**Indications for ERCP During COVID-19**

Due to the current state of emergency we are limiting ERCPs to urgent and emergency indications. We will assess other circumstances which can have a significant impact on the patient’s care; which may not be outlined in this document.

Table 1 includes the acceptable cases. Table 2 outlines cases which will be deferred.

Table 1. **Acceptable indications for ERCP**

- Suspected biliary or pancreatic malignancy in patients who are jaundiced.
- Suspected biliary or pancreatic malignancy who are not jaundiced but have been reviewed by HPB surgery. If HPB surgery needs ERCP for management.
- Suspected choledocholithiasis in the setting of cholecystitis who meet the following criteria:
  - Stone visualized on non-invasive imaging
  - Ductal dilatation AND elevated bilirubin
  - Elevated Bilirubin and normal duct will need to be assessed on a case to case basis
- Suspected choledocholithiasis in the setting of previous cholecystectomy or normal gallbladder wall on imaging who meet the following criteria:
  - Cholangitis
  - Elevated Bili and ductal dilation
  - Pain requiring hospitalization and documented stone
- Acute pancreatitis with the following criteria:
  - Severe pancreatitis with jaundice and biliary origin
  - Cholangitis
- Bile injuries and leaks not responding to conservative treatment

Table 2. **Patients who will be deferred**

- Suspected biliary or pancreatic cancers who are not jaundiced. These patients should be referred to HPB surgery.
- Suspected choledocholithiasis in the setting of cholecystitis with the following:
  - Normal common bile duct on imaging
  - Normal Bili
- Recurrent pancreatitis
- Chronic pancreatitis with stone or stricture.
- Pseudocysts
- Sphincter of Oddi dysfunction