Video case: ERCP in Roux-en-Y: Laparoscopy-assisted ERCP or endoscopic ultrasound-directed transgastric ERCP?

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The speaker outlined two complementary approaches for ERCP in Roux-en-Y gastric bypass anatomy: laparoscopy-assisted ERCP and ultrasound-directed transgastric ERCP (EDGE), emphasizing that clinical scenario determines the optimal technique.

KEY POINTS

- Laparoscopy-assisted ERCP uses a 15mm trocar to pass the duodenoscope and is the speaker's recommended first option when patients have both bile duct stones and gallbladder stones requiring cholecystectomy.
- The EDGE technique uses lumen-apposing metal stents (preferably 20mm diameter) to create a gastrogastric fistula, and the speaker stated it enables easier retreatment for strictures, chronic pancreatitis, or bleeding.
- The speaker reported that both techniques achieve near 100% technical success with similar adverse event rates, but laparoscopy-assisted ERCP has much longer procedure duration.
- The speaker fixed the lumen-apposing stent with suture, dilated it to 18mm, and emphasized very gentle passage of the side-viewing scope through the rigid short tract.
- The speaker stated that fistula persistence after stent placement occurs in approximately 4% of cases and weight change with the stent is between 1 and 4 kg.
- The speaker recommended these procedures be performed in referral centres and disclosed performing roughly five to six cases per year at his institution.

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