IS ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY A SAFE PROCEDURE IN PATIENTS 80 YEARS OF AGE AND OLDER

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BACKGROUND:

Endoscopic retrograde cholangiopancreatography is a procedure that enables one to visualize the biliary and pancreatic ducts. An endoscope is passed through the mouth and down into the duodenum from which a smaller catheter is then inserted through the endoscope into the biliary or pancreatic ducts. A dye is injected through the catheter permitting their visualization on x-ray. ERCP also allows for a variety of therapeutic interventions including sphincterotomies and ductal stone removals. It is a complex endoscopic procedure that carries a higher potential for serious complications than any of the other endoscopic techniques. Complications with this procedure can be divided into different classes. The first class being immediate, occurs during the ERCP. Early complications occur during the recovery period. Delayed complications may be classified as focal (occurs within 30 days of the procedure) or non-specific and occur within 3 days of the procedure. Late complications are evident after months or years

PURPOSE:

To review data on Endoscopic Retrograde Cholangio-pancreatography (ERCP) conducted on patients aged 80 and older and determine its safety by evaluating for presence of immediate and early complications.

STUDY:

Retrospective analysis of ERCP's performed at Albany Medical Center, a tertiary care center, between 2001 – 2005 in patients 80 years old and older.

METHODS:

The reports of ERCP's done between 2001 and 2005 were reviewed and separated based on the age of the patient at the date of the procedure. The data used specifically for this study contained patients of the age of 80 years or older. The number of cases done were considered, even if the patient had multiple procedures on different dates. Each procedure was considered as a signle case and independent of one another. The - procedures were performed by single gastroenterologists with advanced trainning in the procedure of ERCP. The outcome of the procedure was then reviewed to see if there were any immediate or early complications. Complications that developed after the patient left the recovery unit were not considered in this study.

TABLE 1: PREVELANCE OF COMPLICATIONS BY GENDER AND SEDATION TECHNIQUE.

	GENDER	SEDATION General: 34 Conscious: 48	COMPLICATIONS
Total Number of Patients Enrolled in Study = 82	46 Males	General Anesthesia: 19	1
		Conscious Sedation: 27	0
	36 Females	General Anesthesia: 15	0
		Conscious Sedation: 21	2

TABLE 2: PREVELANCE OF INDICATIONS FOR PERFORMING ERCP IN ELDERLY PATIENTS.

INDICATION FOR ERCP*	PREVELANCE AMONG PATIENT POPULATION
Abdominal Pain	29
Abnormal CT	24
Abnormal Abdominal Ultrasound	12
Abnormal Liver Function Tests**	46
Pancreatitis	6
Abnormal MRCP	6
Biliary Stent Removals	26
Jaundice	38
Choledocholithiasis	10

Results:

A total number of 82 ERCP's were performed on patients 80 years of age and older (range 80 – 100); (46 males: 36 females with mean age of 84 and median age of 90 among the whole group). The indications for procedure included jaundice and biliary obstruction, choledo-cholithiasis, abdominal pain of suspected biliary or pancreatic origin, abnormal Cat Scan findings, abnormal abdominal ultrasound findings, abnormal liver function tests (defined as at least one value of AST greater than 45, ALT greater than 60 or Alkaline Phosphatase greater than 115), established pancreatitis, abnormal MRCP, and biliary stent removals. Of the total 82 ERCP's, 15 were done under generalized anesthesia and 3 immediate complications were observed. One patient developed post sphincterot-omy bleeding which was controlled with epinephrine injection. Another patient developed stridor, which was treated with supplementational oxygen. Both cases were performed to completion. The third complication was hypertensive urgency, in which the procedure was term-inated early and the hypertension addressed and treated. There were no direct mortalities as a result of doing the ERCP.

Conclusion:

ERCP can be performed effectively and safely in elderly patients. However, support from an anesthesia team is recommended during these procedures to enhance safety outcomes