



ERCP Patient Consent Form

Patient Information:

- **Full Name:** _____
- **Date of Birth:** _____

I, the undersigned consent for an ERCP. Endoscopic Retrograde Cholangiopancreatography (ERCP) is a specialized technique used to study the ducts (drainage routes) of the gallbladder, pancreas, and liver. This procedure involves the insertion of an endoscope through the mouth and into the first part of the small intestine where dye can be injected into the ducts. It is recommended to diagnose and often treat conditions such as gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer.

Participation in this procedure carries risks including, but not limited to sore throat, bloating, abdominal pain, pancreatitis, infections, bleeding at the site of an intervention, perforation of the intestine, and reactions to anaesthesia. Complications can lead to additional treatments, hospitalization, or, rarely, death.

ERCP can provide crucial information about the pancreas, bile ducts, and gallbladder and can also treat certain conditions immediately, avoiding the need for more invasive surgery.

Alternatives to ERCP include magnetic resonance cholangiopancreatography (MRCP), endoscopic ultrasound (EUS), or surgical exploration with their risks and potential pitfalls.

You will receive specific instructions regarding care after the procedure. It is important to follow these instructions to manage pain and avoid complications.

Patient Acknowledgment:

- I have had the opportunity to ask questions about the procedure, risks, benefits, alternatives, and preparation. I understand the information provided and voluntarily consent to proceed with the ERCP. I consent to any necessary treatment or interventions that may arise during the procedure.

Signatures:

Patient Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____