

MAIN GASTROENTEROLOGY, P.C.

Antonino Mannone, M.D.

Valerie Sweetland - Office Manager

**ERCP**

**THE PATIENT CANNOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE PROCEDURE.**

You may take your usual medications prior to the procedure if your procedure is scheduled after 11:00 AM. If your procedure is before 11:00 AM, bring your medications with you.

**YOU MUST BRING A DRIVER WITH YOU TO DRIVE YOU HOME AFTER THE PROCEDURE; THE MEDICATIONS USED FOR THE PROCEDURE WILL MAKE YOU GROGGY. A TAXI IS ONLY ACCEPTABLE IF SOMEONE IS WITH YOU.**

If you take **ASPIRIN (or any aspirin products)** on a regular basis, you must stop taking the aspirin one week prior to the procedure.

If you take any **BLOOD THINNERS OR ANTICOAGULANTS** (Heparin, coumadin, Lovenox, etc.) you must notify the doctor before the procedure. Talk to your primary care physician about stopping these drugs one week before procedure. **ALSO, PLEASE CONTACT THE DOCTOR THAT PRESCRIBED THESE DRUGS FOR YOU TO GET HIS ADVICE. IF YOU CANNOT STOP THESE MEDICATIONS, PLEASE CONTACT OUR OFFICE.**

If you must take medication for pain, you **CAN** take acetaminophen (Tylenol). You **CANNOT** take any Ibuprofen product (Motrin, Aleve, Advil).

If **you are a DIABETIC**, please notify this office so the doctor can give you instructions for the day of the procedure.

**IT IS IMPORTANT THAT YOU BRING A LIST OF ALL THE MEDICATIONS YOU ARE CURRENTLY TAKING WITH YOU TO THE HOSPITAL. THIS LIST SHOULD INCLUDE THE NAME OF THE MEDICATION, THE DOSAGE, AND THE FREQUENCY YOU TAKE THE DRUG.**

Please notify this office **IMMEDIATELY** if you require antibiotics before this procedure.

Your procedure is scheduled for:  
**DAY/DATE:**

**PLACE:**

**TIME:**

**REPORT TO ADMISSIONS AT:**