

Gastro-Intestinal Consultants of Manhattan, P.A.

W. Travis Dierenfeldt, M.D.

ERCP

Endoscopic Retrograde CholangioPancreatography

Welcome to Gastro-Intestinal Consultants of Manhattan, P.A. Your doctor has recommended that you have a medical procedure called ERCP

You will find the following items enclosed:

- Patient Registration Form
- Medical History Form
- Information Brochure “What is ERCP?”
- Patient Information Brochure
- ERCP Preparation Instructions

Please complete the enclosed forms prior to your appointment. If you have any questions please call our office at 785-539-0156 or Toll Free 1-866-766-1166.

Our office will call you to schedule your appointment.

Please bring your completed forms with you to your procedure. You will also have an opportunity to ask our staff any additional questions at that time. Even though you will receive a call from the hospital where your procedure is being performed, you still need to complete these forms and bring them with you.

Thank You

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What is ERCP?

Your doctor has recommended that you have a medical procedure called an ERCP.

This brochure will help you understand why **ERCP** is performed and what you can expect from the procedure. **ERCP** is short for...**Endoscopic Retrograde Cholangio Pancreatography**
Endoscopic refers to the use of an instrument called an endoscope - a thin, flexible tube with a tiny video camera and light on the end. The endoscope is used by a highly trained subspecialist, the gastroenterologist, to diagnose and treat various problems of the GI tract. The GI tract includes the stomach, intestine, and other parts of the body that are connected to the intestine, such as the liver, pancreas, and gallbladder.

Retrograde refers to the direction in which the endoscope is used to inject a liquid enabling X-rays to be taken of the parts of the GI tract called the bile duct system and pancreas.

The process of taking these X-rays is known as cholangiopancreatography. Cholangio refers to the bile duct system, pancrea to the pancreas.

ERCP may be useful in diagnosing and treating problems causing jaundice (a yellowing of the whites of the eyes) or pain in the abdomen. To understand how ERCP can help, it's important to know more about the pancreas and the bile duct system.

Bile is a substance made by the liver that is important in the digestion and absorption of fats. Bile is carried from the liver by a system of tubes known as bile ducts. The gallbladder stores the bile between meals and empties back into the bile duct when food is consumed. The common bile duct then empties into a part of the small intestine called the duodenum. The common bile duct enters the duodenum through a nipple-like structure called the papilla.

Joining the common bile duct to pass through the papilla is the main duct from the pancreas. This pathway allows digestive juices from the pancreas to mix with food in the intestine. Problems that affect the pancreas and bile duct system can, in many cases, be diagnosed and corrected with ERCP.

For example, ERCP can be helpful when there is a blockage of the bile ducts by gallstones, tumors, scarring or other conditions that cause obstruction or narrowing (stricture) of the ducts. Similarly, blockage of the pancreatic ducts from stones, tumors, or stricture can also be evaluated or treated by ERCP, which is useful in assessing causes of pancreatitis (inflammation of the pancreas).

Problems with the bile ducts or pancreas may first show up as jaundice or pain in the abdomen, although not always. Also, there may be changes in blood tests that show abnormalities of the liver or pancreas.

Other special exams that take pictures using X-rays or sound waves may provide important information for use along with that obtained from ERCP.

How to Prepare for the Procedure

ERCP can be done either as an outpatient procedure or may require hospitalization, depending on the individual case. Your doctor will explain the procedure and its benefits and risks, and you will be asked to sign an informed consent form. This form verifies that you agree to have the procedure and understand what's involved.

What Can You Expect During an ERCP?

Everything will be done to ensure your comfort. Your blood pressure, pulse, and the oxygen level in your blood will be carefully monitored. A sedative will be given through a vein in your arm. You will feel drowsy, but will remain awake and able to cooperate during the procedure.

Although general anesthesia is usually not required, you may have the back of your throat sprayed with a local anesthetic to minimize discomfort as the endoscope is passed down your throat into your esophagus (the swallowing tube), and through the stomach into your duodenum.

The doctor will use it to inspect the lining of your stomach and duodenum. You should not feel any pain, but you may have a sense of fullness, since air may be introduced to help advance the scope.

In the duodenum, the instrument is positioned near the papilla, the point at which the main ducts empty into the intestine. A small tube known as a cannula is threaded down through the endoscope and can be directed into either the pancreatic or common bile duct. The cannula allows a special liquid contrast material, a dye, to be injected backwards - that is, retrograde - through the ducts.

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X-ray equipment is then used to examine and take pictures of the dye outlining the ducts. In this way, widening, narrowing, or blockage of the ducts can be pinpointed. Some of the problems that may be identified during ERCP can also be treated through the endoscope. For example, if a stone is blocking the pancreatic or common bile duct, it is usually possible to remove it. First, the opening in the papilla is cut open and enlarged. Then, a special device can be inserted to retrieve the stone. Narrowing or obstruction can also have other causes, such as scarring or tumors. In some cases, a plastic or metal tube (called a stent), can be inserted to provide an opening. If necessary, a tissue sample or biopsy can be obtained, or a narrow area dilated.

What are the Possible Complications from an ERCP?

Thanks to ERCP, these kinds of procedures may help you avoid surgery. Depending on the individual and the types of procedures performed, ERCP does have a five to ten percent risk of complications. In rare cases, severe complications may require prolonged hospitalization.

Mild to severe inflammation of the pancreas is the most common complication and may require hospital care, even surgery. Bleeding can occur when the papilla has to be opened to remove stones or put in stents. This bleeding usually stops on its own, but occasionally, transfusion may be required or the bleeding may be directly controlled with endoscopic therapy.

A puncture or perforation of the bowel wall or bile duct is a rare problem that can occur with therapeutic ERCP. Infection can also result, especially if the bile duct is blocked and bile cannot drain. Treatment for infection requires antibiotics and restoring drainage. Finally, reactions may occur to any of the medications used during ERCP, but fortunately these are usually minor.

Be sure to discuss any specific concerns you may have about the procedure with your doctor.

What Can You Expect after Your ERCP?

When your ERCP is completed on an outpatient basis, you will need to remain under observation until your doctor or healthcare team has decided you can return home. Sometimes, admission to the hospital is necessary.

When you do go home, be sure you have arranged for someone to drive you, since you're likely to be sleepy from the sedative you received. This means, too, that you should avoid operating machinery for a day, and not drink any alcohol.

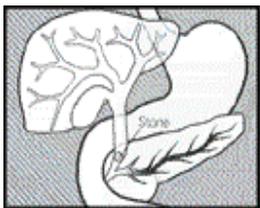
Your doctor will tell you when you can take fluids and meals. Usually, it is within a few hours after the procedure.

Because of the air used during ERCP, you may continue to feel full and pass gas for awhile, and it is not unusual to have soft stool or other brief changes in bowel habits. However, if you notice bleeding from your rectum or black, tarry stools, call your doctor.

You should also report vomiting, severe abdominal pain, weakness or dizziness, and fever over 100 degrees. Fortunately, these problems are not common.

ERCP is an effective and useful procedure for evaluating or treating a number of different problems of the GI tract.

How ERCP Works.



Your doctor may determine that you need an ERCP.



An endoscope will be lowered down your esophagus, through the stomach, and into the duodenum. A small tube will be threaded down into the duct.



A dye will be injected backwards through the ducts, allowing X-rays to be taken.



Your doctor will be able to see if anything is blocking the ducts.

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Instructions for ERCP

Date of Procedure_____

Time to Arrive at Hospital_____

Time of Procedure_____

Location of Procedure: Mercy Regional Health Center at College
1823 College Avenue
Manhattan, KS 66502
785-776-3322

If you need to cancel or reschedule for any reason, please notify us at least 24-48 hours in advance.

1. Please arrive promptly for your appointment. We ask that you arrive one hour prior to your scheduled procedure time. This allows time for registration and the nurse to start an IV. Late arrivals may necessitate cancellation of your appointment.
2. Please take your medications with small sips of water on the day of your procedure.
3. Please bring a list of all your medications with you to your procedure.
4. Please notify my office if you take Coumadin, Plavix, Aspirin, blood thinners or insulin so that we can discuss dosing prior to your procedure.
5. Because you will be sedated, please bring a responsible person with you to your appointment who can talk with me about your examination and any instructions for medications or further tests. This person must also drive you home after your test.
6. Most patients will need to stay overnight after having an ERCP. Please bring items you may need in case you do have to stay the night.

The Day Before Your Examination

You may eat a regular diet.

Do not eat or drink anything after midnight the night before your test unless your test is scheduled in the afternoon.

The Day of Your Examination

If Your Procedure is Scheduled Before Noon: You may take your morning medications with sips of water. Do not eat or drink anything else.

If Your Procedure is Scheduled After Noon: You may take your morning medications with sips of water. You may have a clear liquid breakfast. Do not eat or drink anything after 8:00 A.M.

Please call if you have any questions or concerns about your procedure.

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Medical History Form

W. Travis Dierenfeldt, M.D.
Robert J. Starnes, P.A.-C

Date _____ / _____ / _____
Name _____ Date of Birth _____ Age _____

Primary care physician's name _____ Pharmacy and location _____

What is the main reason for your visit today? _____

Medical History (check all that apply)

Have you had or been diagnosed with any of the following gastro-intestinal conditions?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Esophageal Reflux | <input type="checkbox"/> Hiatal hernia | <input type="checkbox"/> Chronic Diarrhea | <input type="checkbox"/> Fatty Liver |
| <input type="checkbox"/> Barrett's Esophagus | <input type="checkbox"/> Colon Polyps | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Autoimmune Hep |
| <input type="checkbox"/> Esophageal Stricture (narrowing) | <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> Gallstones | <input type="checkbox"/> PBC |
| <input type="checkbox"/> Esophageal Varices | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Pancreatitis | <input type="checkbox"/> PSC |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Pancreatic Cancer | <input type="checkbox"/> Cirrhosis of Liver |
| <input type="checkbox"/> Helicobacter Pylori Infection | <input type="checkbox"/> Irritable Bowel Syndrome | | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Stomach Ulcer | <input type="checkbox"/> Diverticulosis | | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Duodenal Ulcer | <input type="checkbox"/> Diverticulitis | | <input type="checkbox"/> Hepatitis C |

Have you had or been diagnosed with any of the following other conditions?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Anemia, iron deficiency | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Anemia, blood loss | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Anemia, unspecified | <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Uterine Cancer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Thyroid disorder | <input type="checkbox"/> Prostate Cancer | |
| Please list any other medical problems you have had in the past. | | <input type="checkbox"/> Radiation Treatment | |

Surgery History

(check all that apply)

- | | Year | | Year | | Year |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Gallbladder Removal | _____ | <input type="checkbox"/> Tonsillectomy | _____ | <input type="checkbox"/> Joint Replacement | _____ |
| <input type="checkbox"/> Appendix Removal | _____ | <input type="checkbox"/> Tubal Ligation | _____ | <input type="checkbox"/> Mastectomy | _____ |
| <input type="checkbox"/> Gastric bypass | _____ | <input type="checkbox"/> Hysterectomy | _____ | <input type="checkbox"/> Upper endoscopy | _____ |
| <input type="checkbox"/> Colon Resection | _____ | <input type="checkbox"/> Heart Bypass | _____ | <input type="checkbox"/> Colonoscopy | _____ |
| <input type="checkbox"/> Hernia Repair | _____ | <input type="checkbox"/> Vascular Surgery | _____ | <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Nissen Fundoplication | _____ | | | | |

Current Medications (medications you are taking or have taken in the last 2 months)

Do you take: Aspirin Plavix Coumadin Ibuprofen Naproxen/Aleve Other NSAID

If yes, how often? _____

Name of Medication	Dose	Name of Medication	Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you allergic to any medications? YES No

If YES, list medications and type of reaction you had?

Name of Medication	Reaction	Name of Medication	Reaction
_____	_____	_____	_____
_____	_____	_____	_____

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Family History

Adopted

List diseases of your Mother, Father, Sister, or Brother

Mother=M Father=F Sister=S Brother=B

	M	F	S	B		M	F	S	B
<input type="checkbox"/> Colon Polyps					<input type="checkbox"/> Crohn's Disease				
<input type="checkbox"/> Colon Cancer					<input type="checkbox"/> Pancreatitis				
<input type="checkbox"/> Irritable Bowel Syndrome					<input type="checkbox"/> Liver Disease				
<input type="checkbox"/> Ulcerative Colitis					<input type="checkbox"/> Hepatitis				
					<input type="checkbox"/> Gallbladder disease				
					<input type="checkbox"/> Stomach Ulcer				
					<input type="checkbox"/> Duodenal Ulcer				
					<input type="checkbox"/> Other GI Diseases				

Social History

What is your occupation? _____

Do you drink alcohol? Currently In Past Never

Do you Smoke? Currently In Past Never

Have you ever used intravenous drugs? Currently In Past Never

Review of Systems (check all that apply)

Constitutional

- Fever
- Chills
- Sweats
- Weakness
- Fatigue

Ears, Eyes, Nose, Throat

- Decreased hearing
- Ear pain
- Nasal congestion
- Sore throat

Respiratory

- Short of breath
- Cough
- Sputum production
- Blood in sputum
- Wheezing

Cardiovascular

- Chest pain
- Palpitations
- Slow heart
- Fast heart
- Edema
- Passing out

Gastrointestinal

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Heartburn
- Blood in vomit
- Abdominal pain

Urinary

- Painful urination
- Blood in urine

Heme/Lymph

- Bruise easily
- Bleed easily
- Swollen lymph glands

Endocrine

- Excessive thirst
- Frequent urination
- Cold intolerance
- Heat intolerance

Musculoskeletal

- Back pain
- Neck pain
- Joint pain
- Muscle pain

Skin

- Rash
- Itching
- Abrasions

Neurologic

- Confusion
- Numbness
- Tingling
- Headache

Psychiatric

- Anxiety
- Depression
- Mania
- Delusional
- Hallucinations

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Patient Registration Form

Personal Information

Last Name		First Name		Middle Name
Home Address		City	State	Zip Code
Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Date of Birth	Social Security Number	
Your Occupation		Email		
Employer			Business Phone	
Employer Address		City	State	Zip Code
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity		Preferred Language	

Contact Information

Name of Spouse or Nearest Relative			Relationship
Address		City	State
Home Telephone		Social Security Number	
Employer		Business Phone	

Physician Information

Referring Physician
Primary Care Physician

Responsible Party if other than Patient

Last Name		First Name		Middle Name
Address		City	State	Zip Code
Telephone				
Employer			Business Phone	
Employer Address		City	State	Zip Code

Insurance Information

Insurance Company Name	Identification Number	Subscriber's Name
Primary Insurance Name	Identification # Group Name and #	Subscriber's Name Date of Birth
Your relationship to subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Secondary Insurance Name	Identification # Group Name and #	Subscriber's Name Date of Birth
Your relationship to subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		

Authorization to Release Information and Assignment of Insurance Benefits

I hereby authorize this medical practice to release to my insurance company(s) all information that said party(s) may request concerning my illness or injury. I hereby assign to this medical practice all monies to which I am entitled for the medical expenses relative to the services reported but not to exceed my indebtedness to this medical practice. I understand I am financially responsible to this medical practice for all charges personally incurred here and agree to be personally and fully responsible for payment of this account. I also authorize the exchange of medical records and/or information concerning my condition with other physicians, allied health providers, or medical facilities as determined by the clinical staff of this medical practice to be in the best interest of my medical treatment. A photocopy of this authorization shall be considered as effective and valid as the original.

Patient Signature	Today's Date
Signature of Responsible Party	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian