

# GRAND TETON GASTROENTEROLOGY, P.A.

2770 Cortez  
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(208) 522-4000

NS 2005

ERCP

## INFORMED CONSENT FOR PROCEDURES AND OTHER MEDICAL SERVICES

NAME OF PATIENT: \_\_\_\_\_

I authorize and direct Paul Hendrix, M.D. and/or Clint Behrend, M.D. and/or Todd Williams, M.D. and/or Ned Warner, D.O. to perform endoscopic retrograde cholangio-pancreatography (ERCP)

The purpose of this procedure is to examine the bile ducts and pancreas using a flexible tube called the endoscope. It is important that you have nothing to eat or drink for at least 6 hours before the procedure. If you are allergic to any medications please make sure that your doctor and nurse are notified. Notify your doctor immediately if you are taking Coumadin or any other blood thinning agent.

### THE PROCEDURE...

The nurse will place an intravenous line (IV). You will be taken to the x-ray department and will lay on your stomach on the x-ray table. Your throat may be numbed with an anesthetic spray or gargle and the nurse, under direct order from the doctor, will give you sedatives through the IV to make you drowsy. The endoscope passes easily into the stomach through the mouth and does not interfere with your breathing. The endoscope is guided to the duodenum (the first part of the small intestine), where the bile duct and pancreatic duct enter the intestine together at a small mound of tissue called the papilla. The doctor places a plastic catheter through the endoscope into the papilla and takes x-ray images of the pancreas, bile duct and papilla. During ERCP, biopsies may be taken, the papilla may be cut open using electric current, stones may be removed from the ducts, strictures of the ducts may be dilated, and drainage tubes ("stents") may be placed across blockages of the ducts. These procedures are not unduly painful.

Risks of ERCP include inflammation of the pancreas (pancreatitis), bleeding, infection, sedation complications, or perforation of the intestine or ducts. These complications are unusual, but when they do occur, they may require medical treatment or surgery.

Alternatives to the procedure are: No diagnostic testing or treatment. Radiologic or surgical diagnostic testing or treatment. Second opinion by the gastroenterologist of your choice.

### AFTER THE PROCEDURE...

You will remain under observation until you are fully awake and alert. You may experience some bloating and belching because of air placed in your stomach through the endoscope. You will feel better if you pass this gas. It is recommended that you do not plan to sign any documents or make any important decisions for 24 hours after the procedure as the sedatives may impair your judgement. Please make provisions for someone to drive you home. Be sure to contact the physician on call for the practice at 522-4000 immediately if you should experience new or worsening pain, vomiting, bleeding, black stools or fever following ERCP.

The nature, risks, purpose and other alternatives to the procedure have been fully explained to me and no warranty or guarantee has been made as to the result.

I fully understand all of the above and wish to proceed with the procedure as outlined above.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

