

# ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)

ERCP involves passing a lighted flexible tube (duodenoscope), under x-ray control (fluoroscopy), through the mouth to the first part of the first small intestine (duodenum). A plastic tube is then passed through the duodenoscope to drain the pancreas, liver, and gallbladder. If there is an obstruction of the bile duct, and/or stones noted, a small cut (sphincterotomy) will be done through the duodenoscope, and a tube (stent) is sometimes placed to relieve the obstruction. Stones may also be removed through the sphincterotomy site. Additionally, small pieces of abnormal-appearing tissue (biopsy) may be taken during the procedure. Medication may be given to you by vein (intravenous) to minimize discomfort and pain during the procedure.

Patient's  
Initials

- \_\_\_\_\_ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- \_\_\_\_\_ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- \_\_\_\_\_ I understand and accept that the most likely material risks and complications of endoscopic retrograde cholangio-pancreatography have been discussed with me and may include but are not limited to:
- *adverse reaction to sedation*
  - *bleeding*
  - *gagging/discomfort*
  - *gassy discomfort/bloating*
  - *inflammation of the liver*
  - *inflammation of the pancreas*
  - *pain*
  - *perforation*
- \_\_\_\_\_ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- \_\_\_\_\_ I have informed the doctor of all my known allergies.
- \_\_\_\_\_ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- \_\_\_\_\_ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- \_\_\_\_\_ I am aware and accept that no guarantees about the results of the procedure have been made.
- \_\_\_\_\_ I have been advised of the probable consequences of declining recommended or alternative therapies.
- \_\_\_\_\_ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- \_\_\_\_\_ I have arranged for transportation after my examination is complete.
- \_\_\_\_\_ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- \_\_\_\_\_ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct \_\_\_\_\_, M.D., with associates or assistants of his or her choice, to perform ERCP on \_\_\_\_\_.  
(patient name)

Continued

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

\_\_\_\_\_  
Patient or Legal Representative Signature/Date/Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

\_\_\_\_\_  
Physician Signature/Date/Time

\_\_\_\_\_  
initial

copy given to patient

\_\_\_\_\_  
initial

original placed in chart

SAMPLE