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| --- | --- | --- | --- | --- | --- | --- | --- |
| Table 2. **RESULTS OF LAPAROSCOPY-ASSISTED TRANSGASTRIC ERCP IN RYGB** | | | | | | | |
|  | **Study** | **Nº ERCP\*** | **Success of CBD cannulation** | **ERCP Findings** | **Operative time** | **Complications related to ERCP** | **Complications related to laparoscopic transgastric access** |
| Ceppa et al.  2007[137] | R | 5 | 80 % (4/5) | 2 BDS/ 2CBD stones/ 1 CBD sludge | NA | None | None |
| Patel et al.  2008[138] | R | 6 | 100 % | 4 BPS/ 1 CBD stones/ 1 normal | NA | None | None |
| Roberts et al.  2008[139] | R | 5 | 100 % | 2 BPS/ 2 SOD/ 1 CBD stone | 64-93 min | None | None |
| Gutierrez et al.  2009[140] | R | 23 | 100 % | 3 CBC stone/ 1 PC/ 2 N/ 9 SOD/ 5 BPS/ 1 cholecystitis/ 1 BPS+ SOD/ 1BSP+ PS | 200 min (98-138) | 1 postERCP pancreatitis | 17 %  2 leak after g-tube removal/ 1 converted to open/  1 gastrostomy site infection |
| Lopes et al.  2009[141] | R | 9 | 89 % (8/9) | 3 BPS/ 1 CBD stone/ 2 N/ 2 SOD | 89 min (41-245) | 2 postERCP pancreatitis | 11 %  1 pneumotorax |
| Bertin et al.  2011[142] | R | 22 | 100 % (20/20)† | 18 SOD/ 4 Recurrent pancreatitis | 226 min | 1 retroperitoneal perforation | 5 %  1 hematoma of the abdominal wall |
| Richardson et al.  2012[143] | R | 11 | 100 % | 7 CBD stone/ 2 BPS/ 1 SOD/ 1 CP | NA | None | None |
| Saleem et al.  2012[144] | R | 15 | 100 % | 5 BPS/ 2 CBD stone/ 3 CBD sludge/  1 PD/ 1 SOD/ 1 BPS+ SOD/  1 BPS+CBD stenosis/ 1 biliary leak | NA | None | None |
| Schreiner et al.  2012[145] | R | 24 | 100 % | 20 BPS/ 3 CBD stones/ 1 PC | 172 min | 1 postERCP pancreatitis | 8 %  1 enterocutaneous fistula |
| Falca᷉o et al.  2012[146] | R | 23 | 100 % | 17 CBD stone/ 6 BPS | 93 min | 1 postERCP pancreatitis | None |
| Snauwaert et al.  2015[147] | R | 23 | 100 % | 17 CBD stone/ 1 CBD sludge/ 1 BSP  1 N/ 1 CBD transection | NA | None | 9 %  2 converted to open |

R: retrospective; RYGB: Roux-en-Y gastric bypass, ERCP: endoscopic retrograde cholangiopancreatography; CBD: common bile duct; BPS: benign papillary stenosis; SOD: sphincter of Oddi dysfunction; PC: pancreatic cancer; CP: chronic pancreatitis; PD: pancreas divisum

\*After excluding laparoscopic trangastric access for gastroduodenoscopy and programmed open procedures.

† 2 patients underwent minor papilla cannulation.