YAKIMA GASTROENTEROLOGY ASSOCIATES, P.C.

509-248-6616

Informed Consent For Endoscopic Retrograde Cholangiopancreatictography (ERCP)

Explanation Of Procedure

Your physician has determined that ERCP is necessary for further evaluation/treatment of your condition.
ERCP is a specialized technique used to examine the ducts (drainage routes) fo the gall bladder, pancreas, and liver. Areas are visualized through an endoscope with the aid of dye and x-ray. A sphincterotomy (widening of narrow areas) may be done or a stent (tube for drainage) may be inserted. Biopsies of abnormal tissue can be obtained if necessary.

Principal Risks And Complications

Serious risks and possible complications may include but are not limited to the below. Your physician will discuss their frequency with you if you desire with particular reference to your own indications for ERCP. YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.

1. **PANCREATITIS:** Inflammation of pancreas. Occurs in 5-10%. This usually results in 3 -5 days hospitalization, but rarely could result in prolonged hospitalization and need for surgery or other procedures.

2. **PERFORATION:** Usually a consequence of sphinterotomy, risk about 1 in 500. Passage of the instrument may result in an injury to the gastrointestinal wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs surgery to close the leak and/or drain the region could be required. Perforations are usually small requiring 4 - 5 days hospitalization, but could be severe requiring prolonged hospitalization or additional procedures, including surgery.

3. **BLEEDING:** Bleeding, if it occurs, is usually a complication of sphincterotomy. Management of this complication may consist only of careful observation, may require transfusions or possibly a repeat endoscopy.

4. **INFECTION :** This would usually be a consequence of perforation or pancreatitis. Rarely passage of the endoscope and manipulations may cause infection elsewhere in the body.

5. **PHLEBITIS:** Infection or irritation resulting in inflammation (phlebitis) may occur at the intravenous site and may require treatment.

6. **CONSCIOUS SEDATION:** Sedation and analgesia are given to produce "conscious sedation" a state that helps you relax and minimizes unpleasant sensations while maintaining adequate heart and lung function and the ability to respond to verbal stimulation and/or touch. Potential complications of conscious sedation include: breathing problems (decreased respiration, aspiration, airway blockage), heart problems (low blood pressure, or irregular rhythm) for which you will be monitored and treated if necessary.

7. **OTHER RISKS:** Include drug reactions and complications from other diseases you may already have. Instrument failure is extremely rare, but remains a remote possibility and could require a repeat procedure. There is a remote possibility of a heart attack or stroke. A serious complication could result in death or a permanent disability. ***You must inform your physician of all your allergic tendencies and medical problems.***

Alternatives to ERCP

Although ERCP is a safe and effective means of examining the bile ducts, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a mis-diagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

The presence of any known **medical allergies** ❑ Not present ❑ Present

If present, please list: _____

My pregnancy status: ❑ I am pregnant ❑ I am not pregnant ❑ This does not apply

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding ERCP. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit:

- ❑ R.M. Williams, MD
- ❑ T.J. Attaway, MD
- ❑ T.E. Brown, MD
- ❑ G.K. Ong, MD
- ❑ A.V. Ramakrishnan, MD
- ❑ G. Pandolfi, MD
- ❑ L.J. Ferrin, MD

and whomever he may designate as his assistant to perform this procedure on me

If any unforeseen condition arises during this procedure calling for (in the physician's judgement) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

I am aware that in the event of a life-threatening emergency, the Center will perform any necessary emergency procedures and transfer me to a referred hospital if that is necessary.

DATE SIGNED *(by patient or legally authorized person)* TIME

WITNESS DATE TIME

PHYSICIAN DATE TIME

Patient Name _____

Date of Birth _____

- ❑ YVMH
- ❑ YRMC