



80 LANDINGS DRIVE, SUITE 205, WASHINGTON PA 15301
PHONE: (724) 941-3020 FAX: (724) 426-7713

ERCPC INSTRUCTIONS

PLEASE READ THE ENTIRE INSTRUCTIONS AND COMPLETE AS DIRECTED IN THIS PACKET.

DATE: _____

TIME: _____

The facility will contact you on the day before your procedure with your arrival time.

REPORT TO THE FACILITY MARKED BELOW

<input type="checkbox"/>	Washington Hospital – 155 Wilson Avenue, Washington, PA 15301. Report to: Parking Garage Level 2, Main Entrance, Main Registration
<input type="checkbox"/>	St. Clair Hospital – 1000 Bower Hill Road, Pittsburgh, PA 15243 Report to: 3 rd Floor Endoscopy Lab

PREP: DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON THE NIGHT BEFORE YOUR PROCEDURE.

Please pack a small bag and plan for a **possible overnight stay.**

Due to the sedation you will receive, **you MUST have someone available to drive you home.** If you use transportation, someone must be with you to accompany you after the procedure.

MEDICATIONS/BLOOD THINNERS: ALL MEDS EXCEPT BLOOD THINNERS MAY BE TAKEN AS PRESCRIBED WITH A SMALL SIP OF WATER. PLEASE REFER TO THE CHART BELOW TO SEE IF YOU NEED TO STOP ANY OF YOUR MEDS. YOU MUST CONTACT YOUR PCP/CARDIOLOGIST PRIOR TO STOPPING THESE MEDS. IF THERE IS A PROBLEM, HAVE YOUR DOCTOR CONTACT OUR OFFICE.

PLAVIX, AGGRENOX, EFFIENT, BRILLINTA	STOP 7 DAYS PRIOR
COUMADIN	STOP 3 DAYS PRIOR
PRADAXA, XARELTO, ELIQUIS	STOP 2 DAYS PRIOR
HEPARIN (SUBCUTANEOUS)	STOP THE MORNING OF

DIABETICS: IF YOU ARE DIABETIC, YOU MUST CONTACT YOUR PCP OR ENDOCRINOLOGIST FOR DOSING INSTRUCTIONS.

BIOPSIES: The doctor may take a biopsy during your test. If biopsies are taken, you will be called within 7-10 business days after your test if your results are *ABNORMAL ONLY*. We do not call you if



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the results are normal.

IMPORTANT: READ YOUR FACILITY PROTOCOL ON THE REVERSE SIDE.

ATTENTION ALL PATIENTS

- PLEASE BRING YOUR INSURANCE CARD, PHOTO ID, AND MEDICATION LIST WITH YOU.
- EVERY FACILITY REQUIRES YOU TO HAVE SOMEONE WITH YOU TO DRIVE YOU HOME.
- IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS AND HAVE NOT INFORMED OUR OFFICE, PLEASE CALL OUR OFFICE AT (724) 941-3020 IMMEDIATELY: MALIGNANT HYPERTHERMIA, WEIGHT OVER 300 LBS, BMI OVER 45, DEFIBRILLATOR, LATEX ALLERGY, PAST ORGAN TRANSPLANT, ON OXYGEN 24/7, NO PERIPHERAL VENOUS ACCESS REQUIRING INSERTION OF A CENTRAL CATHETER, HISTORY OF ANESTHESIA PROBLEMS, NECK/JAW PROBLEMS, DIFFICULT INTUBATION.
- IF YOU HAVE A DEFIBRILLATOR, PLEASE CALL OUR OFFICE AND PROVIDE US WITH THE NAME OF THE COMPANY/MANUFACTURER AND THE MODEL #.
- IF YOU HAVE HAD PREVIOUS ORTHOPEDIC OR A CARDIAC IMPLANT AND HAVE REQUIRED ANTIBIOTICS PRIOR TO DENTAL OR ANY INVASIVE PROCEDURE, PLEASE CONTACT YOUR CARDIOLOGIST, ORTHOPEDIC SURGEON, OR FAMILY PHYSICIAN TO INQUIRE IF ANTIBIOTICS SHOULD BE NECESSARY FOR THIS PROCEDURE.
- IF A BIOPSY IS OBTAINED, YOU WILL BE NOTIFIED OF ANY ABNORMAL RESULTS. WE DO NOT CALL IF YOUR RESULTS ARE NORMAL. HOWEVER, YOU CAN CALL US IN 7-10 WORKING DAYS AFTER YOUR TEST TO INQUIRE ABOUT THE RESULTS.

ST. CLAIR HOSPITAL: Ph: (412) 942-4000

- St. Clair Hospital requires you to have someone else available to stay with you for 24 hours after your procedure.

WASHINGTON HOSPITAL: Ph: (724) 223-3786

- Washington Hospital will contact you the day before your procedure to inform you of your report time. If you are not contacted by 3:00 PM on the day before your procedure, please call (724) 223-3786.