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Summary

Cholangioscopy

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Pancreas | Hepatobiliary | Endoscopy

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This educational presentation reviewed common mistakes to avoid in cholangioscopy and outlined quality standards, training requirements, and performance measures based on recent ESG guidance.

KEY POINTS

- The speaker outlined appropriate indications for cholangioscopy including indeterminate biliary strictures, complex biliary stones, evaluating cholangiocarcinoma extension, IPMN assessment, treating pancreatic stones, and advanced therapeutic procedures such as extracting migrated stents.
- Performance measures from the ESG position statement include minimum 200 ERCPs per centre and 10 cholangioscopy procedures per operator, achieving adequate assessment in 90% of cases, taking at least 4 biopsies, and obtaining sufficient tissue for histology in 80% of cases.
- For stone clearance, the speaker stated the target is 80% complete clearance of extrahepatic stones in the initial session, though a meta-analysis of 35 studies with over 1700 patients did not reach this threshold, with adverse effects reported in almost 9% of cases.
- Two intraductal lithotripsy modalities are available: laser and electrohydraulic lithotripsy, with a review suggesting laser appears superior to electrohydraulic lithotripsy with similar adverse effects, though comparative data have limitations including lack of head-to-head randomized trials.
- The speaker recommended prophylactic antibiotics before cholangioscopy despite one large retrospective study showing comparable infectious complications without antibiotics, and expressed a personal preference for deep sedation or general anaesthesia with intubation for complex stone procedures.

– Training should follow a stepwise approach starting with standard cases such as extrahepatic biliary stones and subhilar strictures before progressing to advanced procedures like intrahepatic disease or pancreatoscopy, with simulation training recommended and full ERCP competence required as a prerequisite.

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