

1. Personal information

Patient ID number:.....

Name:.....

Birth date:.....

Sex: M / F weight: ____ kg height: ____ cm

Race: Caucasian / Roma / Afroamerican / Indian / Asian / Other:

Time of the examination:

Outpatient / Inpatient

Country

City

Institute

Code of the examining doctor

Code of the Resident / trainee

Who signed the consent form? patient / caretaker / relative / there is no signed consent form

2. Indication and planned intervention

(multiple choice from drop-down menu)

Planned examination / Emergency examination

2A Indication of the ERCP

Obstructive icterus

Cholangitis

Disease of the biliary ducts

Disease of the pancreatic ducts

Suspicion of pancreatic malignancy, if other imaging techniques were not unequivocal or normal

Pancreatitis with unknown etiology

Acute biliary pancreatitis

Chronic pancreatitis / preoperative evaluation of a pseudocyst

SOD manometry

2B Indication of the therapeutic intervention

Implementing EST:

Biliary stone

Stenosis of the papilla / SOD

Insertion of a biliary stent

Dilatation of a biliary stricture

Sump sy.

Choledochocele

Carcinoma of the papilla of Vater, if surgery is not an option

Facilitation of the cannulation of the pancreatic duct

Insertion of a biliary stent:

Benign stricture

Malignant stricture

Stricture of unknown nature

Fistula

Post-operative bile leaking

Non-removable, large biliary stone

Dilatation of a stricture

Balloon dilatation the papilla

Insertion of nasobiliary drain

Drainage of pancreatic pseudocyst
 Sampling from the pancreatic duct
 Sampling from the biliary duct
 Ampullectomy
 Cholangioscopy
 Pancreatoscopy
 Other biliary or pancreatic therapeutic interventions:
Free text data entry

3. ASA score

- I. Normal healthy patient
- II. Patients with mild systemic disease
- III. Patients with severe systemic disease
- IV. Patients with severe systemic disease that is a constant threat to life
- V. Moribund patients who are not expected to survive without the operation/intervention

4. Aggregation inhibition and/or anticoagulation treatment

aspirin: Y/N, what dose, discontinued Y/N, if yes, how many days ago
 clopidogrel: Y/N, what dose, discontinued Y/N, if yes, how many days ago
 prasugrel: Y/N, what dose, discontinued Y/N, if yes, how many days ago
 NOAC: Y/N, what dose, discontinued Y/N, if yes, how many days ago
 Vitamin K antagonist: Y/N, what dose, discontinued Y/N, if yes, how many days ago
 LMWH: Y/N, what dose, discontinued Y/N, if yes, how many days ago

5. Coagulation disorder

INR value: ____, correction happened Y/N, if yes (what, how much)
 Platelet count: ____, have correction happened (what, how much)
 Known haemophilia: Y/N, have correction happened (what, how much)

6. Sedation and pharmacological prophylaxis

- A. Sedation
 - Without sedation
 - Vigilant sedation (what, how much)
 - Propofol sedation (dose)
 - Others (what, how much)
 - Patient monitoring during the examination Y/N (if yes: pulsoxymetry, EKG, blood pressure, other)
 - Use of antidote Y/N (if yes, what, how much)
- B. PEP pharmacological prophylaxis
 - Indomethacin suppository (100 mg / ____ mg) before exam / after exam
 - Diclofenac suppository (100 mg / ____ mg) before exam / after exam
 - Infusion after ERCP (what/ how much)
 - Other (what / how much / when)
- C. Antibiotic prophylaxis
 - Single dose / Continuous therapy
 - Initiation of therapy (Before or after exam)
 - Dose of the antibiotic, in the case of continuous therapy duration

7. Time of the examination

- A. Beginning of the exam
- B. Time of cannulation in the case of a native papilla
Time between positioning of the duodenoscopy and selective cannulation
- C. End of the exam
- D. Time of fluoroscopy, radiation dose

8. Anatomy

- Operated stomach (BI, BII, total gastrectomy, Whipple, Roux-en-Y bariatric surgery)
- Deformed / stricture (pylorus / duodenal bulb / postbulbar duodenum)
- Papilla of Vater and orifice
 - Normal / Lacerated orifice / Fistule / Impacted stone in the papilla / Neoplasia / Other
 - Previous EST Y/N, if yes: adequate / stenotic
 - Juxtapapillar diverticulum Y/N
 - Orifice can be seen Y/N
 - Position of the papillary tract: on the edge of the diverticulum / in the diverticulum
 - Sampling Y/N (in the case of neoplasia of the papilla Vateri, deformity / stricture)

9. Cannulation

- A. Biliary cannulation
 - Not needed
 - Superficial cannulation Y/N, if yes guidewire / papillotom / cannula / injecting contrast material
 - Deep cannulation Y/N if yes guidewire / papillotom / cannula
 - Precut papillotomy Y/N if yes papillotom / needle knife from the orifice / needle knife fistulotomy
 - Besides a pancreatic guidewire with:
 - guidewire / papillotom / cannula
 - Besides a pancreatic stent with:
 - guidewire / papillotom / cannula
 - Transpancreatic sphincterotomy alone / with needle knife precut / with papillotomy
 - Rendezvous technique
 - Failed (biliary duct did not opacify)
 - Did the pancreatic duct appear?
 - Y / partially / N
 - Guidewire / papillotom / cannula insertion into the pancreatic duct
 - N / 1x / multiple times (how many times)
- B. Cannulation of the pancreatic duct through the major papilla
 - Not needed
 - Superficial cannulation Y/N
 - if yes by guidewire / papillotom / cannula / injecting contrast material
 - Deep cannulation by guidewire / papillotom / cannula
 - Precut papillotomy / needle knife from the orifice / needle knife fistulotomy
 - Failed (pancreatic duct did not show)
- C. Cannulation of the pancreatic duct through the minor papilla
 - Not needed
 - Superficial cannulation Y/N
 - if yes by guidewire / papillotom / cannula / injecting contrast material

- Deep cannulation by guidewire / papillotom / cannula
- Precut papillotomy / needle knife
- Failed (pancreatic duct did not show)
- D. Extravasation of contrast material
 - Submucosal
 - Other (____)

10. Findings of the cholangiography and pancreatography

- A. Biliary duct
 - Normal / status post cholecystectomiam
 - Dilation (largest diameter in mm)
 - Caliber irregularity
 - Biliary stone (size, number, location)
 - Sludge
 - Pus
 - Stricture of the biliary tract
 - localization: lower/ middle / upper third / hilar / right or left intrahepatic
 - length (in mm)
 - benign / malignant / unknown nature
 - Sampling: cytology / biopsy / culture
 - Bile leak (localization)
- B. Pancreatic duct
 - Degree of opacification total / partial / acinarization
 - Normal
 - Dilatation (largest diameter in mm)
 - Caliber irregularity
 - Wirsungolithiasis
 - Stricture
 - localization: head / body/ tail
 - length (in mm)
 - benign / malignant / unknown nature
 - sampling: cytology / pancreatic fluid
 - Pseudocyst filling form the duct
 - localization: head / body/ tail
 - size (in mm)

11. Therapy

- A. Sphincterotomy Y/N
 - Precut papillotomy by papillotom / needle knife from the orifice / needle knife fistulotomy
 - Traditional
 - Repapillotomy
 - Pancreatic shincterotomy
 - Double sphincterotomy
- B. Dilatation Y/N
 - Balloon dilatation of the papilla (extent of dilatation, balloon size)
 - Stircture dilatation (balloon / bougie, extent of dilatation, balloon size)
- C. Stone extraction Y/N
 - Dormia

- Balloon
- Mechanical lithotripsy
- Biliary duct without stones: Y/N
- D. Biliary stent Y/N
 - Previous stent: Y/N, if yes: migration N/proximal/distal; removal Y/N
 - Inserted stents
 - Number/ size/ position of plastic stents (CBD, CBD and left intrahepatic / CBD and right intrahepatic)
 - Covered/ uncovered, size, position (transpapillary / suprapapillary; CBD, CBD and left intrahepatic / CBD and right intrahepatic) metal stent
- E. Pancreatic stent Y/N
 - Prophylactic (size, type: inner flap, outer flap, outer pigtail)
 - Previous stent: Y/N, if yes: migration N/proximal/distal; removal Y/N
 - Therapeutic pancreatic stent (size, type)
- F. Nasobiliary drain / nasocystic drain
- G. Special interventions
 - Papillectomy
 - Cholangioscopy
 - Pancreatascopy
 - Intraductal US
 - Other (free text input)
- H. Failed therapeutic intervention, if yes: its reason (free text input)
 patient intolerance/anatomic reason/instrumental or accessor failure/other
 Comment: free text input

12. Further therapeutic / diagnostic recommendations

- Infusion Y/N if yes ... ml, per os feeding Y/N if yes normal/fat free/only fluid
- antibiotics Ceftriaxon/Ciprofloxacin/Amoxicillin-clavulanic acid/other:.....
- Anticoagulant / antiaggregant therapy continuation: time:.....
- Laboratory control CBC, amylase, CRP, billirubin, LFT; time:.....
- further imaging CT, MRI, EUS
- interventional radiology / surgical consultation

13. Complication and their managment

- A. Immediate (occurring during the examination or immediately after) Y/N
 - Haemorrhage
 - Type of endoscopic hemostasis: epinephrin / thermocoagulation / clip / other
 - Did it stop? Y/N
 - Perforation (guidewire / periampullary / far from the ampulla)
 - retroperitoneal / intraperitoneal air Y/N
 - Treatment
 - Cardiorespiratory (hypotension / arrhythmia / hypoxia)
 - Treatment
- B. Late (after the examination – within 2 weeks) Y/N
 - Hemorrhage Y/N
 - Time of detection
 - Time of the endoscopic examination
 - Type of hemostasis (epinephrin / thermocoagulation / clip / other)

- Did it stop? Y/N
- Need for transfusion? Y/N, if yes, what and how many units
- Perforation Y/N (guidewire / periampullary / far from the ampulla)
 - Time of detection
 - retroperitoneal / intraperitoneal air Y/N
 - Treatment.....
- Pancreatitis Y/N
 - Previous PEP? Y/N
 - Mild / moderate / severe
- Cholangitis Y/N
 - Time of detection
 - Treatment.....
- Cholecystitis Y/N
 - Time of detection
 - Treatment.....
- C. 30-day follow up?
 - Mortality Y/N
 - if yes, date:
 - is it connected to the examination (e.g. PEP) Y/N
 - After discharge was there a need for emergency /gastroenterological / surgical treatment
- D. Severity of complications
 - Mild: resulted in the termination of the examination, needs consultation, discharged within 3 days
 - Moderate: need for respiratory supportation during conscious sedation, 4-10-day hospital stay, 1-day care in ICU, transfusion, repeated endoscopy, intervention radiology
 - Severe: more than 10-day treatment in hospital, more than 1-day stay in ICU, surgery, permanent damage
 - Fatal

14. Difficulty of the examination

- A. Based on objective parameters (modified Schutz – ASGE)
 - Grade 1 Deep cannulation of the desired duct; sampling of the major papilla; Removal/ replacement of a biliary stent
 - Grade 2 Biliary stone removal < 10 mm; treatment of bile leak; treatment of an extrahepatic benign and/or malignant stricture; prophylactic pancreatic stent
 - Grade 3 Biliary stone removal > 10 mm; cannulation of the minor papilla / treatment; removal of a proximally migrated stent; intraductal imaging, biopsy, FNA; treatment of acute or recurrent pancreatitis; treatment of pancreatic stricture; pancreatic stone removal < 5 mm; treatment of hilar tumors; treatment of benign biliary strictures at hilum or intrahepatically; SOD
 - Grade 4 Removal of a proximally migrated pancreatic stent; intraductal treatment; pancreatic stone removal, impacted and/or > 5 mm; intrahepatic stones; pseudocyst drainage, necrosectomy; ampullectomy, Whipple or Roux-en-Y bariatric surgery after ERCP
- B. Subjective judgement
 - 1-10 scale? (1: very easy – 10: very difficult)