# ERCP Report

**NewCura Health**
**200 Unity Circle North, Suite A**
**Lee's Summit, Missouri 64063**

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| **Name:** | Jason Cunningham | | |
| **MRN:** | 139178 | **DOB:** | 8/17/1931 |
| **Gender:** | Male | **Age:** | 95 |
| **Date:** | 11/3/2026 | **Time:** | 10:51 AM |
| **Account:** | A12556 | | |

**Endoscopist(s):**
John Collins, MD

**Referring Physician(s):**
Janette Valadez, MD

**Medication(s):**
See Anesthesiologist Report

**Indications:**

**Description of Procedure:**

Informed consent was obtained with the risks, benefits, and alternatives of ERCP and sedation explained, including but not limited to: pancreatitis, infection, bleeding, aspiration, perforation, adverse medication reaction, missed diagnosis, and missed lesions and prolonged hospitalization. The patient verbalized understanding and signed the informed consent form to proceed with the ERCP and sedation. No contraindications were noted on physical exam. The patient was re-examined and no interval changes were noted from the preoperative history and physical. After the patient was transferred to the procedure room, two methods of identification were used to identify the patient and the procedure to be performed prior to the procedure. Monitored anesthesia care was provided by anesthesia service. The patient was placed in the semi-prone position. The scope was inserted into the mouth and then advanced to the in the area of papilla. No blood was lost during the procedure. The patient tolerated the procedure well. Upon discharge from the endoscopy suite, the patient will be recovered per established procedures and protocols.

**Findings:**

**Ampulla:**
Ampulla appeared normal with small papillary orifice.
Examination revealed a previous stent in the duodenum. A stent removal was performed.

**Cannulation:**
Selective, deep bile duct cannulation was performed 44 TRUEtome cannulation device with the assistance of a 0.035 inch wire access. Opacification was then completed. The procedure was confirmed by fluoroscopy and bile aspiration.

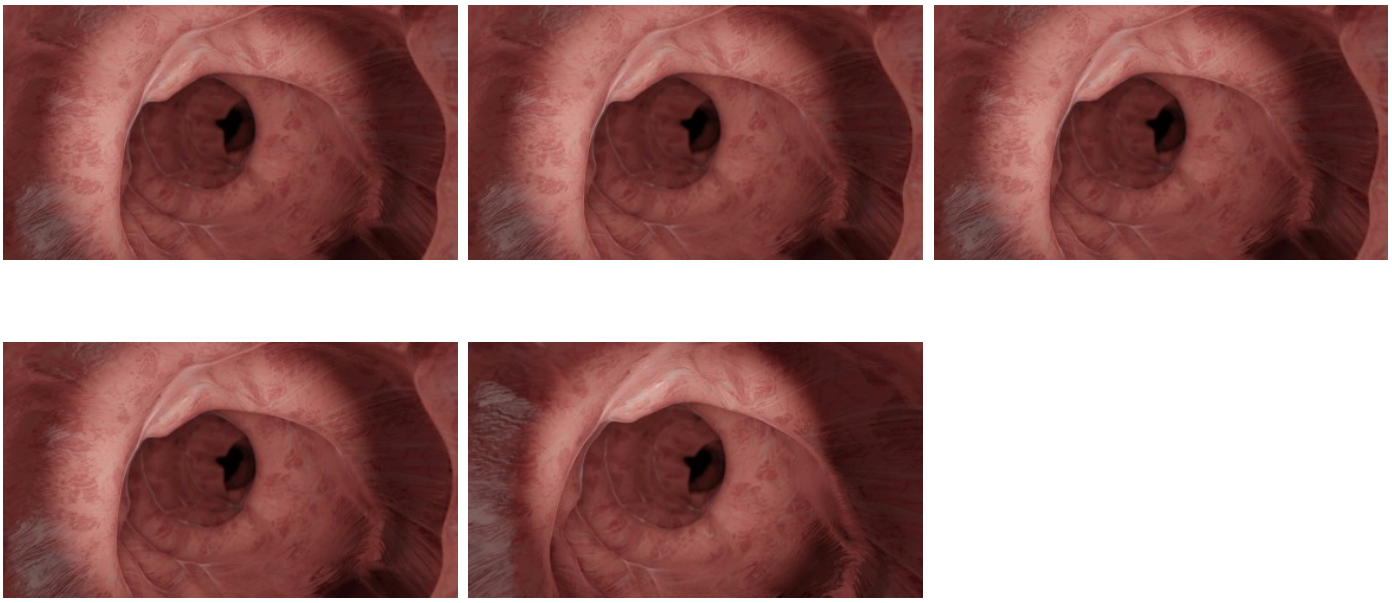
**Cholangiogram:**
The intrahepatics appeared normal in size and caliber.
There was a filling defect in the distal CBD consistent with stones.
A dilation was performed with a balloon in the common bile duct. The dilation was achieved with the use of a 12mm balloon.

**Interventions:**
A sphincterotomy was performed.
A sphincteroplasty was performed with mild oozing of blood that resolved spontaneously prior to dilation. A dilation was achieved with the use of a 12mm balloon with extraction of stone, debris, and sludge.

**Suggested Billing Codes:**

Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) (43275)
Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) (43265)
Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct (43277)
Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy (43262)

**Images:**



John Collins, MD
eSigned by: John Collins, MD at 10:52 AM on 11/3/2026