

ERCP PREP

Important, please review this section if you take a medication called a GLP-1 agonist (such as Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others) or an SGLT-2 Inhibitor (Invokana, Farxiga, Jardiance, Steglatro) for weight loss or diabetes.

If you take these medications, then you should hold your medication according to the following guidelines:

GLP-1 Agonists (Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others):

- For once or twice daily injectables (example Byetta, Victoza, Saxenda), hold the day before and day of the procedure.
- For once weekly injectables (example: Trulicity, Ozempic, Weygovy, Bydureon, Mounjaro), hold for 7 days before the procedure.
- For oral, daily dosing (example: Rybelsus), hold for 7 days before the procedure.

SGLT-2 Inhibitors (Invokana, Farxiga, Jardiance, Steglatro): Hold for 4 days before the procedure

If you take these medications for diabetes, then you need to contact your primary care team or endocrinologist for glucose management instructions.

If you are having an EGD (upper endoscopy) and take these medications, then you should start a clear liquid diet **24 hours** before your procedure. This will be different from your instructions that say to start a clear liquid diet at 11:45 PM the night before. For example, if your procedure is at 8:00 AM, then you should start a clear liquid diet at 8:00 AM the day before. Make sure to follow the NPO instructions (nothing by mouth 3 hours before your procedure). Holding these medications and staying on the clear liquid is important for us to safely complete your procedure.

Cancel or Reschedule Your Appointment:

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

Responsible Person:

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

1 day before your procedure:

- Stop eating solid foods and begin clear liquid diet at **11:45pm**. Clear liquids include things you can see through.
 - Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
 - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.
 - For additional details on following a clear liquid diet, please see <https://www.mngi.com/conditions/clear-liquid-diet>

Day of your procedure:

Morning Medications: You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water **3 hours prior to your procedure** or earlier. Do not take any chewable vitamins or supplements. To avoid cancellation, do not use marijuana/THC the day of your procedure. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **6 hours prior to your procedure:**
 - STOP consuming all solids and liquids.
 - Do not take anything by mouth during this time.

Bring the following to your procedure:

- Insurance Card / Photo ID

- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure

DESCRIPTION OF ERCP (Endoscopic retrograde cholangiopancreatography)

What is an ERCP?

ERCP is a procedure that is used for diagnosis and treatment of many diseases of the pancreas, bile ducts, liver, and gallbladder. Conditions such as gallstones, tumors, or strictures (obstructing scar tissue) can be shown in detail during an ERCP and biopsies of abnormal tissue can be taken if necessary. In some cases, an ERCP can be used to determine whether or not surgery is needed and may be helpful in providing the anatomic detail the surgeon needs for an operation. Several conditions of the biliary or pancreatic ducts can be treated by techniques that can open the end of the bile duct, remove stones, and place stents (plastic drainage tubes) across obstructed ducts to improve their drainage.

What should I expect during an ERCP?

Plan to spend up to 3 hours at the hospital the day of your ERCP. The procedure itself takes approximately 30 to 90 minutes to complete. Before the procedure, you will be asked about your medical history and allergies, and a nurse will insert an intravenous (IV) line into your hand or arm. Allergy to iodine-containing drugs (contrast material or "dye") is not a contraindication to ERCP, but should be discussed with your physician the day of your procedure.

During the procedure, you will be given medicine through the IV line to help you relax. In certain situations, you may receive anesthesia medications that will be monitored by an anesthesia provider. Some patients also receive antibiotics before the procedure. The physician will insert a flexible, hollow tube called an endoscope into your mouth and will advance it slowly through the esophagus, stomach and duodenum (the first part of your small intestine). After the opening to the ducts is visually identified, a catheter (narrow plastic tube) is passed through the endoscope into the ducts. Contrast material ("dye") is then injected gently into the ducts (pancreatic or biliary) and x-rays are taken.

What should I expect after an ERCP?

The physician will prepare a full report for the physician who referred you for the ERCP. If you are having an ERCP as an outpatient, you will be kept under observation until most of the effects of the medications have worn off. It is normal to feel bloated after the procedure and your throat may feel sore for a short time. When you are discharged from the hospital, you will receive specific instruction on when to resume your usual diet and medications.

What are possible complications of ERCP?

ERCP is generally a well-tolerated procedure when performed by physicians who have had special training and experience in this technique. However, all procedures carry some risk. Risks from an ERCP include perforation (or a tear) of the lining of the stomach, esophagus or bowel; bleeding from treatment site; infections such as pancreatitis; reactions to medications; heart and lung problems; and dental or eye injuries.

The risks of the procedure vary with the reasons for the procedure, what is found during the procedure, what treatments are provided, and the presence of other health conditions, such as heart or lung diseases. Published studies show the risk of pancreatitis is 5-10%, and the risk of infection, bleeding, and

perforation are all less than 1%. If a complication does occur, it may result in hospitalization, blood transfusion, repeat procedure, or occasionally corrective surgery. Your physician will discuss the likelihood of complications with you before undergoing the procedure.