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Summary

ERCP-related adverse events:European Society of Gastrointestinal Endoscopy (ESGE) Guideline

Jean-Marc Dumonceau

Standards and Guidelines

Endoscopy

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ESGE guideline recommendations address prophylaxis and treatment of complications associated with endoscopic retrograde cholangiopancreatography (ERCP).

KEY POINTS

- Routine rectal administration of 100mg diclofenac or indomethacin immediately before ERCP is recommended in all patients without contraindications to nonsteroidal antiinflammatory drugs (strong recommendation, moderate quality evidence).
- Prophylactic pancreatic stenting is recommended for selected high-risk patients, including those with inadvertent guidewire insertion or opacification of the pancreatic duct and double-guidewire cannulation (strong recommendation, moderate quality evidence).
- Routine antibiotic prophylaxis before ERCP is not recommended, but is suggested for anticipated incomplete biliary drainage, severely immunocompromised patients, and when performing cholangioscopy (strong and weak recommendations, moderate quality evidence).
- For post-ERCP complications, temporary placement of a biliary fully covered self-expandable metal stent is suggested for post-sphincterotomy bleeding refractory to standard hemostatic modalities (weak recommendation, low quality evidence).
- This guideline is relevant for gastroenterologists and endoscopists performing ERCP procedures.

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