Gastroenterology of Greater Orlando

Board Certified in Gastroenterology

INSTRUCTIONS FOR ERCP
(ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY)

Procedure Date: _____ **Provider Name:** _____

The facility will call you with the instructions and arrival time 2 business days before your procedure.

	FACILITY	ADDRESS	PHONE#
	ADVENTHEALTH FISH MEMORIAL	1055 Saxon Blvd. | Orange City, FL	386-917-5000
	LAKE MONROE HOSPITAL	1401 West Seminole Blvd. | Sanford, FL	888-894-2106

Follow-up Appointment Date and Time: _____

	OFFICE	ADDRESS	PHONE #
	ORANGE CITY	2884 Wellness Avenue, Suite 100 | Orange City, FL	386-668-2221
	LAKE MARY	835 Currency Circle, Suite 1001 | Lake Mary, FL	407-749-6656
	DELAND	929 N Spring Garden Ave, Suite 150 | DeLand, FL	386-339-2692

INSTRUCTIONS

- Continue taking routine medications, including blood pressure and heart medications.
- If **diabetic**, take ½ of your usual dose of insulin the morning of your procedure.
- **Before stopping any blood thinner**, contact your prescribing provider.
- **7 days before** your procedure**, hold/do not take** Mounjaro, Ozempic, Rybelsus, Trulicity, or Wegovy
- **5 days before** your procedure**, hold/do not take** the following medications:
  - Coumadin, Plavix, Effient, or Brilinta
  - Aleve, Motrin, Naproxen, or Ibuprofen [Tylenol is safe to use]
  - Iron supplements, vitamins, or herbal supplements
- **2 days before** your procedure, **hold/do not** take Pradaxa, Eliquis, or Xarelto.
- **No solid food after midnight.**
- Until **3 hours before** your procedure time, you may drink **clear liquids (NO RED/DARK COLORS)**. You may also take any necessary **medication** with a small sip of water**. At the 3-hour mark, take nothing by mouth including water**.
- You must have a friend or family member drive you to and from the facility. No form of taxi or ride-sharing service is permitted.

CANCELLATION FEES

I understand that missed or cancelled appointments are subject to the following fees:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... $75
In-office Procedure with less than 24 hours' notice $50
Office visit with less than 24 hours' notice $25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

_____ _____ _____ _____
Name DOB Signature Date

Please call our office if you have any questions or concerns.