

ERCP Quality Network

1. Date MM/DD/YYYY

2. Patient ID #/Sequence # _____

3. Difficulty Grade

1 2 3

4. Main Indication/Context

- Obstructive Jaundice (malignant or ?M)
- Abn. Liver tests
- Stone, known or probable
- Pancreatitis, acute, active
- Pancreatitis, idiopathic, recurrent
- Pancreatitis, chronic
- Pancreatic pseudocyst/leak
- Pain-chronic, ? cause
- Pain-intermittent, e.g. post-chole (includes ?SOD)
- Biliary post-surgical problem (leak, stricture)
- Stent service- biliary (ie change or remove)
- Stent service-pancreatic (ie change or remove)
- Clarify biliary image findings
- Clarify pancreatic image findings
- Tumor ablation
- Other context

5. ASA Grade

1 2 3 4 5

6. Sedation Level

- Moderate/conscious
- General
- Propofol/MAC

7. Trainee Hands-On (%)

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

8. Total Scope Time _____ min (<180)

9. Total Fluoroscopy Time _____ min (<60)

10. Admission Status

- Not admitted overnight
- Admitted overnight-Planned
- Admitted overnight-Unplanned
- Inpatient
- Day-case transfer

11. Procedure failed/incomplete before?

- Yes
- No

12. Prior Endoscopic Intervention?

- None
- Biliary Sphincterotomy
- Pancreatic Sphincterotomy
- Minor papilla Sphincterotomy
- Biliary stent in place
- Pancreatic stent in place

Success Rates for Procedures (Select all procedures attempted)

- | | | |
|---|--|---|
| 13. Main Papilla Found | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 14. Deep Biliary Cannulation Precut needed for Biliary Access? | <input type="checkbox"/> Success <input type="checkbox"/> Yes | <input type="checkbox"/> Failure <input type="checkbox"/> No |
| 15. Pancreatic Cannulation | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 16. Biliary Sphincterotomy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 17. Biliary Stone (<10mm) | <input type="checkbox"/> Success | <input type="checkbox"/> Partial <input type="checkbox"/> Failure |
| 18. Biliary Stone (>10mm) | <input type="checkbox"/> Success | <input type="checkbox"/> Partial <input type="checkbox"/> Failure |
| 19. Low Biliary Stent Insertion | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 20. Hilar Stent Insertion | <input type="checkbox"/> Success | <input type="checkbox"/> Partial <input type="checkbox"/> Failure |
| 21. Biliary Brushing | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 22. Stricture Balloon Dilation | <input type="checkbox"/> Success | <input type="checkbox"/> Partial <input type="checkbox"/> Failure |
| 23. Main Pancreatic Sphincterotomy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 24. Pancreatic Stone Extraction | <input type="checkbox"/> Success | <input type="checkbox"/> Partial <input type="checkbox"/> Failure |
| 25. Pancreatic Stent for therapy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 26. Pancreatic Stent for Prophylaxis | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 27. Minor Papilla Cannulation | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 28. Minor Papilla Sphincterotomy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 29. Minor Papilla Stent | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 30. Biliary Manometry | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 31. Pancreatic Manometry | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 32. Ampullectomy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 33. Pseudocyst Drainage | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |
| 34. Other therapy | <input type="checkbox"/> Success | <input type="checkbox"/> Failure |

Complications

Complete this section one week post procedure.

Date of onset

- | | | | | | |
|--------------------------------------|-------------------------------|-----------------------------------|---------------------------------|--------------------------------|-----------------|
| 35. Pancreatitis | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 36. Bleeding | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 37. Infection | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 38. Perforation at Sphincterotomy | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 39. Perforation, Luminal | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 40. Cardiopulmonary | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |
| 41. Other complication | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Fatal | <u>MM/DD/YY</u> |
| | <input type="checkbox"/> None | | | | |

Other complication description _____

Definitions

Difficulty Grade in ERCP (modified from Schutz)

| | Diagnostic | Therapeutic |
|-------------------------|--|--|
| Grade 1 Standard | Selective deep cannulation Biopsy and cytology | Biliary sphincterotomy Stones <10mm Stents for biliary leaks Stents for low tumors Prophylactic small pancreatic stent |
| Grade 2 Advanced | Billroth II diagnostics Minor papilla cannulation | Stones >10mm Hilar tumor stent placement Benign biliary strictures |
| Grade 3 Tertiary | Sphincter manometry Whipple/Roux-en-Y Intraductalendoscopy | Billroth II therapeutics Intrahepatic stones Pancreatic therapies Ampullectomy Pseudocyst drainage |

ASA Grade

| ASA Grade | Definition |
|-----------|---|
| 1 | Normal healthy individual |
| 2 | Mild systemic disease that does not limit activity |
| 3 | Sever systemic disease that limits activity but is not incapacitating |
| 4 | Incapacitating systemic disease which is constantly life threatening |
| 5 | Moribund, not expected to 24 hours with or without surgery |

Source: www.surgical-tutor.org.uk/defaulthome.htm?core/preop/fitness.htm~right

ERCP Complications, Definitions and Documentation

The consensus conference (Cotton et al, GI Endo, 1991, 37, 383-393) defined a complication as:

- An adverse, unplanned event,
- Attributable to the procedure (including prep),
- Of a severity requiring hospital admission, or prolongation of planned/actual admission.

Thus, bleeding visible at the time of sphincterotomy or polypectomy is not counted as a complication statistic unless there is evidence of bleeding after the procedure.

Definitions and grading system for the major complications of ERCP and therapy

| | Mild | Moderate | Severe |
|--------------------------------|--|--|--|
| Bleeding | Clinical (i.e. not just endoscopic) bleeding Haemoglobin drop <3g, and no need for transfusion | Transfusion (4 units or less), no angiographic intervention or surgery | Transfusion (5 units or more), or intervention (angiographic or surgical) |
| Perforation | Possible, or only very slight leak of fluid or contrast, treatable by fluids and suction for 3 days or less | Any definite perforation treated medically for 4-10 days | Medical treatment for more than 10 days, or intervention (percutaneous drainage or surgical) |
| Pancreatitis | Clinical pancreatitis, amylase at least 3 times normal at more than 24 h after the procedure, requiring admission or prolongation of planned admission to 2-3 days | Pancreatitis requiring hospitalization of 4-10 days | Hospitalization for more than 10 days or haemorrhagic pancreatitis, phlegmon, or pseudocyst, or intervention (percutaneous drainage or surgical) |
| Infection (cholangitis) | >38C for 24-48h | Febrile or septic illness requiring more than 3 days of hospital treatment or endoscopic or percutaneous intervention) | Septic shock or surgery |
| Basket impaction | Basket released spontaneously or by repeat endoscopy | Percutaneous intervention | Surgery |

*Severity of other events is determined by the length of the needed hospitalization. Less than 3 days = "Mild": 4-9 days = "Moderate": 10+ days and/or any event requiring ICU admission or unplanned surgery is deemed "Severe".

Timing and attribution: Adverse events can occur days, weeks and even months after the event (e.g. infection transmission, sphincterotomy stenosis). These direct events should be counted whenever they occur. The use of the word "attributable" in the definition clearly introduces a potential for biased reporting, especially for delayed indirect events such as pulmonary or cardiac events. We have suggested an arbitrary cutoff of 3 days for attribution for these indirect events.