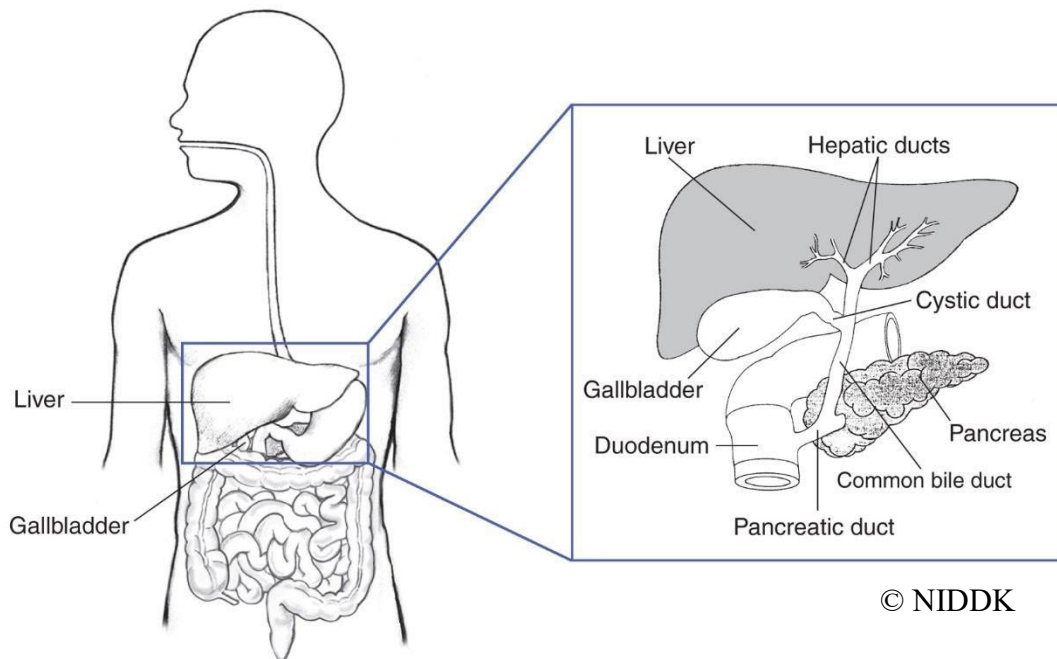


ERCP Prep Instructions

What is the purpose of an ERCP?

ERCP (**endoscopic retrograde cholangiopancreatography**) is a procedure that lets your doctor find and treat problems in the pancreatic and bile ducts. The doctor passes a thin tube called an **endoscope** through your mouth, which then travels down the stomach into the first part of the intestine (where the opening into the bile and pancreatic ducts is located). The doctor inserts wires or catheters (tubes) through the endoscope to treat blockages or stones affecting this area.



Planning for your ERCP

- You must have a driver with you at the procedure.
 - You must have a licensed driver who is **18 years or older** with you at your ERCP appointment. If you do not have a driver with you at check in, we will reschedule your appointment.

- Your entire procedure may take 3- 4 hours to complete. Please tell your driver that they must stay at the appointment during your entire visit.

Please leave all jewelry and personal items at home.

- If you bring jewelry to your appointment, we may have to ask you to remove it.
- **Please do not wear contact lenses.**

If you have diabetes, you must contact your doctor.

- People with diabetes have special diet and medication instructions. Call the doctor who ordered your procedure for your special diet and medication instructions.

Watch the video describing the risks and benefits of an ERCP.

- You can watch the video online at: bit.ly/MM-ERCPVideo

If you need to cancel or reschedule your appointment, please call us as soon as possible at (734) 936-9250 or toll-free at (877) 758-2626.

What are my instructions for preparing for my ERCP?

The timeline table below will help you figure out the days of the week for your prep. First, figure out what day of the week your appointment is. Then highlight or circle the correct row to see your other prep days.

- If you reschedule your appointment, you must redo the timeline table to match your new date.

My appointment is: _____
(Date, day, and time)

Timeline table:

My appointment is on:	7 days before is:	4 days before is:	3 days before is:
Monday	Monday	Thursday	Friday
Tuesday	Tuesday	Friday	Saturday
Wednesday	Wednesday	Saturday	Sunday
Thursday	Thursday	Sunday	Monday
Friday	Friday	Monday	Tuesday
Saturday	Saturday	Tuesday	Wednesday

Start your prep instructions as soon as you wake up on each day. Follow the instructions below carefully to ensure a successful procedure.

7 days before your ERCP	Day: _____ (Fill in the day according to the timeline table)
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- If you take aspirin, do not stop taking your aspirin. If you take NSAIDs, such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner - such as Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel®, or Lovenox® - and you do not have instructions for how to manage them before the procedure, ask the doctor who ordered your ERCP. If you are unsure if you are taking blood thinners, contact your doctor.
- Stop taking phentermine (Adipex-P®, Lomaira™, Fastin®, Phentercot®) and phentermine and topiramate (Qsymia®). These are weight loss medications.
- If you take semaglutide (Ozempic®, Wegovy®), dulaglutide (Trulicity®) or tirzepatide (Mounjaro®) once a week, stop taking it a week before your procedure.

4 days (96 hours) before your ERCP	Day: _____ (Fill in the day according to the timeline table)
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- **96 hours before your procedure**, stop taking the following diabetic/weight loss medications: ertugliflozin (Steglatro®), ertugliflozin and metformin (Segluromet™), and ertugliflozin and sitagliptin (Steglujan®).
 - If you do not stop taking these medications exactly 96 hours before your ERCP, your procedure may need to be cancelled and rescheduled.

3 days (72 hours) before your ERCP	Day: _____ (Fill in the day according to the timeline table)
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- **72 hours before your procedure**, stop taking the following diabetic/weight loss medications: empagliflozin (Jardiance®), dapagliflozin (Farxiga®), canagliflozin (Invokana®), dapagliflozin and saxagliptin (Qtern®), dapagliflozin and metformin (Xigduo® XR), canagliflozin and metformin (Invokamet®, Invokamet® XR), empagliflozin and metformin (Synjardy®, Synjardy® XR), and empagliflozin and linagliptin (Glyxambi®).
 - If you do not stop taking these medications exactly 72 hours before your ERCP, your procedure may need to be cancelled and rescheduled.

The day of your ERCP	Day: _____ (Fill in the day according to the timeline table)
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- **Starting 8 hours before your appointment, don't eat any solid foods. You may continue to have clear liquids until 2 hours before your appointment.** Look at the table below to check which liquids are allowed on a clear liquid diet.

You may drink these liquids:	Do not drink these liquids:
<ul style="list-style-type: none"> • Water • Gatorade®, Pedialyte®, or Powerade® • Coffee or tea (without milk, cream, or non-dairy creamer) • Carbonated or non-carbonated soda • Fruit-flavored drinks • Apple juice, white cranberry juice, or white grape juice • Jell-O (gelatin) or popsicles 	<ul style="list-style-type: none"> • Any red or purple liquids • Alcohol • Milk, cream, or non-dairy creamer • Juice with pulp • Any liquid you cannot see through • Broth • Hard candy

- If you take semaglutide (Rybelsus®) or liraglutide (Saxenda®) every day, do not take it on the day of your procedure.
- You may take all your morning medicines (except for oral diabetes medicine) as usual with a small amount of water **up to 4 hours before your appointment time** (unless you have been told otherwise). If you take diabetes medications, follow your doctor's instructions.
- **2 hours before your procedure**, stop chewing gum, stop smoking, and stop drinking all liquids.

When should I call the call center?

If you have been sick and have had any of the following symptoms within 48 hours of your appointment, please call the call center at (734) 936-9250:

- Fever greater than 100.6° Fahrenheit
- Productive cough (your cough brings up a thick fluid)



- Diarrhea or vomiting (that is not related to taking the bowel prep)

If you have questions about your prep and your ERCP is scheduled for the following day, call (734) 936-9250 or toll-free (877) 758-2626. After business hours, on weekends, or on holidays, call the paging operator at (734) 936-6267 and ask to speak with the GI doctor on call.

→ Turn the page to learn about the benefits, risks, and alternatives for an ERCP.

What are the Benefits, Risks, and Alternatives for an ERCP?

Before starting the procedure, a member of our team will ask you to sign a consent form. By signing this form, you are agreeing that we have given you information and you understand the procedure, its benefits and risks, and the alternatives (other options) for an ERCP. Read this handout or watch the video at: bit.ly/MM-ERCPVideo to understand your informed consent.

What are the benefits of an ERCP?

With ERCP, doctors can treat many problems of the bile and pancreatic ducts such as gallstones, duct blockages and tumors, or cancers of the bile duct or pancreas.

What are the risks of an ERCP?

ERCP is a procedure that does have some possible complications. They include:

- A reaction to the sedating medication or other medications used during the procedure, including breathing or heart problems
- Pancreatitis, or swelling of the pancreas
 - This occurs in 3-20 out of 100 patients (3-20%). Your risk will vary based on your medical condition and what is done during your procedure.
- Bleeding (occurs in 1-2 out of 100 patients, or 1-2%)
- A tear or a hole, called a **perforation**, in the bowel (occurs in less than 1 in 100 patients, or less than 1%)
- Infection (occurs in 1-2 out of 100 patients, or 1-2%)
- **Aspiration** (accidentally breathing stomach contents into the lungs) that may lead to a lung infection like **pneumonia** (occurs in less than 1 in 100 patients, or less than 1%)

Risks are higher in in people taking steroids or anti-coagulation medications (blood thinners), or in people who have certain serious diseases.

What are the alternatives to an ERCP?

The only alternatives to treatments in the bile or pancreatic ducts are open surgery, or sometimes puncturing the bile ducts through the skin by interventional radiology.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

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