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Summary

Beyond the basket: A nurse's guide to navigating difficult stones in ERCP (OLYMPUS EUROPA SE & CO. KG)

UEG Week Barcelona 2026 | Presentation

Nurses

October 17, 2026

An educational presentation for nurses on managing difficult biliary stones during ERCP, covering device selection, treatment pathways, and team preparation strategies.

KEY POINTS

- The speaker teaches that approximately 90% of cases involve stones 10-15mm in diameter treated with standard ERCP and sphincterotomy, using either basket or balloon extraction based on physician preference and stone characteristics.
- For larger or impacted stones above 15mm, the speaker describes papillary dilation as first-line treatment after limited sphincterotomy, with careful attention to avoid papillary perforation or tearing by selecting the correct balloon diameter.
- The speaker emphasizes that nurses should anticipate difficult stone pathways in advance, always have emergency lithotripsy handles available when performing basket retrieval, and ensure baskets are compatible with emergency handles.
- Mechanical lithotripsy can become necessary in rescue situations when baskets become stuck, requiring nurses to maintain wire control, keep an organized workspace, and remember that balloon extraction is still needed after stone fragmentation.
- The speaker recommends a minimum team of one physician and two nurses for complex cases, with a dedicated ERCP checklist in each hospital to guide device selection and support less experienced staff.
- In the speaker's view, the physician-nurse relationship and ability to anticipate each other's needs is more important than years of experience alone, and ERCP competency requires extended observation time before performing primary nurse duties.

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