NHS Humber Health Partnership

Endoscopic Retrograde Cholangiopancreatography (ERCP)

**INFORMATION CHECKLIST**

This leaflet contains important information about **ERCP.** It provides information to enable you to make decisions about whether you are in agreement with the planned **ERCP**. **It is extremely important that you read this leaflet.**

In particular it provides information about the purpose, intended benefits, side effects, and risks of an **ERCP**. It also explains consent to undergo the procedure and where further information can be found and from whom.

Sources of further information and contacts are given at the end of this leaflet.

**THIS WILL FORM PART OF THE CONSENT FOR YOUR PROCEDURE**

**PLEASE COMPLETE AND SIGN THE CHECKLIST BELOW:**

I have read the ERCP leaflet. Yes No

I understand the information it contains. Yes No

I understand the purpose of my ERCP, possible

intended benefits and alternative tests. Yes No

I accept that there are potential risks of pancreatitis,

bleeding, perforation (puncture, tear, hole) or infection

and I have been given every opportunity to discuss this

with my consultant and/or person performing the ERCP –

the endoscopist. Yes No

I understand and accept that biopsies (samples of tissue)

may be taken. Yes No

I accept that spincterotomy and/or stent insertion

may be required if deemed necessary by the endoscopist. Yes No

I feel I have had the opportunity to seek further

information, ask questions and have received information

and answers to my satisfaction. Yes No

Patient Name ……………………………………………………………………………..

Signature ………………………………………………………………………………….

Date ………………………………………………………………………………………..

**ANY QUESTIONS YOU MAY HAVE:**