

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGR PHY

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This procedure involves the use of a side-viewing duodenos - cope, which is passed through the pylorus and into the second part of the duodenum to visualise the papilla. This is then cannulated, either directly with a catheter or with the help of a guidewire (Figure 9.13). Occasionally a small precut is required to gain access. By altering the angle of approach - one can selectively cannulate the pancreatic duct or biliary tree, which is then visualised under fluoroscopy after contrast injection. The significant range of complications associated with this procedure and improvements in radiological imaging using magnetic resonance cholangiopancreatography (MRCP) have rendered much diagnostic ERCP obsolete, and thus most procedures are currently performed for therapeutic purposes. There is still a role for accessing cytology/biopsy specimens. ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

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