Associates in Gastroenterology and Endoscopy Centers of Colorado Springs

IMPORTANT: For your safety, YOUR PROCEDURE WILL BE CANCELLED if these instructions are not followed.

❖ **GLP-1 agonist medications currently available on the U.S. market include:**

- Dulaglutide (Trulicity®)
- Exenatide (Byetta®)
- Exenatide extended-release (Bydureon®)
- Liraglutide (Victoza®)
- Lixisenatide (Adlyxin®)
- Semaglutide injection (Ozempic® or Wegovy®)
- Semaglutide tablets (Rybelsus®)
- Tirzepatide (Mounjaro® or Zepbound®)

If you take any of these medications orally, **hold it the morning of your procedure**.

If you take the injectable form of these medications, hold it for **7 days prior** to your procedure.

❖ **Sodium Glucose Costransporter-2 Inhibitors (SGLT-2) class include:**

- Invokana® (canagliflozin)
- Jardiance® (empagliflozin)
- Synjardy® (empagliflozin/metformin)

Hold these medications for **3 days prior** to your procedure.

- Steglatro® (ertugliflozin)
- Farxiga® (dapagliflozin)
- Sotafliflozin (Inpefa)

Hold these medications for **4 days prior** to your procedure.

ERCP INSTRUCTIONS

Associates in Gastroenterology, P.C.
719-635-7321
www.agcosprings.com

Your Appointment is scheduled for:

Date: _____

Check in Time: _____

Procedure Time: _____

Location:

- ❑ Penrose Main Hospital GI Lab
  2222 N. Nevada Ave.
- ❑ St. Francis Medical Center
  6001 E. Woodmen Rd.

If you are scheduled at the hospital:

- Call 776-8010 one (1) week prior to your procedure to pre-register
- Check in at registration –they will direct you to the GI Lab.

Preparing for Your Procedure

Stop taking the following medications:
You will need to stop taking certain blood-thinning medications in the days before your procedure. If you take a blood-thinning medication, please check with the doctor who prescribed your medication before stopping it.

7 Days Prior To Your Procedure:

- Stop taking all anti-platelet medications: Plavix (clopidogrel), Pletal, Ticlid, Aggrenox, Anagrelide, or Effient.

5 Days Prior To Your Procedure:

- Stop taking Coumadin (warfarin), Brilinta, and Jantoven.

2 Days Prior To Your Procedure:

- Stop taking Pradaxa, Xarelto (rivaroxaban), Eliquis (apixaban), and iron supplements.

12 Hours Prior To Your Procedure:

- Stop taking Lovenox, aspirin, ibuprofen, and other NSAIDs.

Fast before the procedure.
You will need to stop drinking and eating eight hours before your endoscopy to ensure your stomach is empty for the procedure.

The day of your procedure:
You may have small amount of food and drink up to 8 hours before the procedure.

Nothing to eat, drink, or chew after _____.
IF YOU DO NOT STOP EATING AND DRINKING EIGHT HOURS BEFORE YOUR PROCEDURE — YOUR PROCEDURE MAY BE CANCELLED.

Bring a medication list.
Tell your doctor about all the medications and supplements you're taking before your endoscopy. Be sure to bring a medication list with you. If you take heart, blood pressure, or seizure medication routinely, you may take the medication up to 2 hours before your procedure with a small amount of water. If you are diabetic, hold oral medications the morning of your procedure. If you take insulin, take only half of your normal dose depending on your morning glucose level.

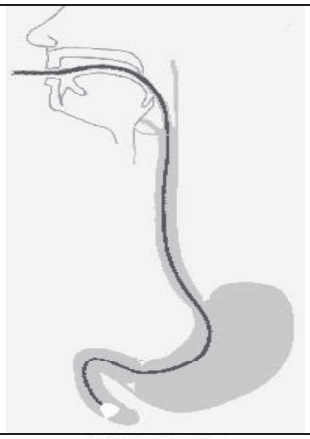
Plan ahead for your recovery.
You will receive anesthesia/sedation for this exam. You may feel mentally alert, but your memory, reaction times, and judgment may be impaired. You will not be allowed to drive or go back to work until the day after the procedure.
IF YOU DO NOT HAVE A RESPONSIBLE ADULT TO ACCOMPANY YOU HOME, YOUR PROCEDURE WILL BE CANCELLED.

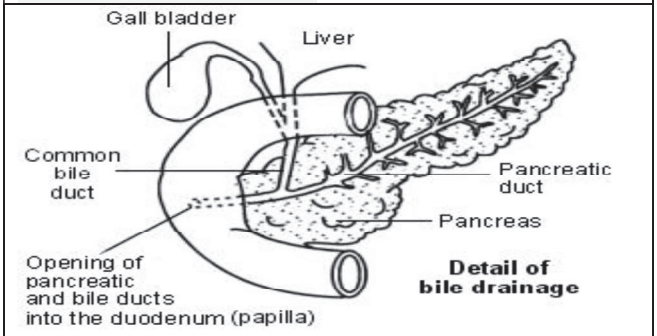
FOR YOUR SAFETY, DO NOT SMOKE, VAPE, OR CHEW TOBACCO (6) SIX HOURS BEFORE YOUR PROCEDURE. DO NOT USE MARIJUANA THE DAY OF YOUR PROCEDURE.

ERCP-- Endoscopic Retrograde Cholangiopancreatography

Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gall bladder, pancreas and liver.
The ERCP examination is done by inserting a long flexible lighted tube into your mouth and then down your esophagus into the stomach and finally the duodenum (start of your small intestine). The opening to the ducts are in the duodenum. Once the ducts are found, your doctor will pass a small plastic tube called a catheter through the endoscope and into the ducts. Your doctor will then inject a contrast dye into the pancreatic or biliary ducts and will take x-rays to see how it flows through the ducts. This will let us know if there are any blockages or stones in these ducts.

- Pre-procedure a nurse will start a running IV. (Intravenous Insertion) This will provide a rapid and effective way to administer the drugs for the procedure.
- This procedure will be done in radiology—you can expect to start out in the preparation area and be transported to the radiology department via a stretcher.
- You will return to the GI lab post procedure for recovery and dismissal.





Possible ERCP Treatments:

- Common treatments performed during ERCP include removal of stones, balloon dilation (stretching), sphincterotomy, and stenting (positioning of drainage tubes to treat blockages).
- Sphincterotomy is enlarging the opening of the ampulla by cutting the muscles of the sphincter using a catheter with an electrocautery wire.
- If a stone is seen in the bile duct, a sphincterotomy and stone extraction can be performed.
- Sampling of cells (cytology) can be performed in areas of narrowed ducts.
- If an obstruction of the ducts is seen, a plastic or expandable metallic stent (hollow tube) can be placed.

Risks of the procedure:

- Most risks depend on the particular patient, disease, and type of ERCP procedure and treatments. Complications requiring hospitalization generally occur in 6 to 10% of patients.
- Pancreatitis is the most common complication of an ERCP. It generally requires hospital admission and usually clears up in one to three days in almost all cases.
- A sphincterotomy can trigger bleeding which can usually be controlled by the doctor during the ERCP but may require more treatment.
- Perforation from either the sphincterotomy or from the endoscope itself. Some perforations can be treated medically (with IV fluids, antibiotics, and nasogastric tube). In other cases it may require surgery.
- Infection can occur in the bile ducts or pancreas after ERCP, especially when there is duct obstruction that cannot be treated by the ERCP procedure. If an infection is suspected, antibiotics will be required and possibly other types of treatment such as surgery.

What happens after your procedure?

- After your procedure, you will be monitored and allowed to recover from the sedation/anesthesia. This typically takes 45 minutes to 1 ½ hours.
- Your abdomen may be a little sore for a while, and you may feel bloating or cramping right after the procedure because of air introduced into your GI tract during the test.
- Rarely, you may have a sore throat lasting 1-2 days. You can use throat lozenges for relief. Popsicles are also soothing.
- If you use a CPAP for sleep apnea, be sure to wear it when you return home any time you are in a reclining position and may potentially fall asleep. Do this for the rest of the day or at least 4 hours.