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ERCP: PREPARATION INSTRUCTIONS – DR. CRIST

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

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.
- STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: COUMADIN-4 DAYS, EFFIENT-4 DAYS, PLAVIX-4 DAYS, PRADAXA-2 DAYS AND XARELTO AND ELIQUIS-2 DAYS.
- AVOID TAKING PRODUCTS CONTAINING ASPIRIN FOR 1 WEEK PRIOR, AND IBUPROFEN OR NAPROXEN FOR 2 DAYS PRIOR TO YOUR PROCEDURE.

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, PLEASE CALL OUR OFFICE AT (865) 539-5372 OPT 1. IN ORDER TO BETTER MEET THE NEEDS OF ALL OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 48 HOURS NOTICE IF YOU NEED TO CANCEL OR RESCHEDULE YOUR PROCEDURE OR YOU WILL BE SUBJECT TO A \$50 FEE.

PLEASE LEAVE ALL VALUABLES AT HOME