a medical necessity for you, please inform us NOW.

*******DAY OF THE PROCEDURE*******

- ☐ If you take Blood Pressure Medications, Heart Medications, or Seizure Medications take your medicines, at the times you normally would, with a sip of water.

GENERAL INSTRUCTIONS FOR DIABETIC PATIENTS

- ☐ Check your blood glucose during the preparation period, especially if you suspect it is too low.
- ☐ Your blood glucose levels may run higher than usual during this period due to adjustments in your diabetes medication. If blood glucose becomes extremely high (greater than 350), call our office, your PCP or your diabetes doctor.
- ☐ For low blood glucose levels, you may drink sweetened clear liquids (such as apple juice). Inform the endoscopy nurse upon arrival if this was necessary.
- ☐ Resume your usual diabetic diet and medications immediately after your procedure(s) unless you are instructed to do otherwise. If your diet remains restricted following the procedure, ask for instructions regarding diabetic medication adjustment.

Diabetic Instructions

If you are diabetic and having an ERCP, follow these instructions:

ORAL DIABETES MEDICATIONS - If you take oral diabetic medications, please hold these medications the morning of your ERCP. Restart these medications after the procedure when you resume eating.

INSULIN – If you take insulin of any type, follow these guidelines:

- **Lantus or Levmir** - Take your usual dose unless your blood glucose is tightly controlled (glucose levels are usually in the normal range or are occasionally low). In that case, reduce the dosage by one fourth on the day before your ERCP. Resume your usual dose after the procedure. (Example: If you take 40 units, adjust to 30 units)
- **70/30 or 75/25 insulin** – On the morning of the procedure, take half of your usual dose or, if you have the procedure before 11:00 am, bring your insulin with you to take before your next meal. Resume your usual dose after the procedure.
- **Meal-related insulin** – On the morning of the procedure, take half your usual dose or, if you have the procedure before 11:00 am, bring your insulin with you to take before your next meal. Resume your usual dose after the procedure.
- **Sliding Scale Insulin** – Continue this as usual.
- **Insulin pump** – Reduce the dose of your insulin by one fourth the day of the procedure or consult your endocrinologist for recommendations. Resume your usual dose after the procedure. (Example: If you take 4 units/hour, adjust to 3 units/hour)

ERCP

Please follow the set of instructions marked below based on your scheduled appointment time:

Your procedure is at _____, please follow the instructions below:

After Midnight the evening prior to your procedure - NO Solid foods .

However you may have clear liquids **ONLY** up until _____ (6 hours prior to your scheduled procedure time).

Clear liquid diet guidelines:

- ☐ You may have water, clear fruit juices (white grape, apple), soda (Sprite, Ginger Ale, Pepsi, Coke, and diet colas), Jell-O, ice pops, broth, bouillon, coffee, tea, Gatorade
- ☐ You may NOT have anything red, purple, blue, orange
- ☐ You may NOT have milk or milk products (this includes non-dairy creamers)

During the **6 hours** prior to your scheduled procedure time, you may **NOT** have anything to eat or drink including: water and all other clear liquids, gum, candy, chewing tobacco, snuff or food items.

After The Procedure:

Follow the diet instructions given to you by your physician after the procedure. If you experience abdominal pain, fever or painful swallowing please contact our office immediately. If it is after hours please go to the emergency room to be evaluated.

ERCP (Endoscopic Retrograde Cholangiopancreatography) Information

Endoscopic retrograde cholangiopancreatography (ERCP) enables the physician to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas. The liver is a large organ that, among other things, makes a liquid called bile that helps with digestion. The gallbladder is a small, pear-shaped organ that stores bile until it is needed for digestion. The bile ducts are tubes that carry bile from the liver to the gallbladder and small intestine. These ducts are sometimes called the biliary tree. The pancreas is a gland that produces chemicals that help with digestion.

ERCP may be used to discover the reason for jaundice, upper abdominal pain, or abnormal blood tests. ERCP combines the use of x-rays and an endoscope, which is a long, flexible, lighted tube. Through it, the physician can see the inside of the stomach, duodenum, and ducts in the biliary tree and pancreas.

For the procedure, you will lie on your left side on an examining table in an x-ray room. You will be given medication to numb the back of your throat and a sedative to help you relax during the exam. After you are sedated, the physician will insert the endoscope through your mouth. The physician will then guide the scope through your esophagus, stomach, and duodenum until it reaches the spot where the ducts of the biliary tree and pancreas open into the duodenum. At this time, you will be turned to lie flat on your stomach, and the physician will pass a small plastic tube through the scope. Through the tube, the physician will inject a dye into the ducts to make them show up clearly on x-rays.

If the exam shows a gallstone or narrowing of the ducts, the physician can insert instruments into the scope to remove or work around the obstruction. Tissue samples (biopsy) can be taken for further testing. Also, the opening may be enlarged.

After the procedure, you will need to stay at the hospital for 6 to 8 hours until the sedative wears off. If you have abdominal pain, nausea, or vomiting after the procedure, your discharge from the hospital may be delayed. If any kind of treatment is done during the ERCP, such as removing a gallstone, you may need to stay in the hospital overnight.