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Summary

PREDICTING DIFFICULT BILIARY CANNULATION IN ERCP – DEVELOPMENT OF AN INNOVATIVE MODEL

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A prospective study of 278 naïve papilla ERCP cases identified pre-cannulation predictors of difficult biliary cannulation, including duodenoscope maneuverability limitations, papilla positioning challenges, papilla size, and trainee involvement.

KEY POINTS

- Difficult biliary cannulation was defined as taking longer than 5 minutes, requiring at least 5 attempts, or involving at least one pancreatic duct cannulation.
- Inability to move the duodenoscope to the desired position in D2 increased cannulation time by 3 minutes and 36 seconds and raised the probability of difficult cannulation by 24.05 percentage points.
- Inability to achieve a short scope position increased the probability of difficult cannulation by 53.81 percentage points, and inability to position the papilla as desired increased it by 21.63 percentage points.
- Each millimeter increase in the longitudinal axis of the papilla raised the probability of difficult cannulation by 1.63 percentage points, and trainee involvement added 4 minutes to cannulation time and increased difficult cannulation probability by 22.87 percentage points.
- The authors conclude that predicting difficult biliary cannulation before attempting it may inform ERCP training program design and strategies to reduce post-ERCP pancreatitis.

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