Summary: Are you stuck in the biliary cannulation nightmare: Wake up, here comes the sun

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The speaker advocates for systematic use of the Haraldson classification in ERCP reporting because emerging data links papillary morphology to ERCP efficacy and safety outcomes.

KEY POINTS

- The speaker recommends using the Haraldson classification for papilla reporting, noting that emerging data associate it with different efficacy and safety measures of ERCP.
- Type two papilla carries a stated risk of more than 10% for post-ERCP pancreatitis, requiring heightened awareness and trainee support.
- When cannulation is difficult, the speaker advises turning to advanced techniques such as double guidewire, transpancreatic sphincterotomy, or needle knife enterotomy rather than damaging the papilla with unnecessary manoeuvres.
- For altered anatomy cases, the speaker recommends multidisciplinary team discussion with surgeons to decide the best approach, noting that sophisticated methods now exist to remove stones and manage biliary obstruction.
- The speaker references ESG guideline evidence from a large meta-analysis indicating that papillary morphology influences ERCP risks.

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