



Massachusetts General Hospital Interventional Endoscopy

Thank you for allowing us to participate in your care!

Procedure Information

Scheduled Procedure: _____

Patient Name: _____

Date: _____

You have a _____ procedure. Please arrive at _____

Location: MGH Endoscopy Unit, 4th Floor of the Blake Building

Physician and Phone Number: _____

*It is very important that you keep this appointment. If you must cancel, please do so at least **5 business days in advance**. If you have any questions or concerns, please contact us.*

Important Pre-Procedure Information

What to Bring to Your Exam

- For your safety, please arrange for an adult escort to take you home following your procedure. **You will not be permitted to drive or arrange ride share/taxi services. If you do not have an adult escort, hospital policy requires us to cancel and reschedule your procedure.**
- Name and phone number of your escort if they cannot be with you when you check in. They should be available to pick you up within 30 minutes of being called.
- A **SAMPLE** copy of the **MGH Patient Consent to Procedure form** (see last page) is included in this packet for your review. If you are unable to consent on the day of your exam, a signed Health Care Proxy Form must be provided or your Proxy must be present to state consent on your behalf. Your Proxy can also state consent over the phone by calling our office within 30 days of the exam. **If consent is not provided, hospital policy requires us to cancel and reschedule your procedure.**
- Please note that MGH policy requires that women, ages 11-55 years old have a pregnancy test prior to having any endoscopic procedure. When you arrive for your procedure, a registered nurse will screen you for the test and if needed, request that you provide a urine sample.
- Photo identification
- Updated medication list
- Do not wear jewelry other than wedding rings.

Medications

- If you have diabetes** and are instructed to not eat before the exam, ask your primary care physician about changes in the proper dose of diabetes medications. If you take insulin, we usually recommend you take ½ your normal dose the day of your exam. We will check your blood sugar.



- If you take blood thinners** (Coumadin, Plavix, Pradaxa, Lovenox, etc.) we recommend you continue unless you have specifically been asked to stop by the GI physician performing your exam. **Please contact your cardiologist or prescribing physician to confirm blood thinner instructions.**

Procedure Preparation Instructions

Day of Your Procedure

- If you have a **MORNING** procedure, do not eat or drink anything after midnight on the night before the procedure.
- If you have an **AFTERNOON** procedure, you may have a clear liquid breakfast. Clear liquids include water, tea, black coffee, clear broth, apple juice, Gatorade, soda, and Jell-O. Do not add milk products to beverages. **Stop clear liquids 4 hours before your procedure.**
- Do not have gum or hard candy within 4 hours of your procedure.
- Take all of your usual medications including medications for high blood pressure with small sips of water.

After Your Procedure

- You will be monitored in the Endoscopy Unit Recovery Area for approximately 1 hour.
- Please bring personal items in case you are admitted to the hospital after the procedure.
- You will receive diet and medication instructions.
- You may return to work the day after the procedure.

Please note, we are an Endoscopy Unit facilitating both outpatient and inpatient needs. Due to the nature of the complex procedures we perform, unavoidable delays may occur. Please plan accordingly. Every effort is made to start your procedure on time. We appreciate your patience and flexibility!

Directions from Parking to Endoscopy Unit

We are located on the 4th Floor of the Blake Building
55 Fruit Street, Boston, MA 02114

From the Fruit Street Garage or Parkman Street Garage:

1. After parking, enter through the MGH main entrance
2. Take the E elevator to the 4th floor of the Blake Building
3. Once you exit the elevator, look for the glass door labeled MGH GI Associates

For driving directions and more information, please visit the Parking and Visitor Information website
www.massgeneral.org/visit

If you are using GPS, please be sure to verify the zip code



PATIENT CONSENT TO PROCEDURE

PATIENT:

UNIT NO:

PROCEDURE: Endoscopic Retrograde
Cholangio-Pancreatography (ERCP)

Right Left Both Sides Not applicable

My doctor has told me and I understand what procedure/surgery I am having done. I understand why I need it, the possible risks (like drug reactions, bleeding, infection, and complications from receiving blood or blood components), and that there is no guarantee of results. My doctor has also explained what might happen to me if I don't have this procedure, other choices I can make instead of having this done, (including choosing no treatment) and what can happen to me if I choose to do something else. I understand that with any procedure, problems could come up that we did not expect. My provider explained to me how he/she prevents infections related to my health. The following additional risks or issues were explained to me:

ERCP is an important test for the evaluation of pancreatic and biliary disorders. The test will be performed to examine the bile and pancreatic ducts with contrast dye and x-ray. If a gallstone is found, it will be removed. If there is a blockage of a duct, a stent will be placed in the bile or pancreatic ducts. There are risks associated with this procedure and they include pancreatitis, bleeding, pain, and infection. Pancreatitis and perforation are rare complications but may be serious and require hospitalization, blood transfusion, or surgery. There is potential for bruising or soreness in the mouth. In rare instances, teeth may be dislodged or damaged.

If procedural sedation will be used during this procedure to control my pain, I understand that this method of pain control has risks. These risks include difficulty breathing that may require breathing support and decreased blood pressure. The most common side effects are nausea and vomiting. In rare cases, there can be allergic reactions or cardiac arrest (stopping of the heart). Lastly, I may have pain, even after using these medications.

My doctor _____ and/or his/her associates on the _____ Service will perform my procedure/surgery. I understand that Massachusetts General Hospital (MGH) is a teaching hospital. This means that resident doctors, doctors in a medical fellowship (fellows) and students in medical, nursing and related health care professions receive training here, and may take part in my procedure/surgery. A team of medical professionals will work together to perform my procedure/surgery. My doctor or an attending designee will be present for all the critical parts of the procedure/surgery, although other medical professionals may perform some aspects of the procedure as my doctor or the attending designee deems appropriate.

I understand that this procedure/surgery may have educational or scientific value. The hospital may photograph, videotape, or record my procedure/surgery for educational, research, quality and other healthcare operations purposes. Any information used for these purposes will not identify me.

I understand that blood or other samples removed during this procedure may later be thrown away by MGH. These materials also may be used by MGH, its partners, or affiliates for research, education and other activities that support MGH's mission.

I have had the chance to ask questions about the risks, benefits and alternatives to this procedure/surgery. I am happy with the answers I received. I consent to this procedure/surgery.

Date _____ Time _____ AM/PM _____
Signature (patient/health care agent/guardian/family member) (If patient's consent cannot be obtained, indicate reason above.)

I attest that I discussed all relevant aspects of this procedure/surgery, including the indications, risks, and benefits, as compared with alternative approaches, with the patient, and answered his/her questions.

Date _____ Time _____ AM/PM _____
Signature (Physician/Licensed Practitioner)