### ERCP proforma

#### GENERAL INFORMATION

Name of the Centre:
Address:

Phone No:
Fax No.:
E-mail ID:
Web site:
Name and address of contact person:

**Type of facility:** Single/Team
   - OP Facilities only / OP + IP Facilities

**Number of procedures/month.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI diagnostic</td>
<td></td>
</tr>
<tr>
<td>Upper GI therapeutic</td>
<td></td>
</tr>
<tr>
<td>Lower GI diagnostic</td>
<td></td>
</tr>
<tr>
<td>Lower GI therapeutic</td>
<td></td>
</tr>
<tr>
<td>E U S diagnostic</td>
<td></td>
</tr>
<tr>
<td>EUS therapeutic</td>
<td></td>
</tr>
<tr>
<td>ERCP - Biliary</td>
<td></td>
</tr>
<tr>
<td>- Pancreatic</td>
<td></td>
</tr>
<tr>
<td>- Others</td>
<td></td>
</tr>
</tbody>
</table>
**ERCP DATA (to be filled in for each ERCP)**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age (Years)</td>
<td>(&lt;18)</td>
<td>(18-50)</td>
<td>(51-65)</td>
<td>(66-80)</td>
</tr>
<tr>
<td>2. Sex</td>
<td>(M)</td>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. BMI</td>
<td>Wt in Kg/ Ht in meter$^2$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Indication (tick)</td>
<td>Diagnostic biliary</td>
<td>Therapeutic biliary</td>
<td>Diagnostic pancreatic</td>
<td>Therapeutic pancreatic</td>
</tr>
<tr>
<td>5. Context(tick)</td>
<td>Jaundice</td>
<td>Biliary pain</td>
<td>Abnormal LFT</td>
<td>SOD dysfunction</td>
</tr>
<tr>
<td>6. Outcome</td>
<td>Uncomplicated / satisfactory</td>
<td>Uncomplicated / not satisfactory</td>
<td>Complicated / satisfactory</td>
<td>Complicated / not satisfactory</td>
</tr>
</tbody>
</table>
### 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 meter²

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
     - N
   - 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)

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

9. Other complications

Cardiac  □  pulmonary  □  Bowel perforation  □

Medication reaction  □  Phlebitis  □  Others (Pl.mention)  □

10. Outcome

- No change in outcome
- Unintended extension of stay ≤ 3 nights
- Unintended extension of stay 4-10 nights
- Unintended extension of stay > 10 nights
- Additional procedure - endoscopic
  - surgery
  - percutaneous
  - angiography
### POST ERCP PANCREATITIS

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
- Needle knife sphincterotomy
- Stone Extraction
- Biliary Sphincterotomy
- Pancreatic Sphincterotomy
- Failed entry

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
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
POST ERCP BLEEDING

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
### POST ERCP PERFORATION

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**
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

39. What medication ?

40. What complication ?
   Respiratory
   Cardiac
   Hypersensitivity