





**COMPLICATED ERCP ( to be filled in for each complication)**

1. Age (Years)	( <18)	( 18-50)	( 51-65)	( 66-80)	( > 80)
2. Sex	(M)	(F)			
3. BMI	Wt in Kg/ Ht in meter <sup>2</sup>				
4. Context	Jaundice			(Y)	(N)
	Abnormal LFT			(Y)	(N)
	Suspected or known stone			(Y)	(N)
	Suspected SOD dysfunction			(Y)	(N)
	Pancreatitis - historical			(Y)	(N)
	Pancreatitis - active			(Y)	(N)
	Coagulopathy			(Y)	(N)
	Prior biliary diversion surgery			(Y)	(N)
	Prior gastrojejunostomy			(Y)	(N)
	Prior ERCP			(Y)	(N)
	Prior ERCP complication			(Y)	(N)
	Inpatient			(Y)	(N)
	EUS	- available, done / available; not done / not available			
	5. Procedural	Antibiotics before procedure			(Y)
Pancreas divisum present				(Y)	(N)
Dorsal duct cannulation				(Y)	(N)
Hilar tumor management				(Y)	(N)
Biliary stone extraction				(Y)	(N)
Biliary stent insertion				(Y)	(N)
Major Pancreatogram				(Y)	(N)
Minor Pancreatogram				(Y)	(N)
Biliary manometry				(Y)	(N)
Pancreatic manometry				(Y)	(N)
Pancreatic Sphincterotomy				(Y)	(N)
Biliary Sphincterotomy				(Y)	(N)
Biliary pre-cut				(Y)	(N)
Failed intended duct cannulation				(Y)	(N)
6. Priority	(Urgent)	(Urgent on schedule)		(Elective)	
7. Difficulty grade ( subjective assessment)					
	( 1)	( 2)		( 3)	

8. Which category of complication ? (please cross the relevant box)

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Bleeding	Clinical evidence of bleeding Hb drop <3g/dl No need for transfusion	Transfusion $\leq$ 4 units No angiographic Intervention/surgery	Transfusion > 5 units or intervention (angiographic/surgery)
Perforation	Possible or only very slight leak of fluid/contrast; treated by fluids and suction < 3 days	Any definite perforation treated medically for 4-10 days	Medical treatment for More than 10 days or Intervention (percutaneous or surgical)
Pancreatitis	Clinical pancreatitis Amylase > 3 ULN at > 24 hr after procedure Prolongation of planned admission to 2-3 days	Hospitalisation 4-10 days	Hospitalisation >10 days Hemorrhagic pancreatitis phlegmon/necrosis/ Pseudocyst Intervention required
Infection (Cholangitis)	> 38°C at 24-48 hrs	Febrile or septic illness > 3 days of Hospitalisation endoscopic/percutaneous intervention	Septic shock or surgery

9. Other complications

Cardiac  pulmonary  Bowel perforation

Medication reaction  Phlebitis  Others (Pl.mention)

10. Outcome

- No change in outcome
- Unintended extension of stay  $\leq$  3 nights
- Unintended extension of stay 4-10 nights
- Unintended extension of stay > 10 nights
- Additional procedure - endoscopic
  - surgery
  - percutaneous
  - angiography

- Death

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## POST ERCP PANCREATITIS

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### 11. Indication

Documented CBD stone	_____
Suspected CBD stone	_____
Dilated CBD	_____
Non-dilated CBD; abnormal LFT	_____
Suspected SOD	_____
CBD stricture	_____
Pancreatic endotherapy	_____
Diagnostic ERCP	_____
Pancreas divisum	_____
Manometry	_____

### 12. Time of detection (procedure to pancreatitis)

< 12 hrs	_____
12-24 hrs	_____
> 24 hrs	_____

### 13. Severity

Ranson's  
BISAP

### 14. Context

Conventional sphincterotomy	Yes/No
Needle knife sphincterotomy	Yes/No
Stone Extraction	Yes/No
Biliary Sphincterotomy	Yes/No
Pancreatic Sphincterotomy	Yes/No
Failed entry	Yes/No

### 15. Time taken for procedure

< 15 minutes
15 - 30 minutes
> 30 minutes

### 16. Length of stay after development of pancreatitis

< 2 days
2 - 5 days
6 -10 days
> 10 days

### 17. Complications

Uncomplicated	_____
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Local complications \_\_\_\_\_  
Systemic complications \_\_\_\_\_  
Surgery \_\_\_\_\_  
Death \_\_\_\_\_

18. Any preventive measures adopted

Somatostatin  
Octreotide  
Rectal NSAIDs  
Pancreatitis ductal stenting

19. Impact of pancreatitis on patient management

No impact  
Mild  
Moderate  
Severe

Any additional information

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## POST ERCP BLEEDING

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### 20. Procedural

- Biliary Sphincterotomy
- Pancreatic Sphincterotomy
- Needle Sphincterotomy

### 21. Co morbid conditions

- Coronary artery disease
- Chronic liver disease
- Cerebrovascular disease

### 22. Co prescriptions

- Aspirin
- Clopidogrel
- Anticoagulants

### 23. Categorization of bleed

- Mild (no transfusion)
- Moderate (1-2 transfusions)
- Severe ( haemodynamic compromise/ > 2 units)

### 24. Management

- Local injections
- Endoclip
- Coagulation
- Angiography
- Surgery

Any additional information

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## POST ERCP PERFORATION

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25. Type of perforation

At the sphincter \_\_\_\_\_  
In the CBD \_\_\_\_\_  
Duodenal \_\_\_\_\_

26. When detected ?

During procedure \_\_\_\_\_  
Within 6 hours of procedure \_\_\_\_\_  
6-24 hours of procedure \_\_\_\_\_  
? 24 hours of procedure \_\_\_\_\_

27. How detected ?

Suspicion based \_\_\_\_\_  
Pain \_\_\_\_\_  
Radiological \_\_\_\_\_  
Sepsis \_\_\_\_\_

28. Management

No intervention  
Primary closure (endoscopic)  
Surgery

29. Outcome

No impact  
Extended stay  
Surgery  
Death

30. What procedure was done ?

Diagnostic ERCP  
Needle knife Sphincterotomy  
Biliary Sphincterotomy  
Pancreatic Sphincterotomy  
Biliary stenting  
Balloon Sphincterotomy

**Any additional information**



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## POST ERCP CHOLANGITIS

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- 31. Indication of procedure
  - Stone Extraction
  - Extrahepatic biliary stricture
  - Hilar block
- 32. Stenting
  - Common bile duct
  - Left duct
  - Right duct
  - Bilateral
  - Metallic
- 33. Bile culture during procedure
  - Taken
  - Not taken
- 34. Contrast details
  - Full strength - antibiotic added
  - Half strength
- 35. Organism
  - Not identified
  - Identified
- 36. If identified - how ?
  - Bile culture
  - Blood culture
- 37. What organism ?
- 38. Outcome
  - Medically managed
  - Endoscopic stent exchange
  - Renal failure
  - Haemodynamic stability
  - Death

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## MEDICATION RELATED COMPLICATION

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- 39. What medication ?
- 40. What complication ?
  - Respiratory
  - Cardiac
  - Hypersensitivity