

THE UK NATIONAL ERCP SURVEY: ADHERENCE TO GUIDANCE AND ACCESS TO ACUTE CARE

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Poster

Hepatobiliary

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A national survey of 171 UK organisations and 386 ERCP practitioners reveals substantial practice variation in common bile duct stone management and pancreatic stent placement, alongside limited access to out-of-hours procedures and deep sedation or general anaesthesia.

KEY POINTS

- For intermediate-likelihood common bile duct stones, 9% proceed directly to ERCP while 76% request MRCP or EUS first, and 11% arrange same-session EUS with or without ERCP.
- After two or more inadvertent guidewire passes into the pancreatic duct, 25% of practitioners always place a pancreatic stent, 51% usually do, 19% rarely do, and 5% never do; in 10% of organisations the standard practice is usually not to insert a stent.
- Out-of-hours ERCP (1800-0800) is unavailable most of the time in 63% of organisations, and weekend ERCP is unavailable most of the time in 59%, with one-third relying on unpaid or goodwill arrangements.
- Only 26% of organisations have regular weekly access to deep sedation or general anaesthesia lists, while 55% of practitioners report suboptimal patient tolerance with conscious sedation affecting therapeutic intent in the past month and 62% would prefer to perform all ERCPs under deep sedation or general anaesthesia.
- Compliance with NICE quality standard for ERCP within 72 hours for common bile duct stones causing jaundice is achieved all or most of the time in 86% of organisations, and within 24 hours for emergency cases in 66%.

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