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Summary

OUTPATIENT ERCP: EVALUATING PRECUT TECHNIQUES VERSUS STANDARD SPHINCTEROTOMY FOR BILIARY ACCESS

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A retrospective analysis of 159 outpatient ERCPs found that precut techniques after failed standard cannulation demonstrated comparable safety to standard sphincterotomy, with similar complication rates and high cannulation success.

KEY POINTS

- Precut techniques achieved 89.2% cannulation success (33/37 patients) compared to 97.5% overall success in the outpatient cohort of 159 naïve papillae cases between 2020 and 2024
- Post-procedure complication rates were not significantly different between precut and standard sphincterotomy groups: 5.4% versus 7.4% respectively (p=0.860)
- Overall complication rate across both groups was 6.9% (11/159 patients) with no significant difference in baseline characteristics or ERCP indications between groups
- The findings support selective use of precut methods in the outpatient setting, challenging the traditional view that precut techniques are high-risk and should be reserved for high-volume centers

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