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ERCP: PREPARATION INSTRUCTIONS

YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED AN
ENDOSCOPICRETROGRADECHOLANGIOPANCREATOGRAPHY (ERCP) TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

YOU WILL NEED TO REPORT TO _____ PARKWEST HOSP. ADMITTING
_____ FT. LOUDON HOSP. REGISTRATION (ER/REG DESK)

LATE ARRIVALS MAY RESULT IN UP TO A 2-HOUR DELAY FOR YOUR PROCEDURE.

PRE-PROCEDURE INSTRUCTIONS:

1. TAKE NOTHING BY MOUTH AFTER MIDNIGHT ON THE NIGHT PRIOR TO OR THE MORNING OF YOUR PROCEDURE.

2. MEDICATIONS:

- IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING PILLS WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU HAVE ANY QUESTIONS REGARDING OTHER MEDICATIONS PLEASE CALL THE OFFICE.
- IF YOU TAKE ANTICOAGULANT MEDICINE (COUMADIN), PLEASE DISCONTINUE IT AT LEAST 4 DAYS PRIOR TO YOUR TEST.
- AVOID TAKING PRODUCTS CONTAINING ASPIRIN FOR 1 WEEK PRIOR, AND IBUPROFEN OR NAPROXEN FOR 2 DAYS PRIOR TO YOUR PROCEDURE. IF YOU NEED TO TAKE ANTIBIOTICS OR IF YOU HAVE A PROSTHETIC HEART VALVE, PLEASE CONTACT THE OFFICE IMMEDIATELY.

3. BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

YOU WILL BE SEDATED BEFORE THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM SUCH THAT IT MUST BE RESCHEDULED, PLEASE CALL THE OFFICE AT **865-539-5372**

PLEASE LEAVE ALL VALUABLES AT HOME