

Complications associated with endoscopic retrograd

Complications associated with endoscopic retrograde cholangiopancreatography

The same risks associated with other endoscopic procedures also apply to patients undergoing ERCP , but risks may be increased because of the increased patient frailty and high sedation levels required. Complications specific to ERCP include duodenal perforation (1.3%), haemorrhage (1.4%) after sphincterotomy , pancreatitis (4.3%) and sepsis (3–30%); the mortality rate approaches 1%. It is important to remember that postsphincterotomy complications may be retroperitoneal and CT scanning should be performed in patients with pain, tachycardia or hypotension post procedure. Although normally mild, post-ERCP pancreatitis can be severe with extensive pancreatic necrosis and is associated with a significant mortality rate (Table 9.5). Where there is no contraindication, patients under going ERCP should receive per-rectal indometacin or diclofenac immediately before or after the procedure to reduce the risk of post-ERCP pancre atitis. Ruggero Oddi , 1866–1913, anatomist and physiologist, Perugia, Italy , wrote about the structure and function of the ampullary sphincter in 1887, when still a student. He struggled in later life with drug addiction. - - -

De /f_i nite Suspected SOD Young
age Normal bilirubin Prior ERCP-
related pancreatitis Dif /f_i cult
cannulation Pancreatic duct
contrast injection Pancreatic
sphincterotomy Balloon dilatation
of biliary sphincter Possible Female

sex Low volume of ERCPs
performed Absent CBD stone CBD,
common bile duct; ERCP ,
endoscopic retrograde cholangio

pancreatography; SOD, sphincter of Oddi dysfunction.

Complications associated with endoscopic retrograde cholangiopancreatography

The same risks associated with other endoscopic procedures also apply to patients undergoing ERCP , but risks may be increased because of the increased patient frailty and high sedation levels required. Complications specific to ERCP include duodenal perforation (1.3%), haemorrhage (1.4%) after sphincterotomy , pancreatitis (4.3%) and sepsis (3–30%); the mortality rate approaches 1%. It is important to remember that postsphincterotomy complications may be retroperitoneal and CT scanning should be performed in patients with pain, tachycardia or hypotension post procedure. Although normally mild, post-ERCP pancreatitis can be severe with extensive pancreatic necrosis and is associated with a significant mortality rate (Table 9.5). Where there is no contraindication, patients under going ERCP should receive per-rectal indometacin or diclofenac immediately before or after the procedure to reduce the risk of post-ERCP pancre atitis. Ruggero Oddi , 1866–1913, anatomist and physiologist, Perugia, Italy , wrote about the structure and function of the ampullary sphincter in 1887, when still a student. He struggled in later life with drug addiction. - - - -

De /f_i nite Suspected SOD Young
age Normal bilirubin Prior ERCP-
related pancreatitis Dif /f_i cult
cannulation Pancreatic duct
contrast injection Pancreatic

sphincterotomy Balloon dilatation
of biliary sphincter Possible Female
sex Low volume of ERCPs
performed Absent CBD stone CBD,
common bile duct; ERCP ,
endoscopic retrograde cholangio

pancreatography; SOD, sphincter of Oddi dysfunction.

Revision #1

Created 2025-12-31 15:32:02 UTC by Omar Ayman

Updated 2025-12-31 15:32:02 UTC by Omar Ayman