Franklin Medical Group, PC
Digestive Disease Center

60 Westwood Ave. Waterbury, CT 06708 (ph. 203-574-3007) (fax 203-573-1739)
1154 Highland Ave. Cheshire, CT 06410 (ph. 203-709-4818) (fax 203-709-5234)
3801 East Main St. Waterbury, CT 06705 (ph. 203-709-4001) (fax 203-709-5290)

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Russell Parvin, M.D.
Michele Pierce, PA-C

<u>Please read and sign the consent forms and complete the patient information forms.</u>

<u>We must receive these completed forms before your Procedure can be performed.</u>

You can mail these forms to the Waterbury address
Listed above or they may be faxed to our office at 203-573-1739.

Thank You.

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INSTRUCTIONS FOR ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

1. You are to have nothing to eat or drink after midnight the night before the procedure.
2. Someone must be available to drive you home following the procedure.
3. Aspirin products, Ibuprofen, Aleve, iron tablets and blood thinners (i.e. Coumadin, Heparin, Naprosyn) must be discontinued one week before the procedure.
4. **It is important to let the doctor know if you have any allergies.**
5. The following medications should be taken with a small sip of water before going for your procedure.

   ____

   Any other medications should not be taken until after the procedure.

6. If you are diabetic, you are to take your medication as follows:

   ____

7. Please bring with you a list of all medications that you take on a regular basis.

Your procedure is scheduled for :_________at:___________________ Hospital by Dr.____________.

_____ **ST. MARY'S HOSPITAL**: 56 Franklin St. Waterbury, CT.
Please report to the admitting office on the second floor.
THE HOSPITAL WILL CALL YOU THE DAY BEFORE YOUR PROCEDURE WITH YOUR TIME.

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The following is a list of products containing aspirin, aspirin-like compounds, Ibuprofen, and Naproxen sodium.
PLEASE DO NOT TAKE THESE PRODUCTS FOR ONE WEEK PRIOR TO YOUR PROCEDURE.

Prescription products containing aspirin or aspirin-like compounds:

Actron
Cataflam
Celebrex
Darvon Compound 65
Disalcid Capsules/Tablets
Dolobid
Easprin Tablets
Empirin with Codeine Tablets
Equagesic Tablets
Fiorinal with Codeine Capsules/Tablets
Halfprin
Lodene
Lortab ASA Tablets
Magsal Tablets
Mono-Gesic Tablets
Norgesic & Norgesic Forte Tablets
Orudis
Percondan and Percodan-Demi Tablets
Plavix
Ponstel
Relafen
Robaxisal Tablets
Salflex Tablets
Soma Compound Tablets
Synalgos-DC Capsules
Talwin Compound Tablets
Toradol
Trilisate Tablets/Liquid
Vioxx

Prescription Products Containing Ibuprofen:

Motrin Tablets
Children’s Advil Suspension
Children’s Motrin Suspension

Prescription Products Containing Naproxen/Naproxen Sodium:

Anaprox/Anaprox DS Tablets
Naprelan
Naprosyn Suspension/Tablets

Nonprescription Products Containing Ibuprofen:

Advil Caplets/Tablets
Advil Cold, Sinus Caplets
Bayer Select Ibuprofen Pain Relief Formula Caplets
Dristan Sinus Caplets
Haltran Tablets
Ibuprofen Caplets/Tablets
Midol IB Tablets
Motrin IB Caplets/Tablets
Nuprin Ibuprofen Caplets/Tablets
Sine-Aid IB

Non-Prescription Products Containing Aspirin and/or Aspirin-like Compounds:

Alka-Seltzer Antacid/Pain Reliever
Effervescent Tablets
Alka-Seltzer Plus Cold Medicine Tablets
Anacin Caplets/Tablets
Anacin Maximum Strength Tablets
Arthritis Pain Formula Tablets
Arthritis Strength Bufferin
Ascriptin Caplets/Tablets
Ascriptin A/D Caplets
Aspergum
Bayer Aspirin Caplets/Tablets
Bayer Children's Chewable Tablets
Bayer Plus Tablets
Maximum Bayer Caplets/Tablets
8 Hour Bayer Extended Release Tablets
BC Powder
BC Cold Powder
Buffaprin Caplets/Tablets
Bufferin Arthitis Strength Caplets
Bufferin caplets/Tablets
Cama Arthritis Pain Reliever Tablets
Doan's Pills Caplets
Ecotrin Caplets/Tablets
Empirin Tablets
Tablets Excedrin Extra Strength Caplets/Tablets
Midol Caplets
Mobigesic Analgesic Tablets
Norwich Tablets
P-A-C Analgesic Tablets
Pepto Bismol Liquid/Tablets
Sine-Off Tablets, Aspirin Formula
St. Joseph Adult Chewable Aspirin
Therapy Bayer Caplets
Trigesic
Ursinus Inlay-Tabs
Vanquis Analgesic Caplets

Non-Prescription Products Containing Naproxen Sodium:
Aleve Caplets/Tablets

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ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

This is an explanation of the procedure you are going to have. After you have read it you will be asked to sign a permit giving the doctor permission to perform the test.

ERCP is a test used to examine the pancreas, bile ducts, gall bladder and liver when an abnormality is suspected based on history, physical examination, blood tests, or x-rays. An alternative would be an abdominal operation or a transhepatic cholangiogram (performed by injecting dye through a needle inserted into the liver). The x-rays obtained by ERCP are superior to those obtained by other types of x-rays.

The procedure is done in the x-ray department and takes 1½ hours. You will be asked to have nothing to eat or drink after midnight the night before the test. The doctor will tell you whether to take any of your regular medications. When you arrive for the test the nurse will check your pulse and blood pressure and insert an intravenous line into to vein so that you can receive medications. **IT IS IMPORTANT TO LET THE DOCTOR KNOW IF YOU HAVE ANY ALLERGIES.** Your throat will be sprayed with an unpleasant tasting liquid which numbs the throat so that you will not gag. Medications will be given through the intravenous line to help relax and sedate you.

A thin fiberoptic tube called a duodenoscope will be passed through the mouth and the back of the throat into the upper intestinal tract. A small plastic tube (cannula) is guided through the duodenoscope and into the opening from the bile duct and pancreas. Dye is injected into the ducts and x-rays are taken. If necessary, a different cannula called a papillotome may be inserted into the bile duct and an incision can be made to remove stones or relieve a stricture. Other types of cannulas such as a basket (for removing stones from the duct) or stents (to allow pancreatic juice or bile to flow properly into the intestine) may be used.

As with any test there may be complications. We want you to be aware of these possibilities:

-Inflammation of the pancreatic ducts (pancreatitis) may occur from irritation by the dye.

-Perforation or a tear in the lining or the throat, esophagus, stomach, or duodenum may occur. This may be managed by simply aspirating the fluid until the tear closes or may require surgery.

-A blood stream infection may occur if there is blockage of the bile ducts.

-Inflammation of the vein (phlebitis) may occur from the intravenous line or the medications. This may produce a tender lump which may last for several weeks to months. This eventually goes away.

-Allergic reactions, drug reactions, and complications from unrelated diseases such as heart attack or stroke may occur.

-Extremely rare is the possibility that death may occur.

If you have any questions about this test, they will be answered for you before you sign this form and the hospital permission form. Our office staff will be happy to discuss the cost of this test, our method of billing, and insurance coverage.

I understand the benefits and possible risks associated with this procedure and give permission to Dr.__________________ to perform the above test.

PRINT PATIENT NAME:____

PATIENT SIGNATURE:_______________________________________DATE:____________________

WITNESS:____

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SUMMARY OF NOTICE OF PRIVACY PRACTICES

By Law, we are required to provide you with our Notice of Privacy Practices. This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to a report of disclosures of your information.
6. The right to a paper copy of this notice.

Please be advised that we may:

1. Call your name when the doctor is ready to see you.
2. Leave test results or messages on your answering machine.
3. Take your charts out of the office for dictation, review, or to see you in our satellite office.
4. Call your place of employment and ask to speak with you.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned Patient or legally authorized representative ("Agent") of the Patient acknowledges that he or she personally received a copy of the DIGESTIVE DISEASE CENTER Notice of Privacy Policies on the date below.

Signature:____ Date:___________________________

Patient (print)____

Information about Agent (attach appropriate documentation):

Agent:____

Title:____

I grant permission to DIGESTIVE DISEASE CENTER to share my Protected Health Information with the following individuals:

Name:____________________________Phone#________________Relationship to Patient____________

Name:____________________________Phone#________________Relationship to Patient____________

Name:____________________________Phone#________________Relationship to Patient____________

Signature of Patient:____ **Date:**___________________________

FRANKLIN MEDICAL GROUP, P.C.
DIGESTIVE DISEASE CENTER

(PRINT) NAME:____DOB:_____________

E-MAIL ADDRESS:____

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race:

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Unknown

☐ Hispanic

☐ Mixed Racial Heritage (two or more race)

Signature:____Date:___________________