

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**

<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Cholangitis ○ Elevated Bili and ductal dilation ○ Pain requiring hospitalization and documented stone • Acute pancreatitis with the following criteria <ul style="list-style-type: none"> ○ Severe pancreatitis with jaundice and biliary origin ○ Cholangitis • Bile injuries and leaks not responding to conservative treatment

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

<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Normal common bile duct on imaging ○ Normal Bili • Recurrent pancreatitis • Chronic pancreatitis with stone or stricture. • Pseudocysts • Sphincter of Oddi dysfunction
