

ERCP

Endoscopic Retrograde Cholangiopancreatography

Patient Name: _____ Appt. Date: _____

Procedure Time: _____ Arrival Time: _____

**Skyline Medical Center
1st Floor - Registration
3441 Dickerson Pike
Nashville, TN 37207**

***DO NOT EAT OR DRINK** anything after midnight prior to your procedure, with the exception of routine medications. You may take routine medications (other than blood thinners) on the day of your test, with just a sip of water. If your test is schedule *after 12 noon*, you may have clear liquids until 7:00am.

***STOP ALL BLOOD THINNERS AND ASPIRIN PRODUCTS 7 DAYS PRIOR TO THE PROCEDURE. PLEASE CONTACT YOUR PRESCRIBING PHYSICIAN FOR APPROVAL PRIOR TO STOPPING THESE MEDICATIONS TO ENSURE THIS WILL NOT PUT YOU AT ANY INCREASED RISKS.**

***DIABETICS:** please call office to speak with a nurse

***Please bring someone with you to drive you home after the test. Be prepared for a possible overnight stay.**

***Potential risks of ERCP include; bleeding, infection, perforation, damage to your teeth and pancreatitis. You may notice a sore throat and or abdominal gas pains after the procedure, which should resolve in less than 24 hours.**

***The office requires at least 48 hour notice for cancellations or reschedules. If you are unable to keep your appointment, please call to cancel or reschedule as soon as possible, thus allowing this time slot to be offered to someone else If you do not contact the office within the 48 hour time frame, you may be assessed a charge of up to \$200 for that time slot.**

****Please call the office with any questions. (615)329-2141 or (615)868-1064***