

# ERCP Cannulation Techniques



Jignesh Shah

April 1, 2010

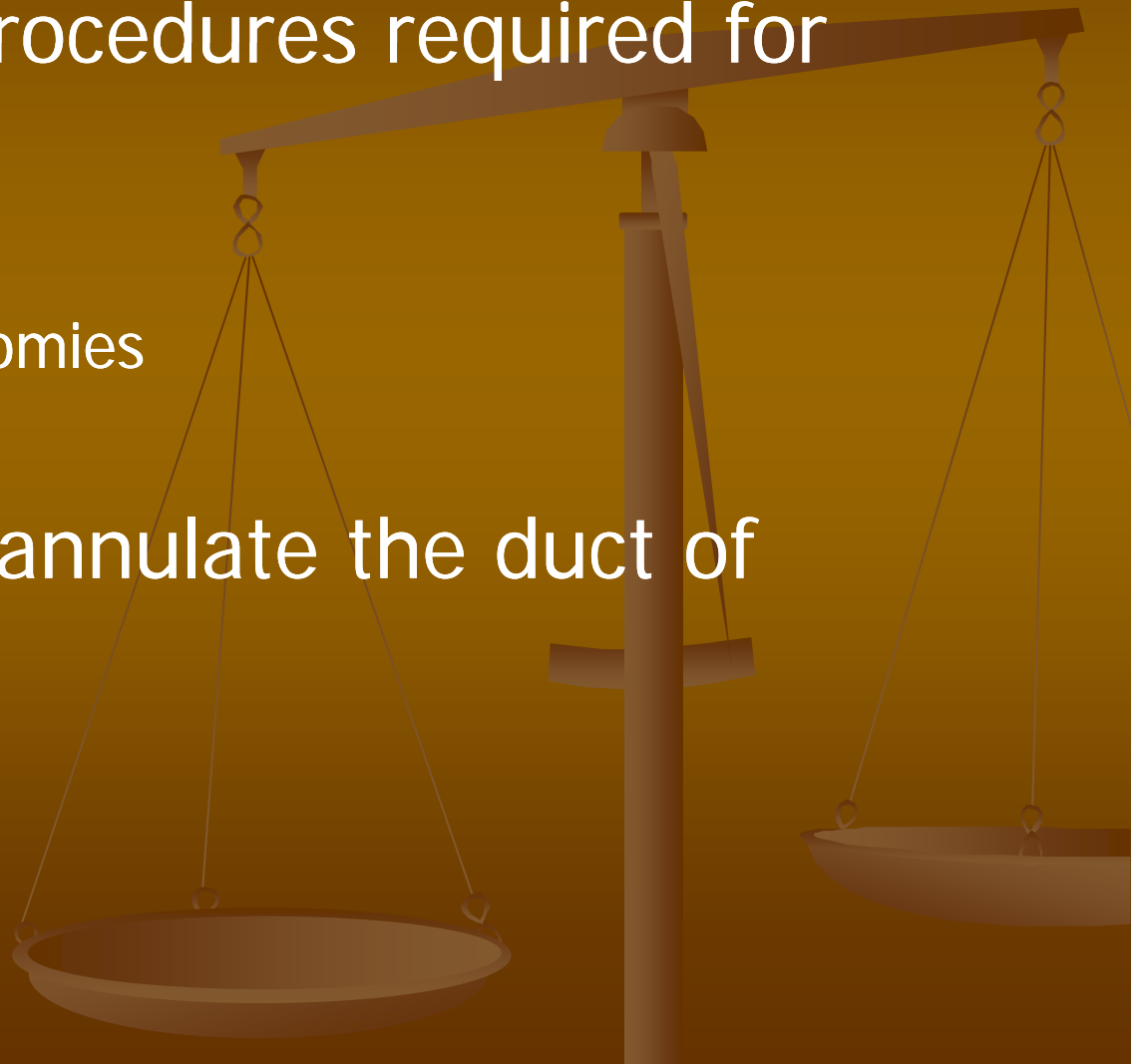
# Define & Measure Success of a Procedure

- Technical Success
- Complications
- Clinical Efficacy



# ASGE Guidelines and Credentialing

- Minimal ERCP Procedures required for competency
  - 200
    - 40 Sphincterotomies
    - 10 Stents
- 80% ability to cannulate the duct of interest



# Cannulation Techniques

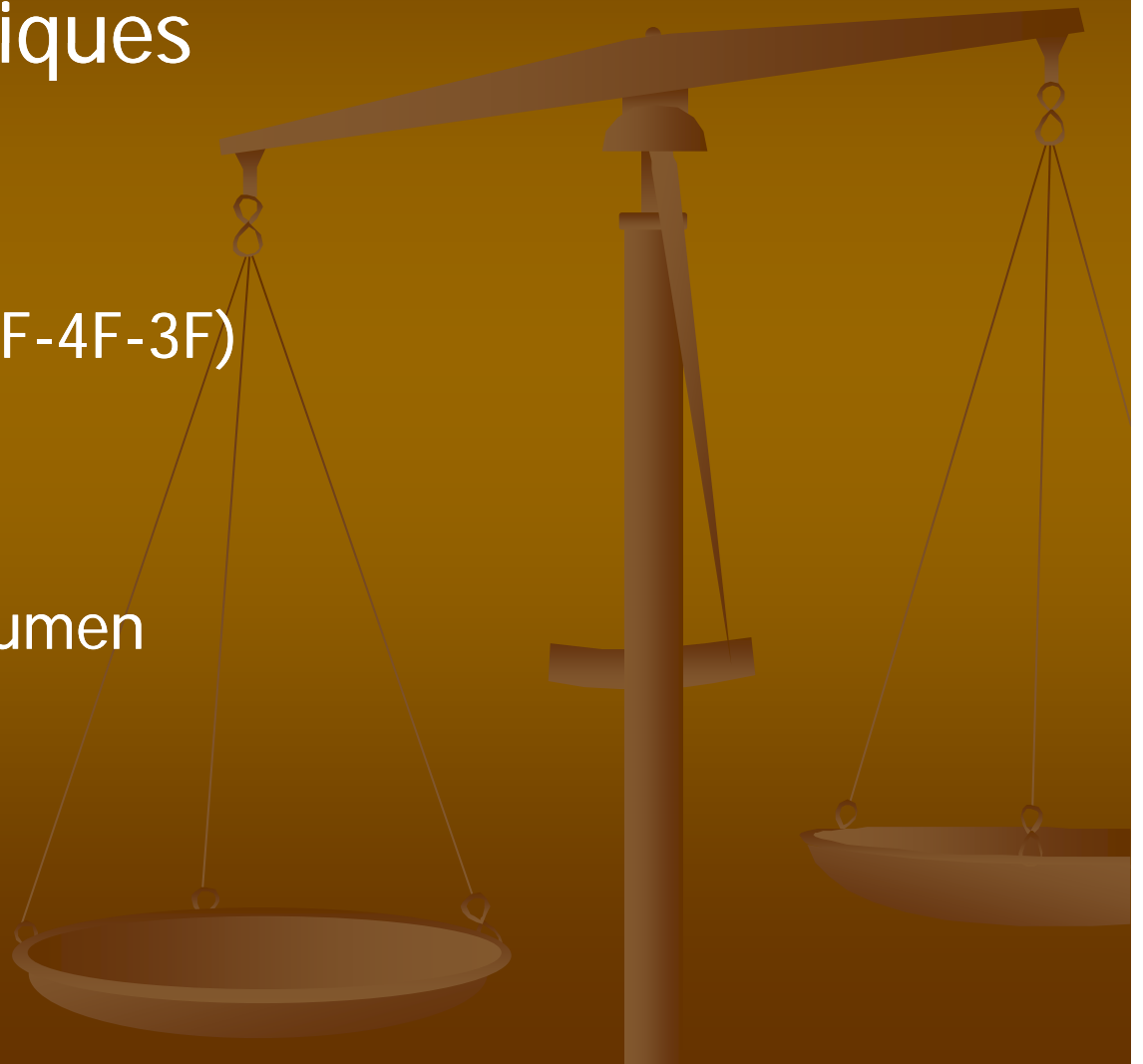
- Standard Techniques

- Catheters

- Standard
- Ultratapered (5F-4F-3F)
- Steerable

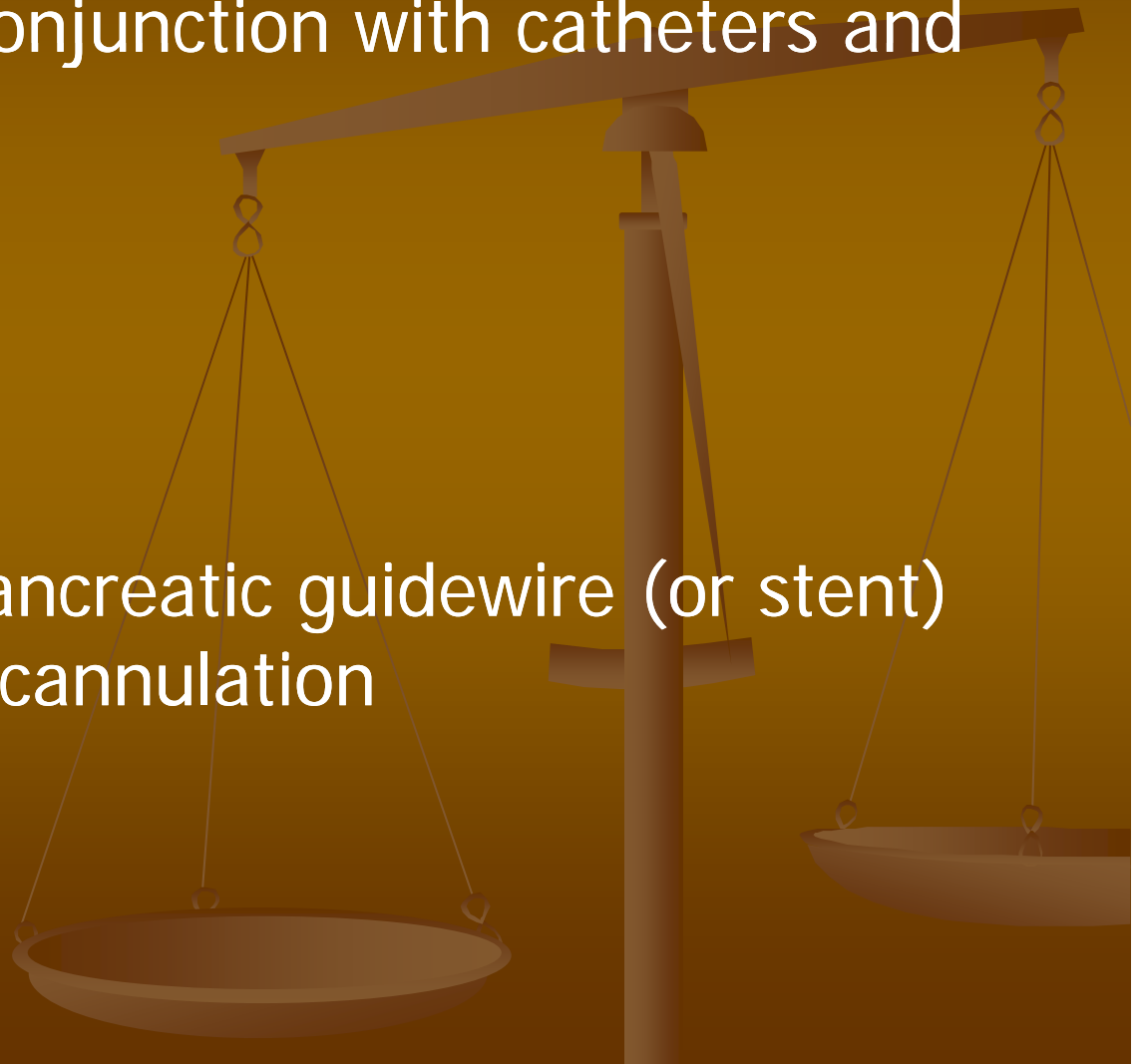
- Papillotomes

- Single or Multilumen
- Rotatable



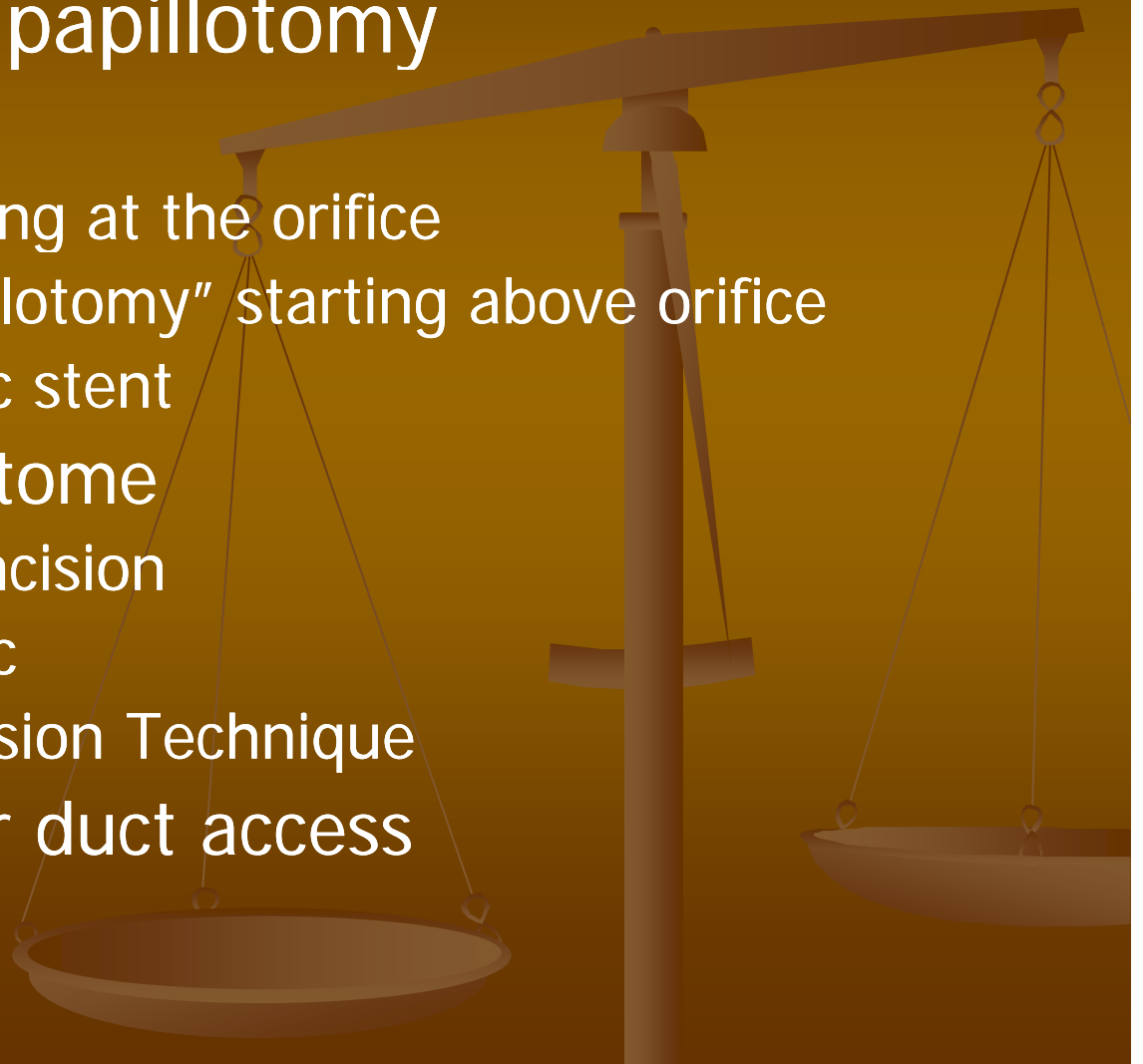
# Cannulation Techniques

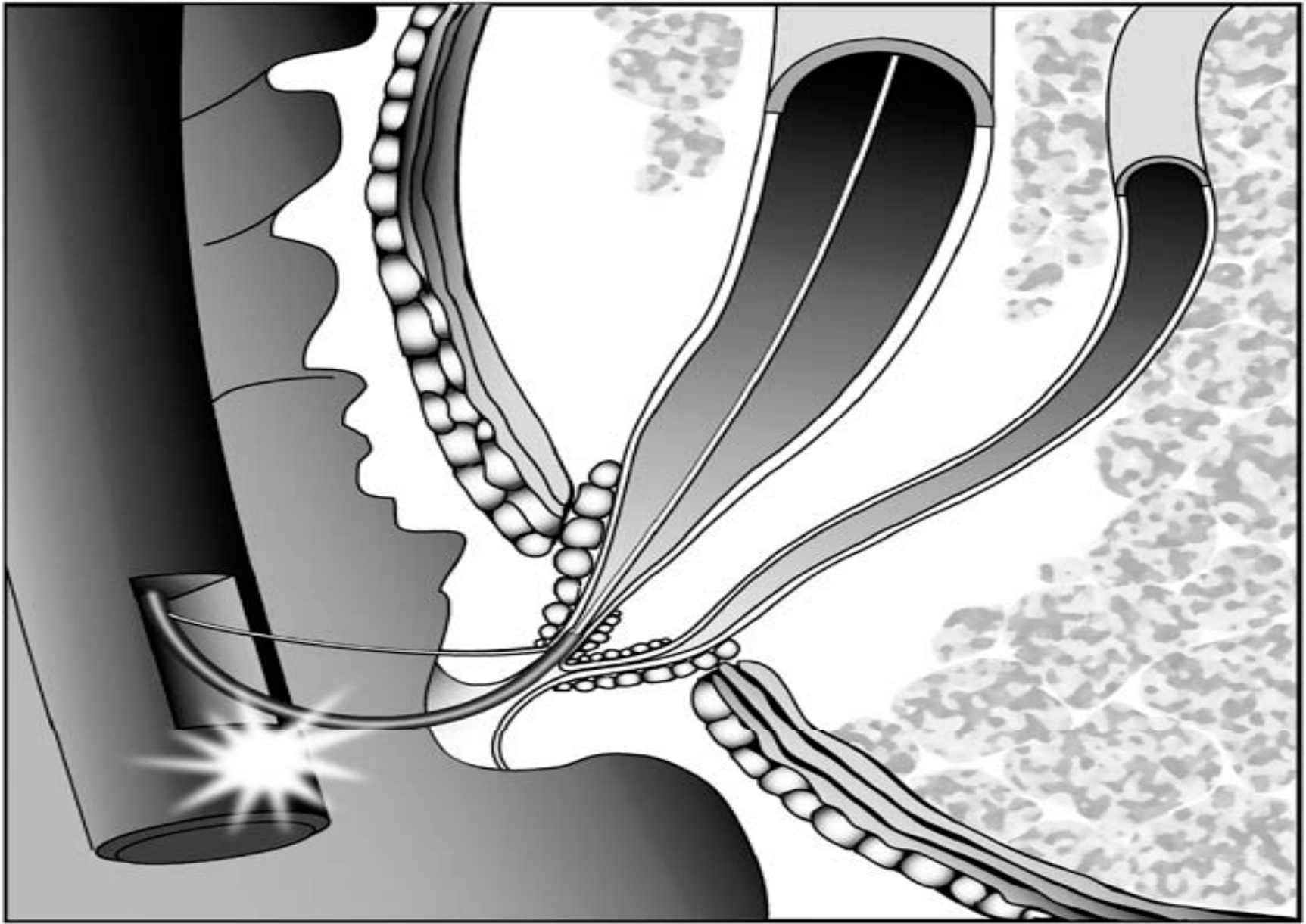
- Guidewires in conjunction with catheters and papillotomes
  - Standard
  - Nitinol
  - Hybrid
  - Hydrophilic
- Placement of pancreatic guidewire (or stent) to assist biliary cannulation



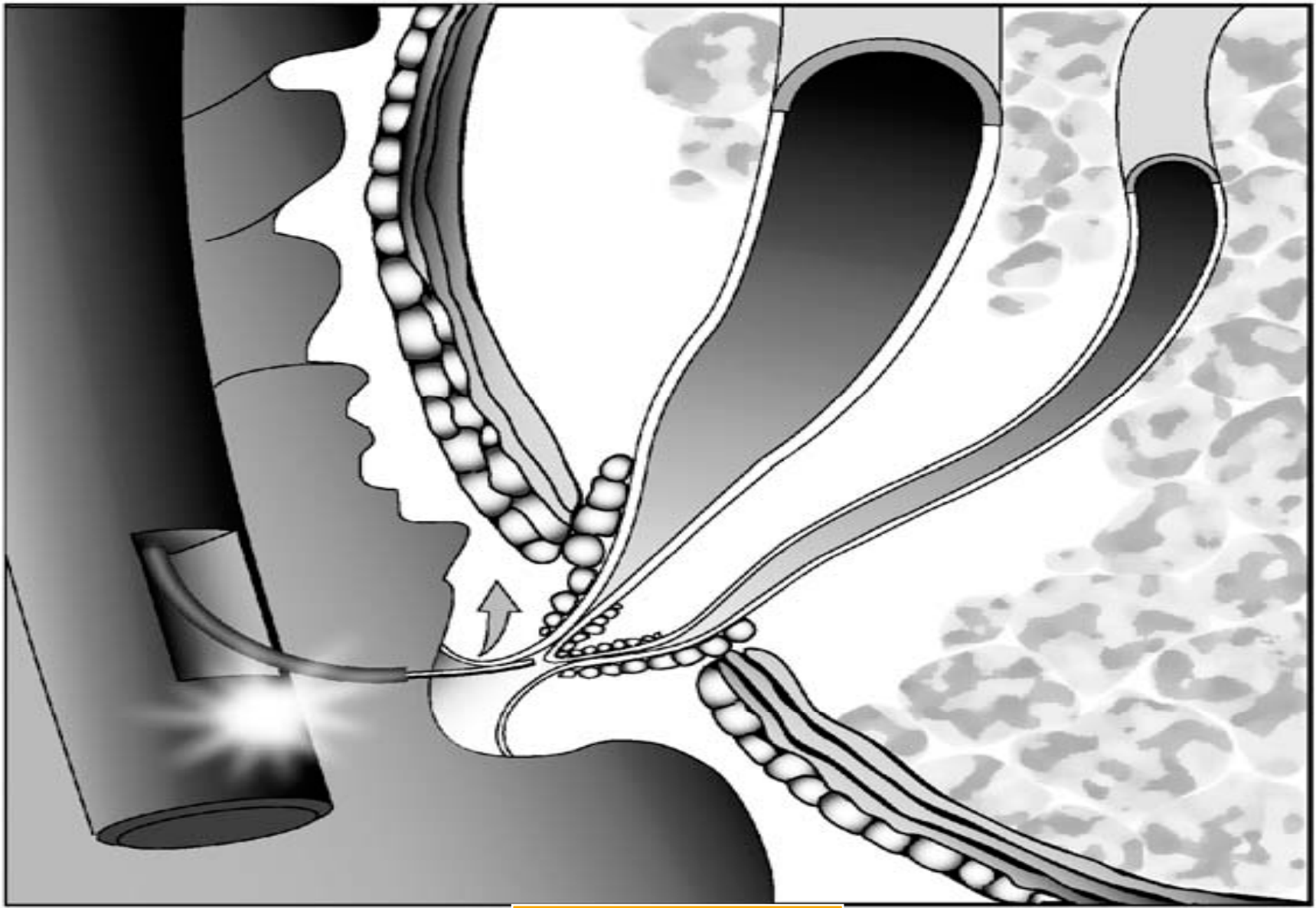
# Cannulation Techniques

- Precut “access” papillotomy
  - Needle-knife
    - Freehand starting at the orifice
    - Freehand “fistulotomy” starting above orifice
    - Over pancreatic stent
  - Traction papillotome
    - Papillary roof incision
    - Transpancreatic
    - Intramural Incision Technique
  - Papillectomy for duct access



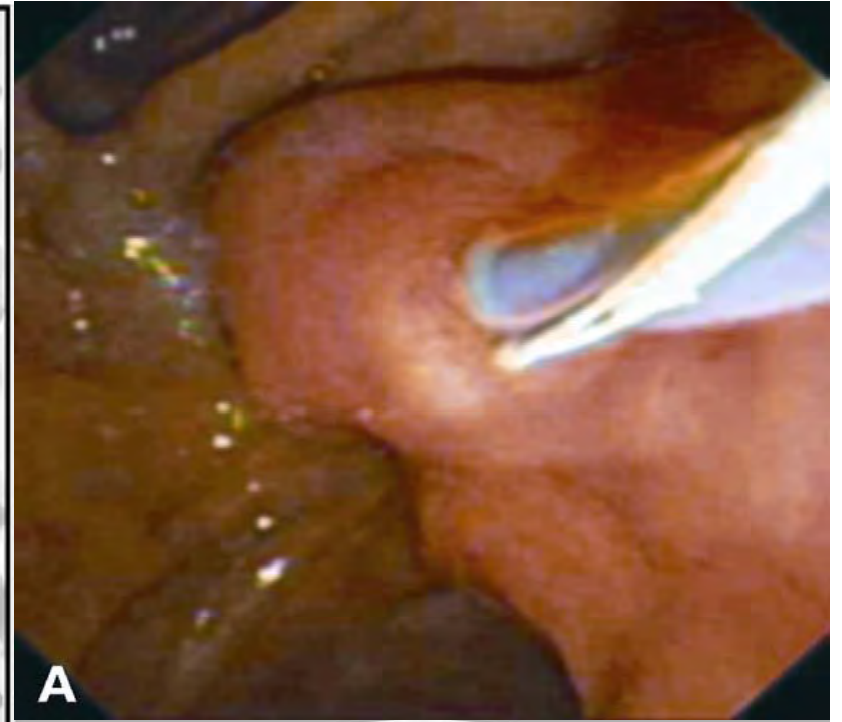
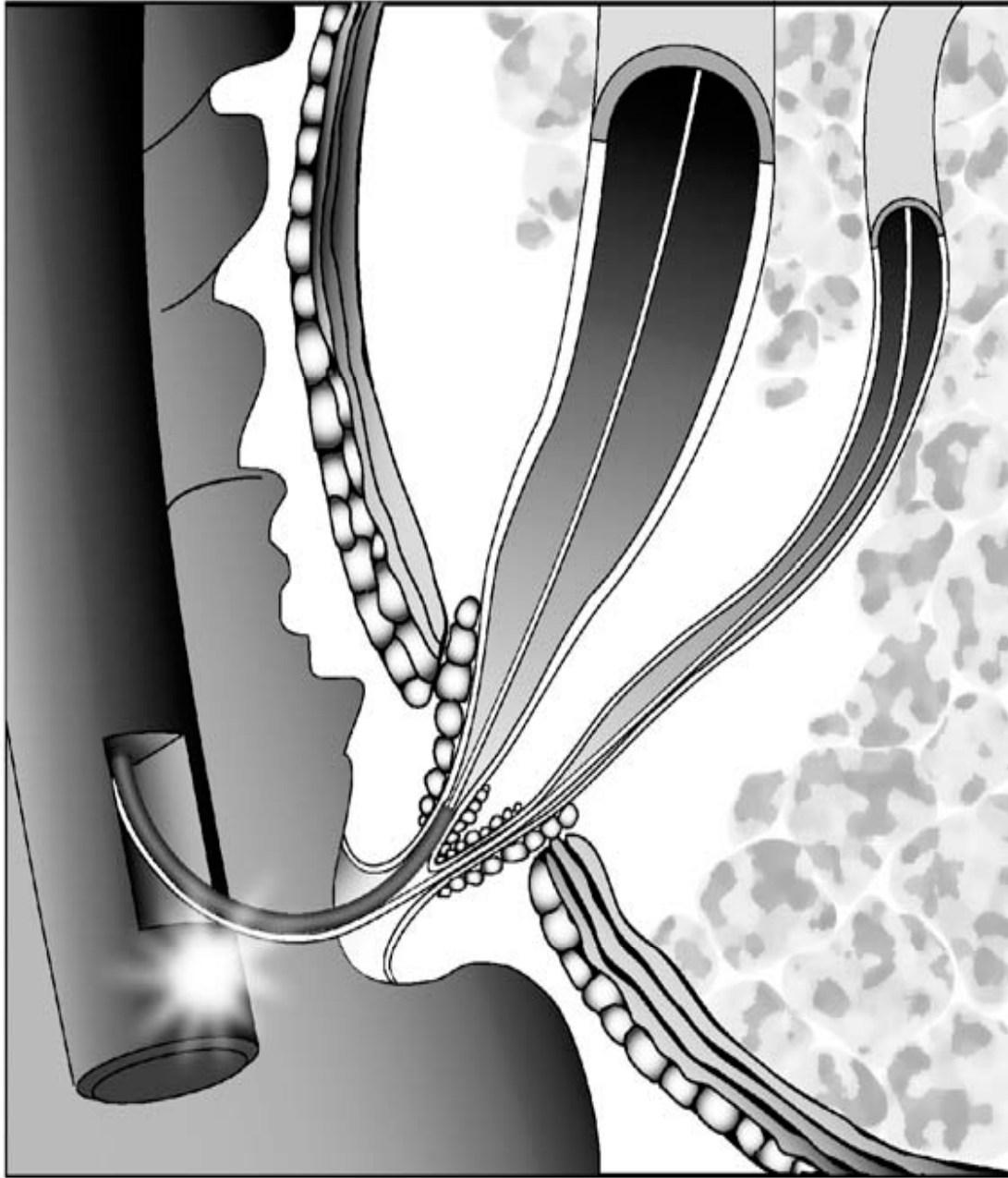


Papillotome and guidewire cannulation



Needle-Knife Pre-cut



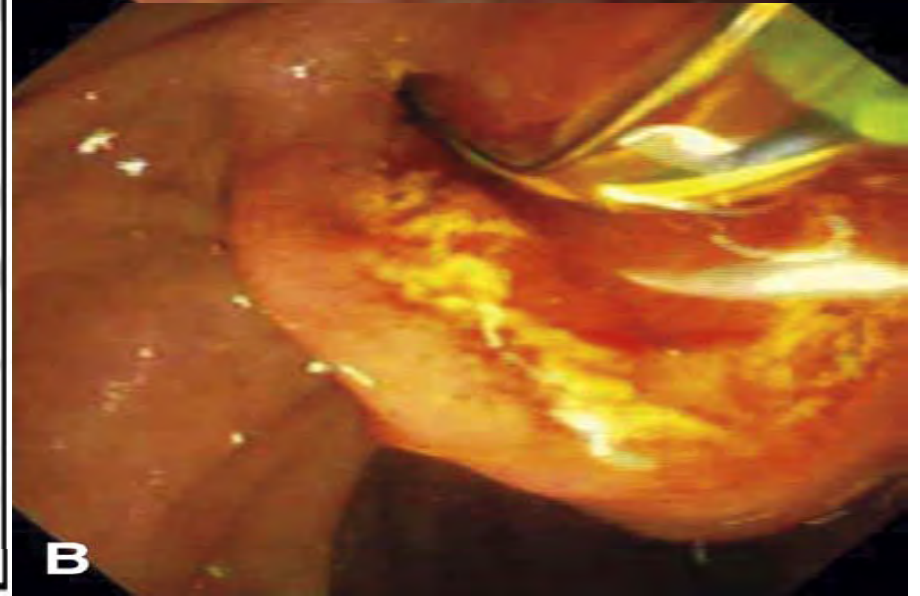
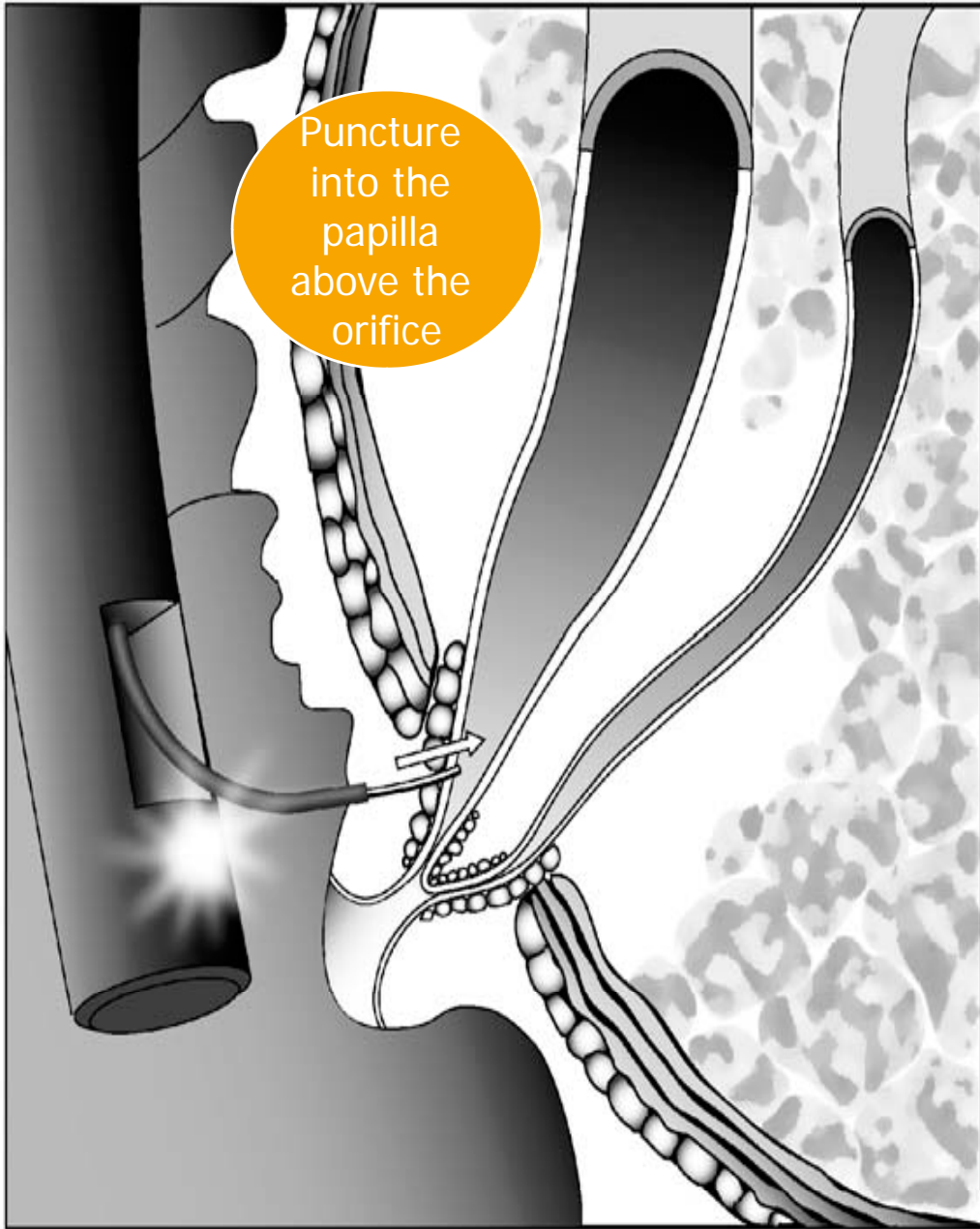


A

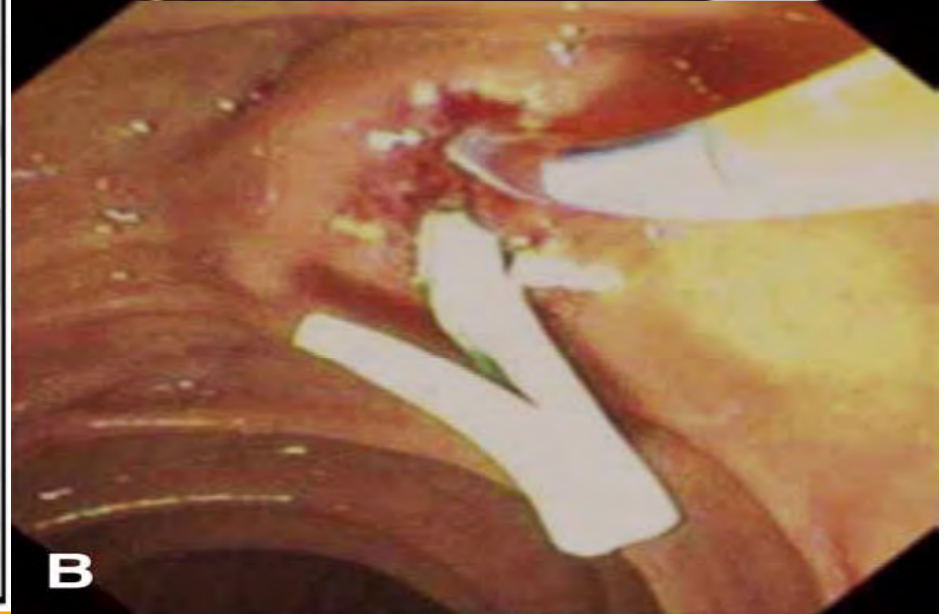
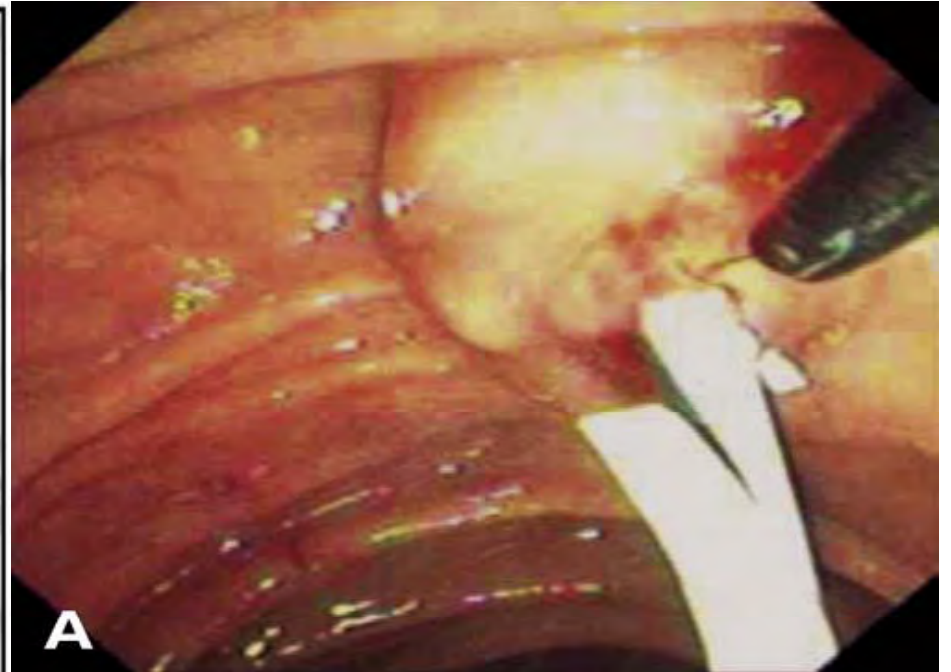
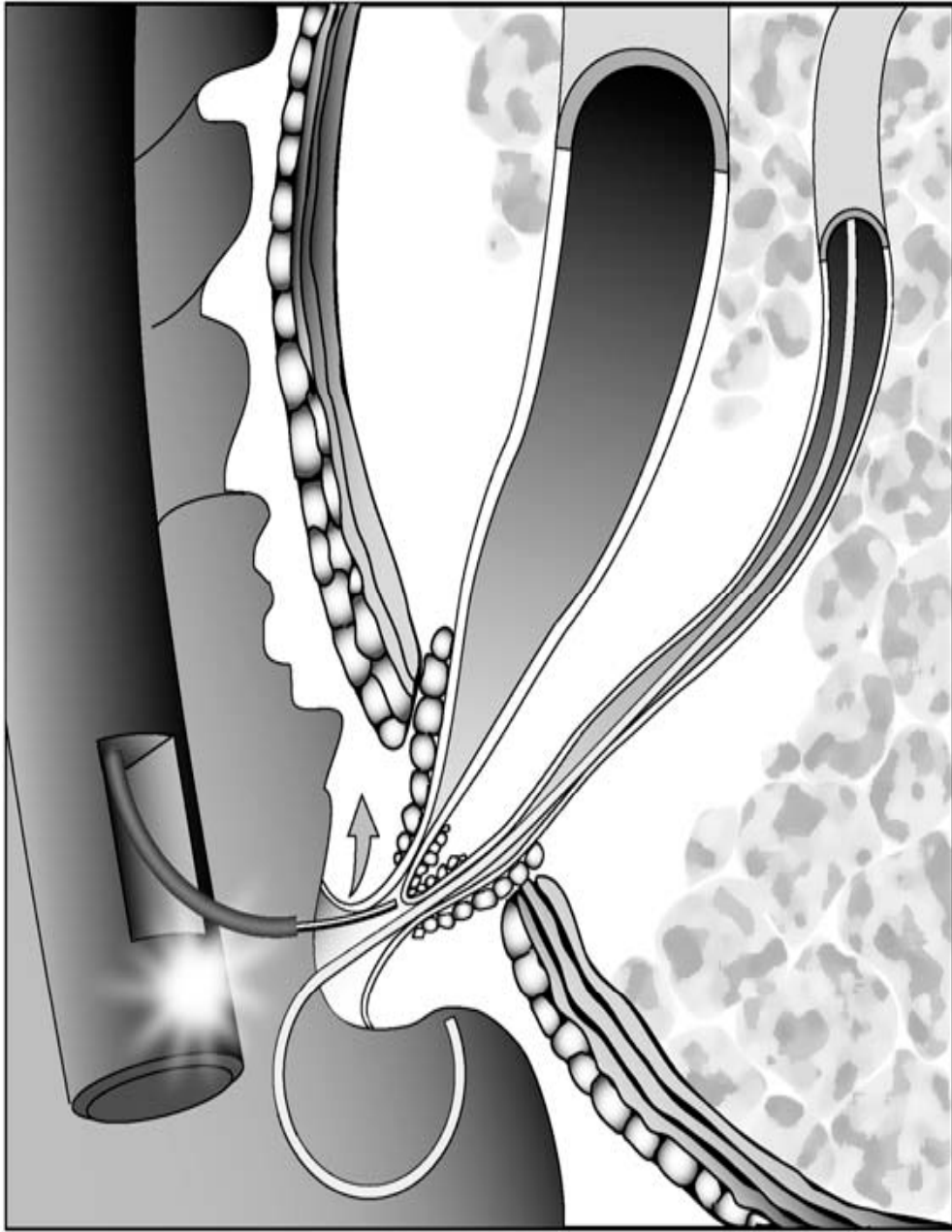


B

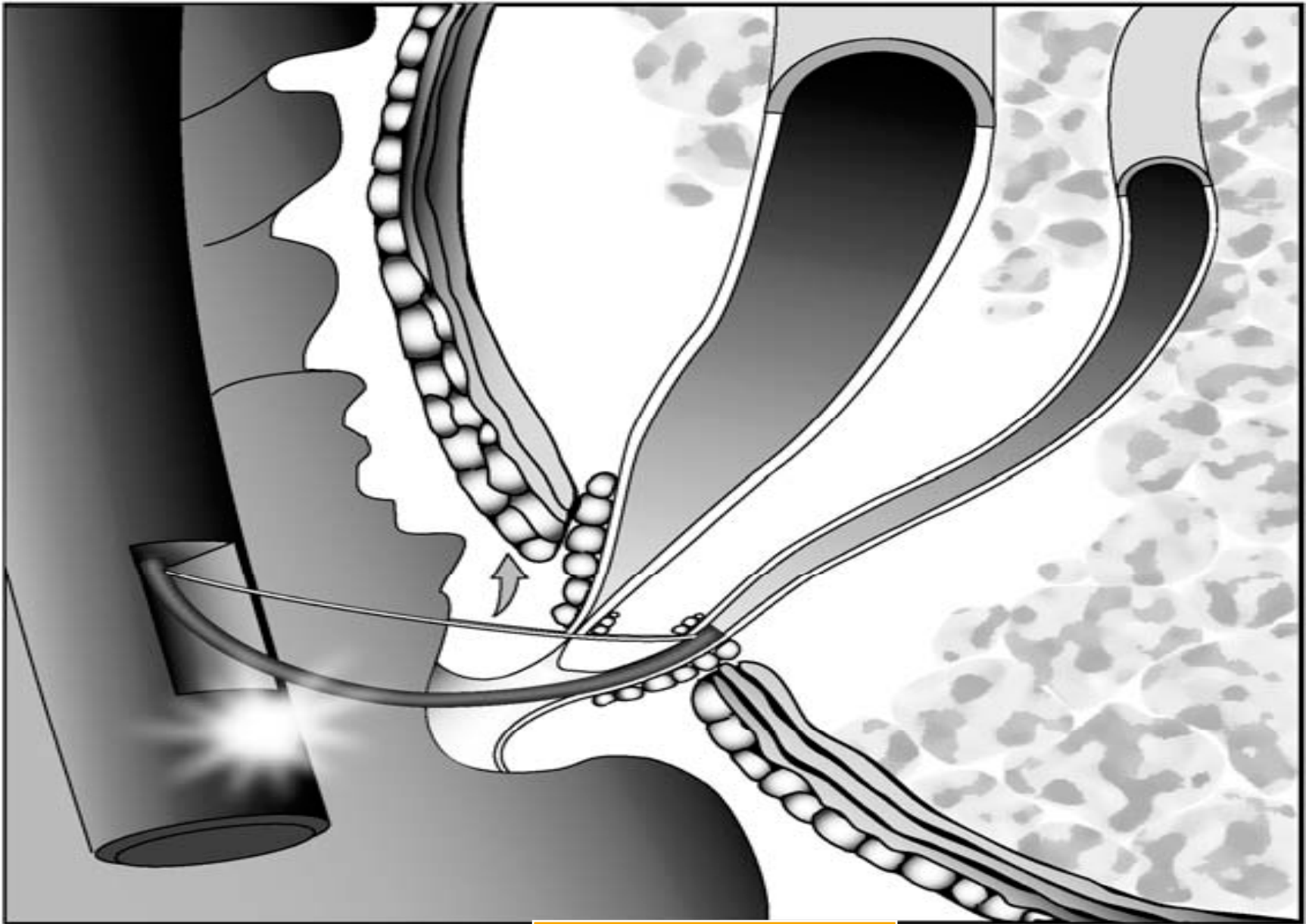
Guidewire in Pancreatic Duct to aid biliary cannulation



Needle – Knife fistulotomy



Needle-Knife pre-cut over pancreatic stent



Transpancreatic Pre-cut