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Summary

Prevention of post-ERCP pancreatitis

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Education & Training | Endoscopy | Pancreas | Standards & Guidelines

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Rectal NSAIDs and intravenous fluids should be used for all patients undergoing ERCP to prevent post-ERCP pancreatitis, with prophylactic pancreatic duct stenting reserved for high-risk cases, according to current evidence and guidelines.

KEY POINTS

- The speaker reported that post-ERCP pancreatitis incidence remains around 10 percent overall and 14 percent in high-risk patients based on data from 145 randomised controlled trials.
- Rectal indomethacin or diclofenac at 100 milligrams given within 30 minutes of the procedure reduces post-ERCP pancreatitis risk by 50 percent in both unselected and high-risk patients, with a strong recommendation and moderate quality evidence from ACG and ASG guidelines.
- Prophylactic pancreatic duct stenting reduces post-ERCP pancreatitis risk by 65 percent and is strongly recommended for patients undergoing ampullectomy or with repeated deep pancreatic duct access, with conditional recommendation for difficult cannulation.
- Wire-guided cannulation is preferred over contrast-guided technique and reduces pancreatitis risk by 50 percent, though the recommendation is conditional with moderate quality evidence.
- The speaker stated that network meta-analysis showed the most effective therapy was intravenous fluids combined with rectal indomethacin, though pancreatic stents also demonstrated good effect size.
- The speaker emphasized that stents must remain in place for at least 48 hours as removal within that timeframe is associated with very high rates of post-ERCP pancreatitis, and recommended plain abdominal X-ray at 10 to 14 days to check for spontaneous dislodgement.

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