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Achieving an extremely low incidence of Post-ERCP Pancreatitis.
Lessons learned from 1324 cases at a surgical endoscopists multi-disciplinary unit.

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NHS
Frimley Health
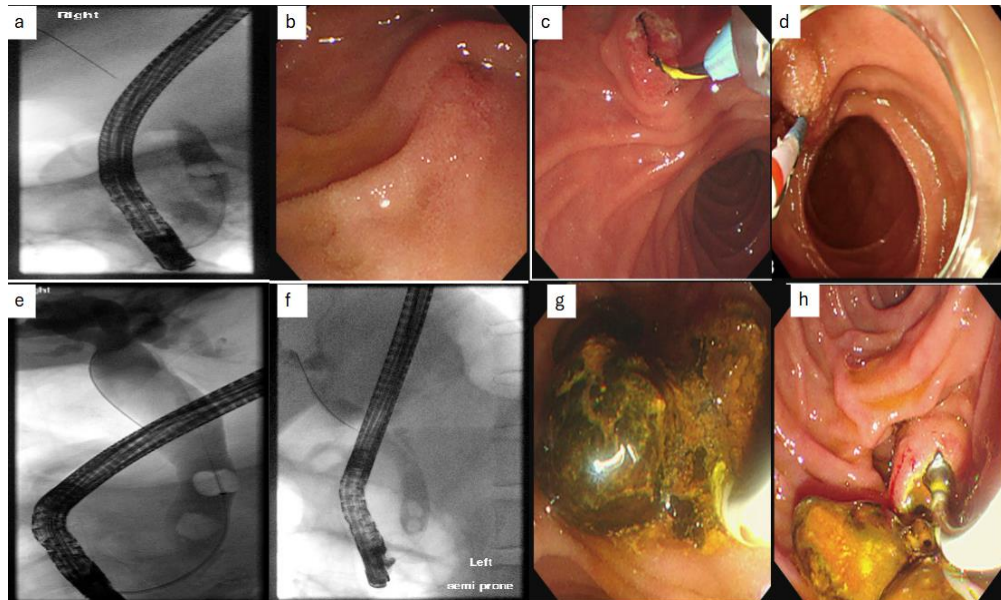**NHS Foundation Trust**

Background

- ERCP is a vital, yet challenging tool used almost exclusively for therapeutic purposes.
- Post ERCP Pancreatitis (PEP) remains the most common and significant insult to patients and healthcare. Prevention of PEP still remains unclear.
- Aims: To evaluate a refined surgical ERCP practice for key performance indicators (KPIs) with focus on PEP.
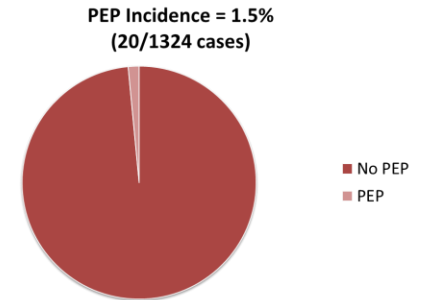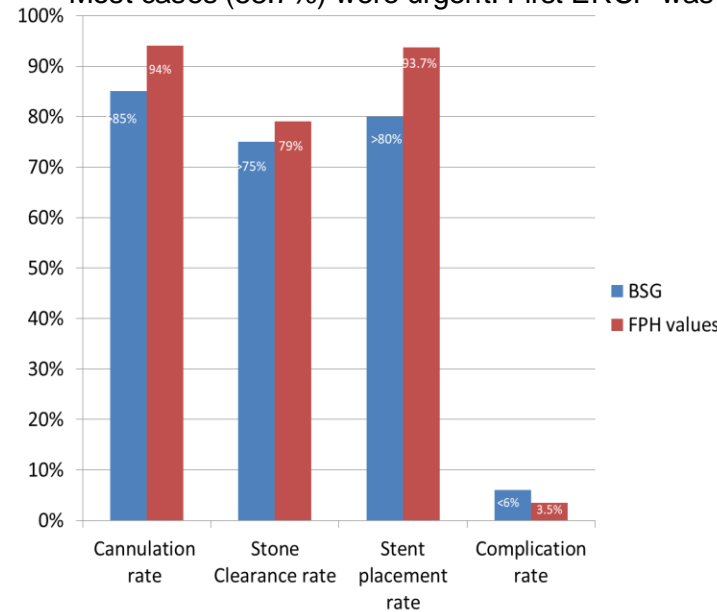
Methods

Key technical aspects:
1. Endoscope in short position (a)
2. Minimum papilla contact for cannulation (papilla in b)
3. sphincterotomy at 11 o'clock (c)
4. guidewire assisted (c)
5. avoid pancreatic duct cannulation - if doubt, aspirate for bile before injecting contrast
6. consider needle-knife sphincterotomy early for access (d)
7. Diclofenac (per-rectal) 100mg

(e)-fluoroscopic imaging of large CBD stone, (f)- fluoroscopic imaging of distal CBD stones, (g)&(h)-stone extraction

Retrospective cohort study (Oct 2020 – June 2024), single institution.
Team consists of 3 endoscopists, anaesthetists, peri-operative staff, ERCP trained nurses.
Mix of emergency and elective cases. Tailored fasting time. Propofol sedation.

Results

- Total cases - 1324 consecutive unselected ERCPs {Schutz levels 1-4), 353 cases yearly.
- M:F - 44:56, Age range 18 - 101 years (median 72).
- Most cases (58.7%) were urgent. First ERCP was in 750 cases

Legend:
- BSG
- FPH values

Cannulation rate: 85% / 94%
Stone Clearance rate: 75% / 79%
Stent placement rate: >80% / 93.7%
Complication rate: <6% / 3.5%

PEP Incidence = 1.5% (20/1324 cases)

- No PEP
- PEP

PEP
In First ERCP – 19/20
M:F = 40:60
Median age – 72 (31-89 yrs)

Conclusions

- A standardised technique and pathway through a high-volume unit and endoscopists promotes excellence and augments prevention of Post-ERCP Pancreatitis.
- Recent societies' guidance supports the above bar exceptions e.g., timing of rectal suppository and pancreatic stenting.
- Stone clearance at 1st ERCP possibly reflects urgency of cases and time constraints.