BRONSON GASTROENTEROLOGY PORTAGE
3304 Cooley Ct
Portage MI 49024-7430
Dept: 269-349-2266
Dept Fax: 269-349-0792

Endoscopic Retrograde Cholangiopancreatography (ERCP)
With Anesthesia

DATE: _____ **Arrival Time:** _____

You have an appointment with Dr_____ at _____ Hospital.

Please bring your insurance cards to your appointment. Please register on the 1st floor (Outpatient Testing Area) at Bronson Hospital.

Should any problems arise, if you must cancel your appointment, or have any questions, please call our office at **(269)349-2266** during normal hours of 8:00am to 5:00pm.

YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT UPON CHECK-IN AND TO DRIVE YOU HOME UPON DISCHARGE.

Have nothing to eat or drink after midnight the night before your procedure.

Please bring a list of present medications and drug allergies. Please contact our office if you have an allergy to latex products.

MEDICATIONS

1) Insulin - Reduce the A.M. Dosage by ½ on the morning of the procedure
2) Coumadin/Plavix or other anticoagulants. **STOP** five days prior.
Please contact our office for instructions 269-349-2266.
3) Anti-Inflammatory - **STOP** five days prior to procedure.
4) Oral Diabetic medication - Take ½ the night before the procedure, and none the morning of the procedure.

Because of the sedation you will receive for the procedure, you will need to avoid driving, drinking alcoholic beverages, operating power machinery, using sharp instruments, and making critical decisions.