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Current status of endoscopic retrograde cholangiopancreatography in patients with surgically altered anatomy

Krutsri C *et al.* Current status of ERCP in patients with surgically altered anatomy

Chonlada Krutsri, Mitsuhiro Kida, Hiroshi Yamauchi, Tomohisa Iwai, Hiroshi Imaizumi, Wasaburo Koizumi

Abstract

Endoscopic retrograde cholangiopancreatography (ERCP) in patients with surgically altered anatomy must be performed by a highly experienced endoscopist. The challenges are access to the afferent limb in different types of reconstruction, cannulating a papilla with a reverse orientation, and performing therapeutic interventions with uncommon endoscopic accessories. The development of endoscopic techniques has led to higher success rates in this group of patients. Device-assisted ERCP is the endoscopic procedures of choice for higher success rates in short-limb reconstruction; however, these result in lower success rates in long-limb reconstruction. ERCP assisted by endoscopic ultrasonography (EUS) is now popular because it can be performed independent of the limb length; however, it must be performed by a highly experienced and skilled endoscopist. Stent deployment and small stone removal can be performed immediately after ERCP assisted by EUS but the second session is needed for other difficult procedures such as cholangioscopy-guided electrohydraulic lithotripsy. Laparoscopic-assisted ERCP has an almost 100% success rate in long-limb reconstruction because of the use of a conventional side-view duodenoscope, which is compatible with standard accessories. This requires cooperation between the surgeon and endoscopist and is suitable in urgent situations requiring concomitant

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