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ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY  
(ERCP)

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ BE AT THE FACILITY BY: \_\_\_\_\_

1. You may have **NOTHING** to eat **after midnight**.  
You may have **NOTHING** to drink, smoke, or chew **after midnight**.
2. You may take your heart, lung, or blood pressure medications, on the morning of the exam with a sip of water.
3. Please inform the office if you take Coumadin, Warfarin, Pradaxa or Xarelto. **This must be stopped prior to your examination, please call the office for instructions as soon as possible at 419-471-1350.**
4. Bring a complete list of current medications.
5. After your examination:
  - You may not drive a car until the next morning. **A RELATIVE OR FRIEND MUST ACCOMPANY YOU AND MUST REMAIN ON PREMISES. FAILURE TO DO SO MAY RESULT IN CANCELLATION OF YOUR PROCEDURE.**
  - You should not plan to go to work or engage in any activity requiring physical coordination or mental alertness until the next morning.
6. If you have any questions or concerns regarding the above, please feel free to call our office at 419-471-1350.