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Summary

Prevention of post-ERCP pancreatitis: From stenting to fluids or drugs

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Endoscopy | Pancreas | Radiology & Imaging

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The speaker reviewed evidence-based strategies to prevent post-ERCP pancreatitis, including patient selection, rectal NSAIDs, pancreatic stenting, aggressive fluid resuscitation, and a novel cold water irrigation technique.

KEY POINTS

- The speaker stated that average post-ERCP pancreatitis risk is 5% in population-based studies but may reach 15% in high-risk patients with factors such as history of pancreatitis, difficult cannulation, or pancreatic duct manipulation.
- Rectal NSAIDs (100mg diclofenac or indomethacin) before ERCP are recommended by ASGE for all patients and by ESGE for patients without contraindication, based on a trial by Elmunzer showing reduced pancreatitis rates in high-risk patients.
- Prophylactic pancreatic duct stenting is recommended for patients with repeated or deep pancreatic duct access, ampullectomy, or high-risk features when the duct is easily accessible.
- The speaker reported that a Japanese multicenter trial of cold water irrigation (ice water in duodenum for 2 minutes) reduced pancreatitis from 7% to 3% in average-risk patients.
- ASGE recommends aggressive fluid resuscitation in unselected patients, though a Dutch study found no added benefit when combined with NSAIDs, and the speaker noted that optimal combination strategies remain unclear.
- The speaker emphasized careful review of ERCP indication to ensure the pancreatitis risk is justified and recommended limiting standard cannulation attempts to 5 attempts or 5 minutes.

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