Factors that led to failed cannulation in ERCP in a tertiary-care centre in one year.

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Aim:

We aim to assess if KPI standards for cannulation at ERCP were achieved and to identify the factors that led to failed cannulation in patients who attended the Mercy University Hospital in Cork in one year.

Background:

The Mercy University Hospital is a leading tertiary hospital in gastroenterology in Ireland. It is also the only centre for hepatobiliary and upper-GIT surgery in the south of Ireland.

ERCP is one of the most challenging endoscopic techniques indicated in a range of pancreatic and biliary diseases . A side viewing duodenoscope allows selective cannulation of the biliary system, and insertion of cannulae into pancreatic/common bile duct, with the biliary system delineated by contrast injection and X-ray imaging.

Due to the presence of other modalities for diagnosis like CT, MRI and EUS , ERCP should be reserved for therapeutic purposes due to complication risk.1

For the individual components of ERCP, ductal cannulation is defined as;
Deep cannulation of the duct (though introduction of contrast into the duct was not mandatory if a satisfactory wire position was obtained)

Standards:

The minimum standard for independent practitioners should be based on an intention to treat and include a <=85% cannulation rate for virgin papilla (BSG and JAK recommendations).

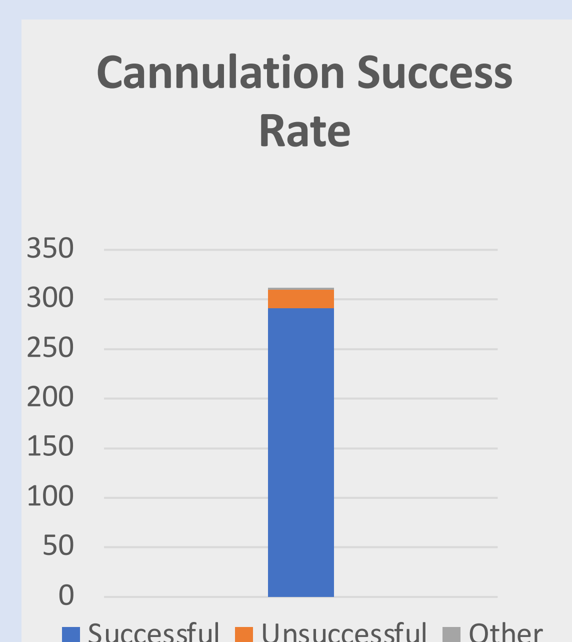
The minimum number of cases is 75 per endoscopist per annum, and 150 cases per facility with the aim of a minimum of 100 cases per endoscopist and 200 cases per facility.

Methods:

The data for the ERCP patients from January 2019 - December 2019 was checked. Patients in whom both biliary/pancreas duct not opacified were ticked. The endoscopy reports for these patients were checked and the corresponding charts were pulled and cross-examined.

Results:

312 cases of ERCP were performed by a single endoscopist (MB) in the period specified. The cannulation was successful in 93.0% (291) .
6.1 % (n=19) were identified as failed cannulation.

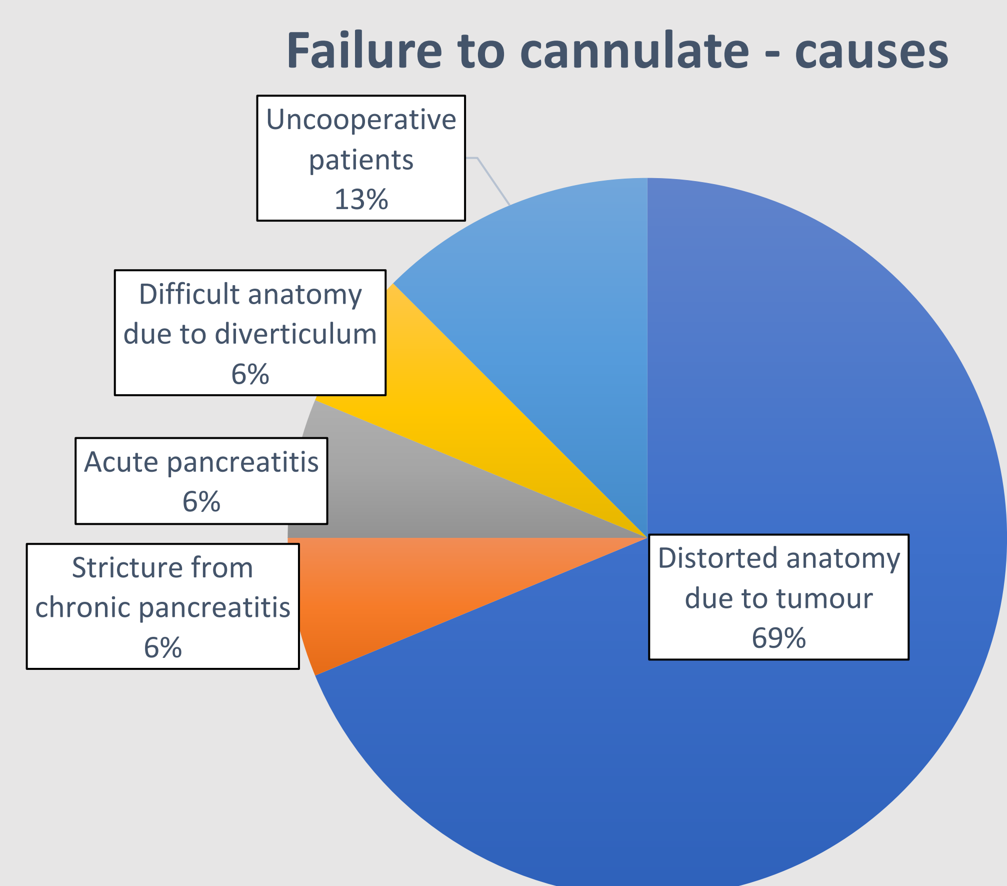


57.9 % (n=11) of unsuccessful patients were males and 42.1 % (8) were females. Age groups ranged 40-60 years (n=6). 60—75 years (n=6) and >75 years (n=7).

Results Continued:

The indication for ERCP was stone (n=8), pancreatitis (n=2), pancreatic mass (n=3), jaundice (n=4), CBD leak (n=1) and duodenal adenoma (n=1).

The causes for failure to cannulate were:
distorted anatomy due to tumour (n=11), stricture due to chronic pancreatitis (n=1), acute pancreatitis (n=1), difficult anatomy due to the presence of diverticulum (n=1) & uncooperative pts (n=2)



Conclusion:

International KPI standards are being maintained at MUH.
The audit will be repeated in 1 year to ensure ongoing adherence to standards.