



CONSENT FOR: ERCP AND RELATED PROCEDURES

Introduction: Your doctor, _____ has scheduled you for an ERCP which is an examination of the bile duct and pancreatic duct by means of a flexible, fiberoptic instrument (endoscope) passed through your mouth into your upper intestine while you are sedated. The following related diagnostic procedure may be performed during the ERCP: _____ The following therapeutic procedure may be performed: _____ The procedure is being done for the following reason: _____ We are asking you to read and sign this form to indicate that you understand the procedure and its benefits, and accept its risks. Please ask any questions about this procedure or this form that you do not understand.

Procedure: With the aid of intravenous sedation the instrument will be passed through your mouth into your stomach and upper intestine. The sedation will be light enough that you may respond to spoken requests but you may not remember the examination. The opening into the bile and pancreatic ducts will be identified and a small catheter introduced into them. X-ray dye will then be injected to obtain an X-ray. Other specialized procedures, as mentioned above, may be performed. The procedure usually takes less than an hour but you will need to remain in the hospital to recover for several hours and often overnight.

Risks: Complications occur in a few percent of patients but are rarely severe. Complications are more common if therapeutic procedures (such as cutting the bile duct opening) are performed during the ERCP.

The most common significant complication of ERCP is inflammation of the pancreas (pancreatitis) which occurs in about 5% of patients; pancreatitis causes abdominal pain and usually requires hospitalization for a few days. Severe (life threatening) complications of diagnostic ERCP occur in about 1 in 1000 patients.

If you have a therapeutic procedure performed during the ERCP the added risk may be hemorrhage, intestinal perforation, or infection in a few percent of patients, requiring surgery in 1-2% and causing death in less than 1% of patients.

The risks of anesthesia include: 1) inflammation or bruising at the site of the intravenous (phlebiis); 2) allergic reactions (such as hives, wheezing, anaphylaxis); 3) problems with cardiac and pulmonary function (irregular heartbeat and slowed breathing).

Minor complications such as sore throat, irritation or clotting at the site of intravenous injection, and transient abdominal pain occur in a few percent of patients.

Alternatives: ERCP may allow diagnosis or treatment of your medical problem and your physician believes it has advantages over other options at this time. However, there may be other tests that your physician could use to help diagnose or treat your problem. If you are reluctant to have the ERCP, please discuss this with your physician.

Agreement: I understand the information on this form and have had the opportunity to ask my physician any other questions I might have. I agree to have the procedure performed and accept the risk.

Signature: _____ patient or relative date _____

Time _____

Signature: _____ witness date _____

Time _____

Signature: _____ physician date _____

Time _____

