INVESTIGATING THE ASSOCIATION BETWEEN THE MORPHOLOGY OF THE PAPILLA AND THE USE OF ADVANCED CANNULATION TECHNIQUES IN ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

An international survey

Dear Colleagues,

We invite you to participate in our international survey focused on the relationship between papillary morphology and cannulation techniques in ERCP.

Title: Investigating the association between the morphology of the papilla and the use of advanced cannulation techniques in endoscopic retrograde cholangiopancreatography (ERCP): an international survey.

Background: Endoscopic retrograde cholangiopancreatography (ERCP) is the most commonly used therapeutic procedure for pancreaticobiliary disorders. However, how to best achieve safe and effective bile duct cannulation is still debated. Despite notable developments in the past decades, the failure rate is still 5-20% in experienced hands. Endoscopists performing ERCP recognize the differences in the macroscopic appearance of the major papilla. The first validated classification system was published in 2017 by Haraldsson et al., differentiating for types of the papilla: regular (I), small (II), protruding / bulging (III), and creased / ridged (IV). They found that certain appearances of the papilla are more challenging to cannulate and, therefore, more prone to adverse events. Despite the essential role of bile duct cannulation in procedural safety and success, research on this topic is still limited. We hypothesize that the morphology of the papilla should be considered when choosing a rescue cannulation technique to decrease the risk of cannulation failure or difficult cannulation.

We aim to survey physicians performing ERCP routinely to gain further insight on this topic.

Survey details:

- Duration: 7-8 minutes.
- The survey is divided into two parts: the first part focuses on demographic questions, and the second part covers clinical practice.

Link to the survey

Publication Policy: Our goal is to publish the results in a D1 journal.

For further inquiries, please contact:
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Thank you for your contribution!

Yours sincerely,

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