

Complications associated with endoscopic retrograde cholangiopancreatography

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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 undergoing ERCP should receive per-rectal indometacin or diclofenac immediately before or after the procedure to reduce the risk of post-ERCP pancreatitis. 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. - - -

Definite Suspected SOD Young
age Normal bilirubin Prior ERCP-
related pancreatitis Difficult
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.

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