



GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

ERCP Prep

Patient Name: _____ Date of ERCP: _____

Arrival Time: _____ which is _____ before your procedure.

Place:	Deaconess	St. Mary's
	Main Lobby	Main Lobby
	Patient Registration	Patient Registration
	(812)450-3095	(812)485-4806

*Because of the medications you will receive, **You must have someone drive you home after the procedure.**

*Please bring with you any x-ray films that may have been taken relating to this appointment.

Preparing for your ERCP:

It is very important that you stop Aspirin or medications containing Aspirin, and non-steroidal arthritic medication (Advil, Aleve, Nuprin, Motrin, etc.) and Plavix **7 to 10** days before your procedure.

Please notify us if you are a diabetic or taking blood thinning medications. (example: Coumadin). **You must stop taking** Coumadin 5 days prior to your procedure. Please check with your primary care physician before stopping medications.

No solid foods after midnight. You may drink clear liquids until _____ the morning of your procedure, (examples – soft drinks, water, clear fruit juices, black coffee, Boost Breeze). Please avoid liquids containing red dye.

You must take any heart, blood pressure or seizure medication that you normally take with a small sip of water the morning of your procedure.

Please bring an overnight bag with you. This will be an out-patient procedure, but occasionally you may have to stay overnight in an observation bed.

** ***Please note: Some insurances do require outpatient precertification. It is your responsibility to notify us if precert is required for your procedure.***

IF YOU HAVE ANY QUESTIONS PLEASE CALL 477-6103

Thank You