

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY BY CONVENTIONAL DUODENOSCOPE WITH COLONOSCOPY-ASSISTED PRE-PLACEMENT OF A LONG GUIDE TUBE IN PATIENTS WITH COMPLEX SURGICALLY ALTERED ANATOMY

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Poster

Hepatobiliary

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A retrospective study of 58 patients demonstrates that ERCP using colonoscopy-assisted guide tube placement followed by duodenoscope advancement is feasible and effective in patients with complex surgically altered anatomy.

KEY POINTS

- Among 58 patients with complex surgical anatomy (predominantly Roux-en-Y hepaticojejunostomy, Billroth-II gastrectomy, and pancreaticoduodenectomy), long colonoscopy achieved successful intubation in 94.8% with mean procedure time of 57.7 minutes.
- Initial biliopancreatic duct cannulation succeeded in 63.6% of cases using colonoscopy alone; for the 20 failures, a 250 cm plastic guide tube was left in place to guide a conventional duodenoscope to the target site.
- Duodenoscope cannulation following guide tube placement achieved 100% intubation rate and 85% successful biliopancreatic duct cannulation, with mean procedure time of 83.5 minutes.
- One intestinal perforation occurred during colonoscopy intubation; the authors conclude the technique is a feasible, effective, and safe alternative in experienced hands.
- This material is most relevant to advanced endoscopists managing ERCP in patients with Roux-en-Y or other complex surgical reconstructions.

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