



**SAN JOSE GASTROENTEROLOGY**  
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**INFORMED CONSENT FOR ERCP**

**Patient's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Endoscopic retrograde cholangiopancreatography (ERCP) is a procedure examining a part of the gastrointestinal system that includes the gallbladder, pancreatic duct and the biliary tree. X-ray equipment and dye will be used during ERCP. The endoscopist may take tissue samples (biopsies), place stent to improve bile flow, or make a small cut into the main bile duct (common bile duct) to remove stones or to improve flow.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

1. Pancreatitis (inflammation of the pancreas) occurs in about 2 to 5 percent of cases. When it occurs it is usually mild causing abdominal pain, and it usually resolves after a few days. Much less commonly, the pancreatitis can be severe and be a serious or even life-threatening condition. \_\_\_\_\_
2. Bleeding can occur from biopsies or from a cut into the ampulla, but it is usually minimal and or can be controlled. With severe bleeding blood transfusion and/or surgery may be required. \_\_\_\_\_
3. Perforation (a small hole through the bowel wall) is rare, but if it occurs surgery may be necessary. \_\_\_\_\_
4. Medications adverse reaction. The medications that we give you to prevent pain and discomfort can cause adverse reactions such as suppression of breathing or cardiac arrhythmias. Also, there is also no guarantee that you will be free from pain during the procedure. \_\_\_\_\_
5. Infection is rare and may require administration of intravenous antibiotics. \_\_\_\_\_
6. Although rare, there is a remote risk of heart attack or stroke. \_\_\_\_\_
7. Any of the complications above may lead to hospitalization and death. \_\_\_\_\_

ERCP is a diagnostic and therapeutic procedure. However, no test can guarantee 100% accuracy, and abnormalities can be missed in the course of this examination. If you want more time to consider this procedure or have further questions, please ask us. Please be aware that delaying the procedure can subject you to a delay in diagnosis of serious conditions.

**HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

In presence of: Spouse \_\_\_\_\_ Companion: \_\_\_\_\_  
 Parent \_\_\_\_\_ Patient alone: \_\_\_\_\_

Staff: \_\_\_\_\_