

# BASICS OF ERCP

# CANULATION BILIAIRE

- OBJECTIFS DE LA PRESENTATION
  - ANATOMIE DE LA PAPILLE
  - ACCESSOIRES A UTILISER
  - BASES POUR REUSSIR UNE CANULATION
  - CATHETERISME DIFFICILE # prochain masterclass#

# CONNAITRE LES INDICATIONS

- Indications communes
  - Lithiases de la voie biliaire symptomatique
  - Pancreatite lithiasique avec angiocholite et ictère
  - Cancer des voies biliaires et pancréatique avec ictère
  - Traitement de la pancréatite récidivante

# CONTRE INDICATIONS

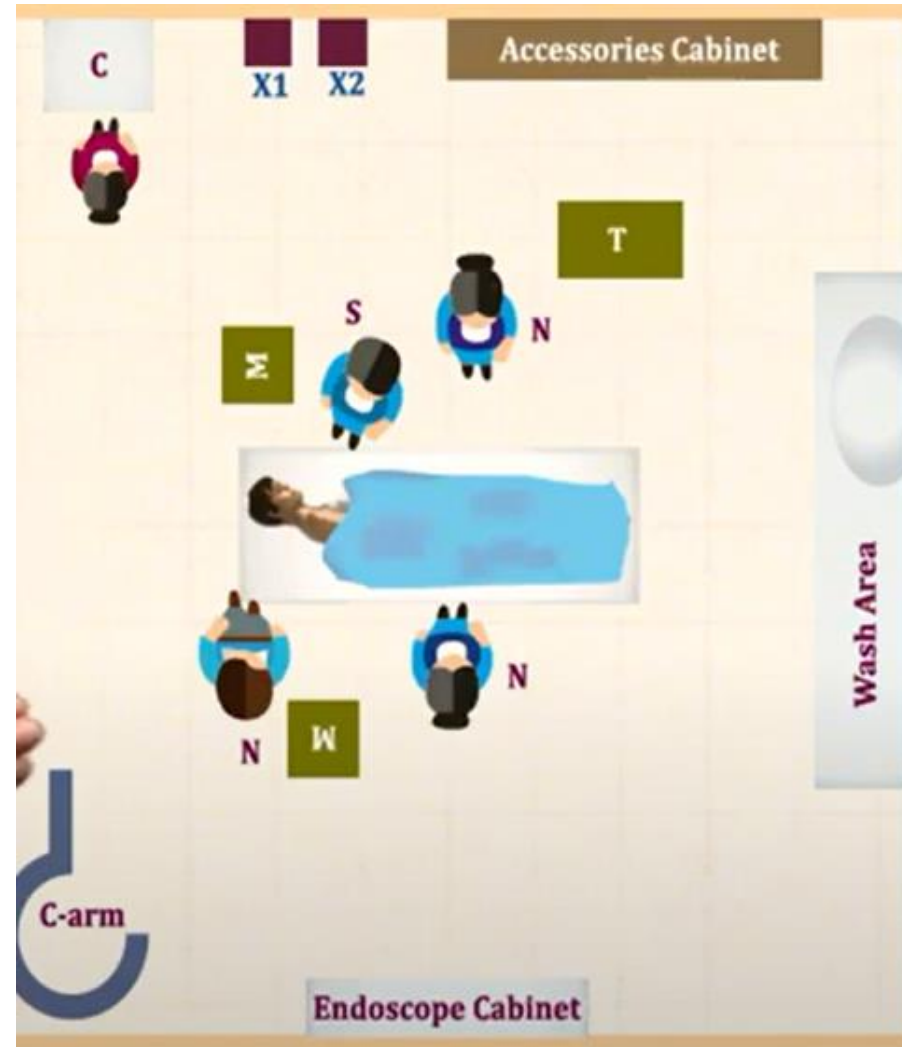
- Dysfonction du sphincter d'oddi.
- Troubles de la crase sanguine et prise d'anticoagulants.
- Drainage preoperatoire d'un cancer du pancreas operable.

# PREPARATION A LA PROCEDURE

- Lateroscope avec accessoires
- Preparation du patient et consentement
- Procedure qui doit se faire sous sedation

# DISPOSITION DE LA SALLE

- Bonne disposition des équipements
- Tous les accessoires a porte de main
- Preparer le plan A, plan B et plan C
- 95% du temps c'est la preparation et
- 5% la procedure
- Position du patient



# INSTRUMENTS SUR TABLE

## **Horses for the courses**

Sphincterotome:

short/long nose

Clever cut

Std tip / tapered tip

Guidewires

Zebra

Hydrophilic tips

Terumo

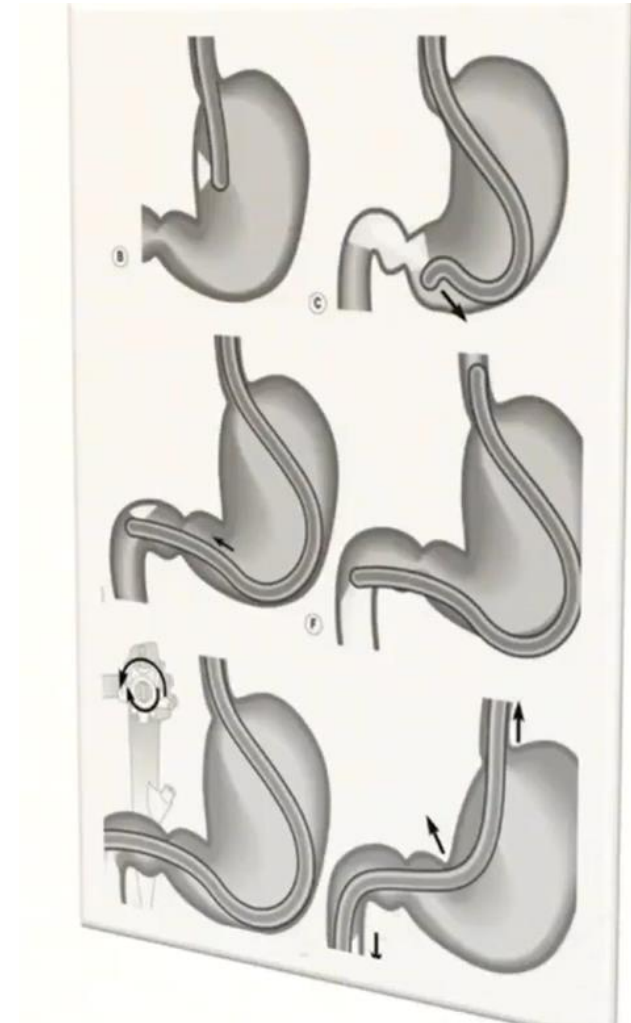
Balloon & Baskets

Stents

# CHEMIN VERS LA PAPILLE

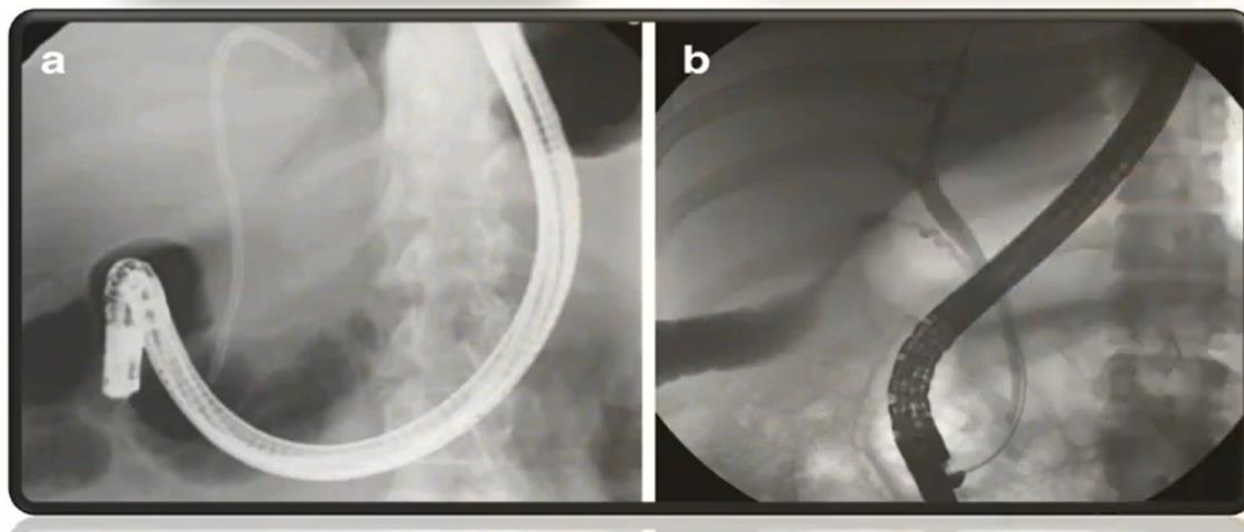
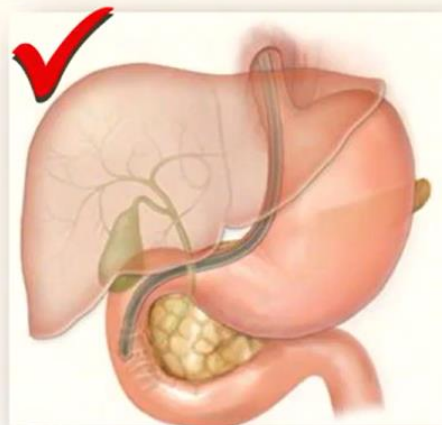
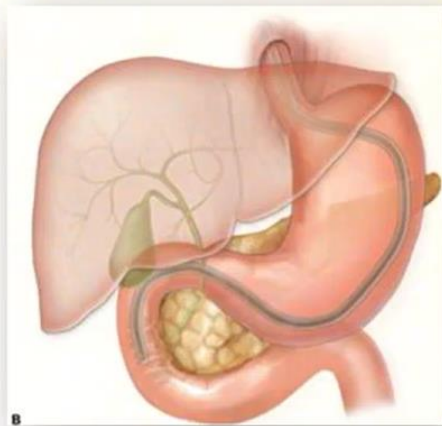
## PARCOURS D'OBSTACLES

- Franchissement de la bouche de Killian
- Passage de l'oesophage a l'aveugle
- Navigation vers le pylore
- Deboucler dans le duodenum
- Rester stable en face de la papille



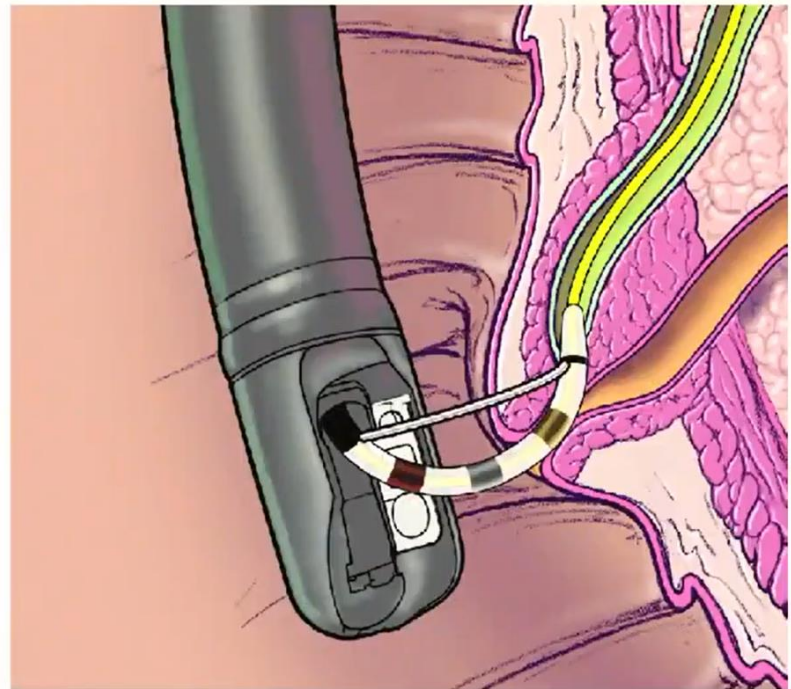


# POSITION DE L'ENDOSCOPE



# REUSSIR UNE CANULATION

Selective Biliary Cannulation

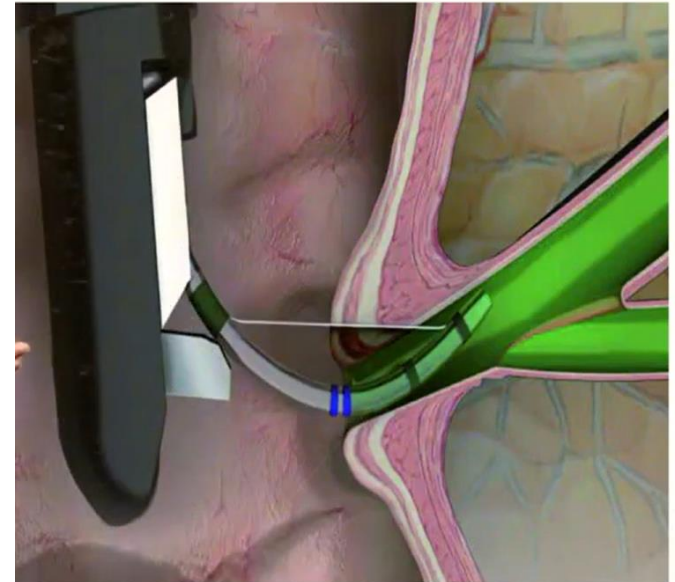


# SPHINCTEROTOME

- Outils indispensables

sphincterotome a nez court

sphincterotome a nez long



# FIL GUIDE

- Hydrophile
- Radio opaque
- Bout distal droit ou courbe
- Diametre variable

## Hydrophilic wires

Jag wires

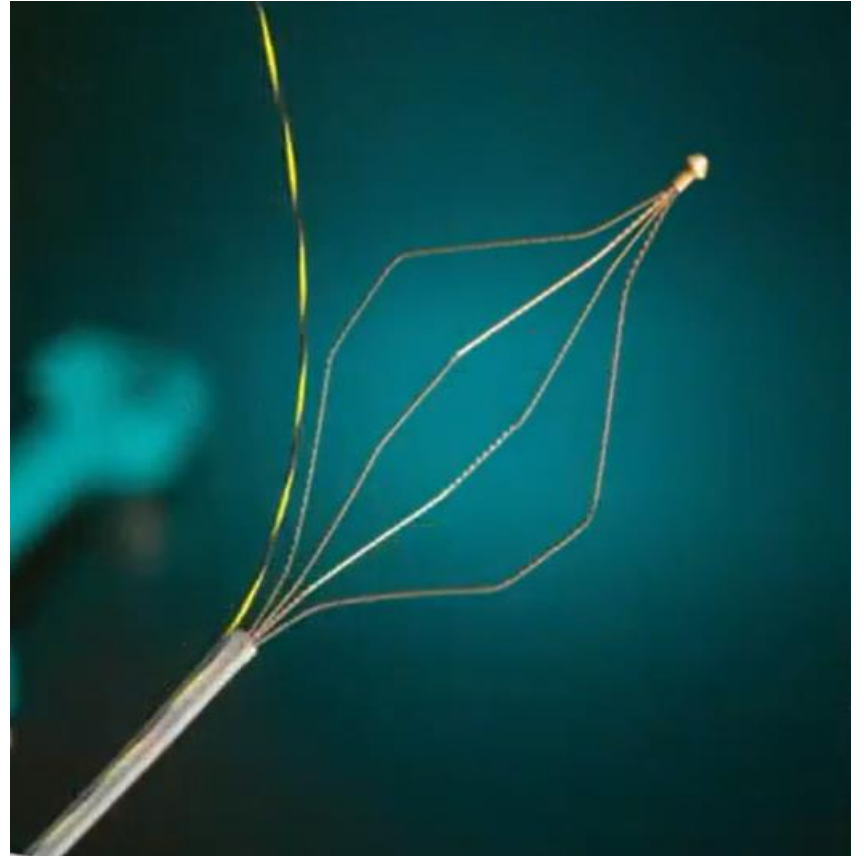
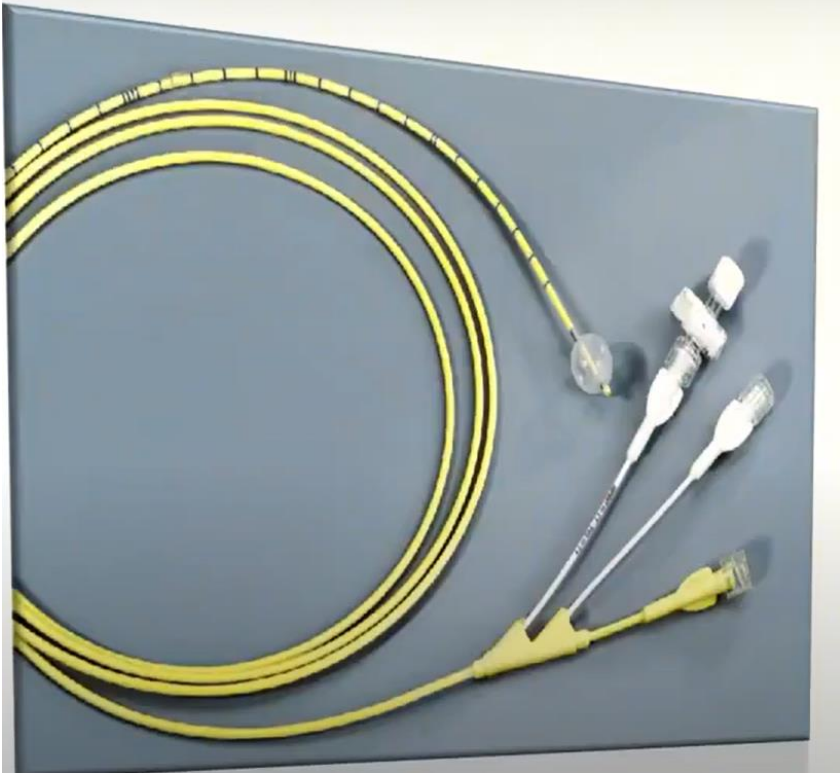
Path finders

Terumo wire



# BALLON D'EXTRACTION VS DORMIA

Balloon & Basket...

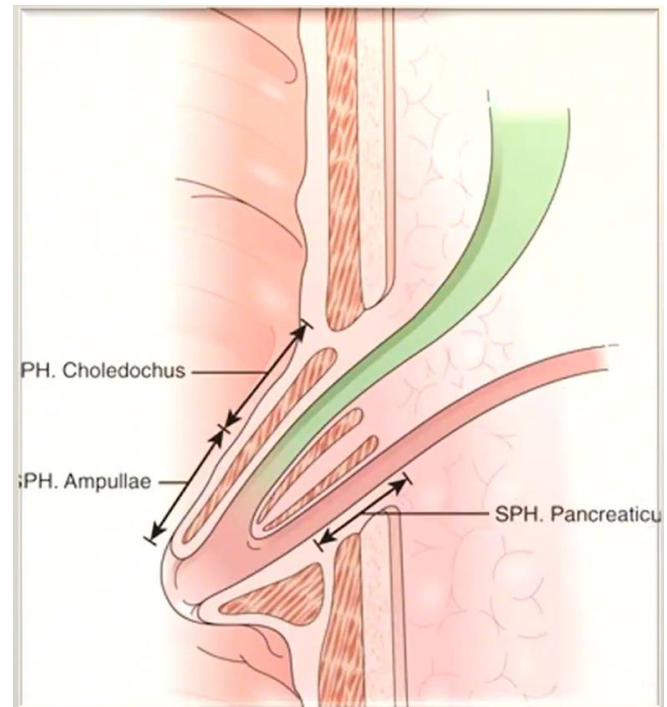
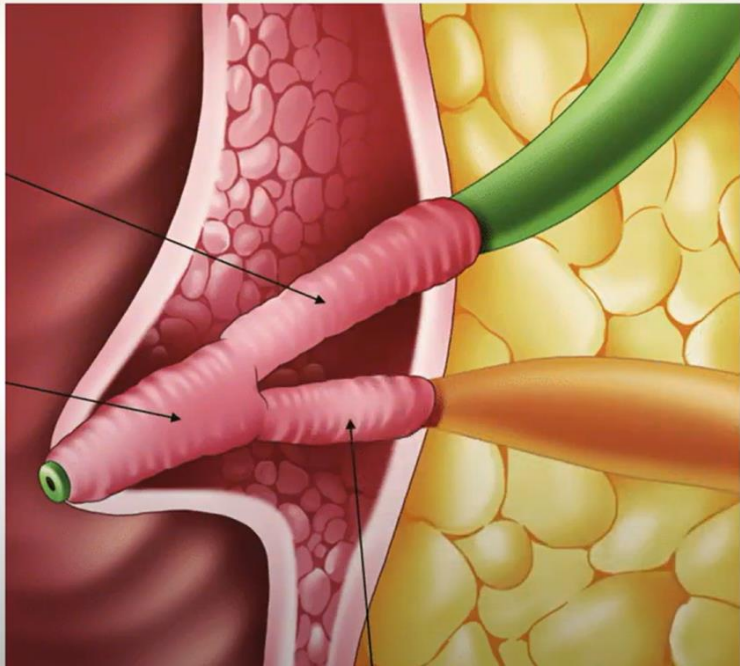


# AUTRES ACCESSOIRES

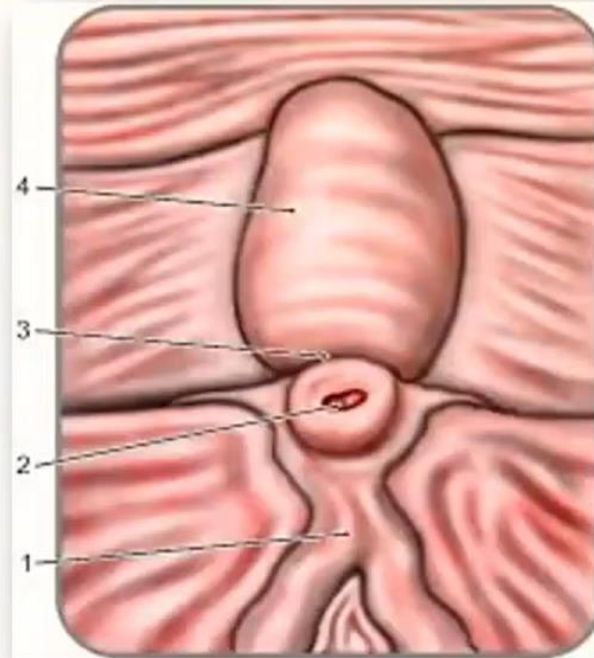
- Infundibulotome
- Cytobrosse
- Pince a biopsie
- Protheses plastiques
- Protheses en queue de cochon
- Prothese biliaires metalliques



# AMPOULE



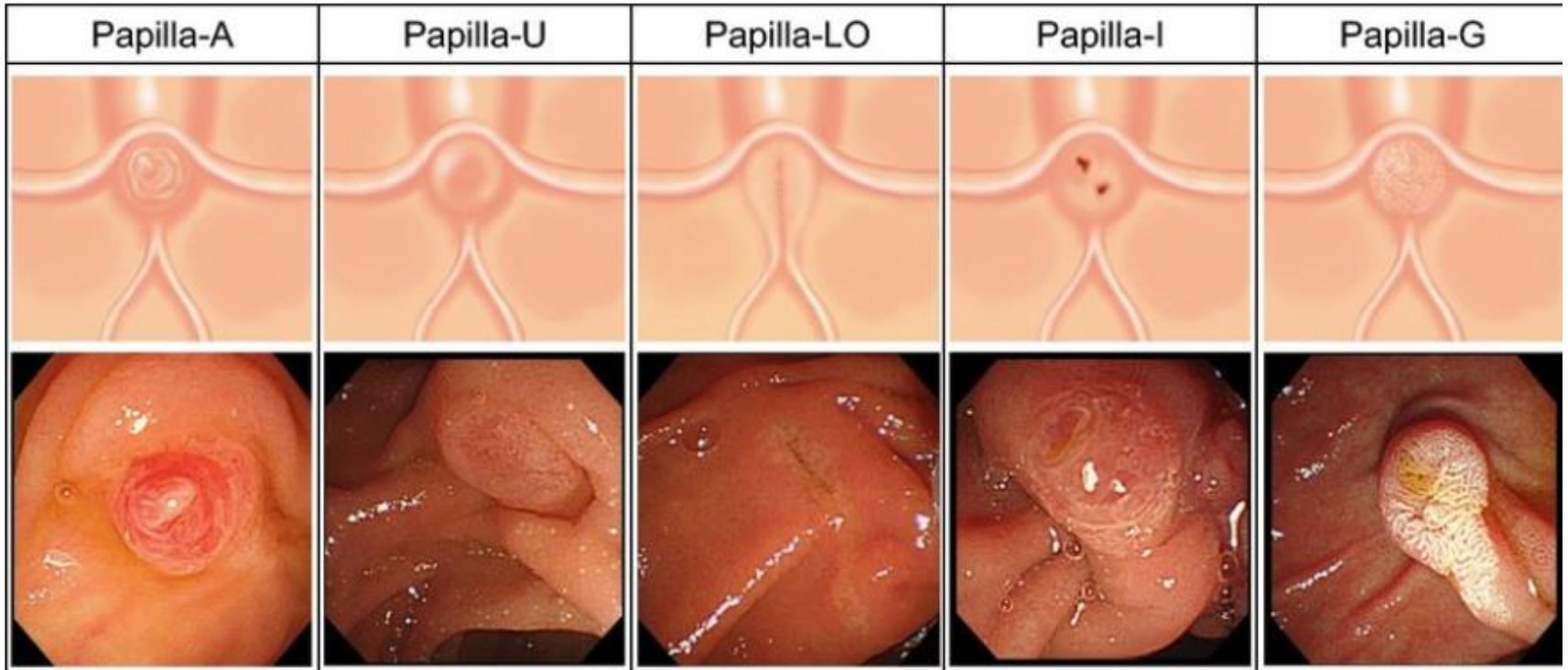
# Types de papille



1. Frenulum
2. Papilla
3. Hood
4. Infundibulum

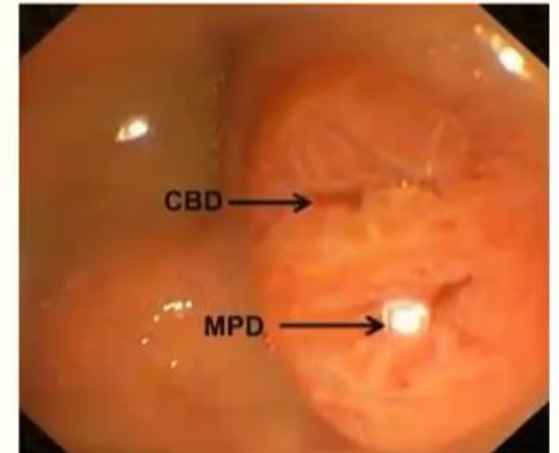
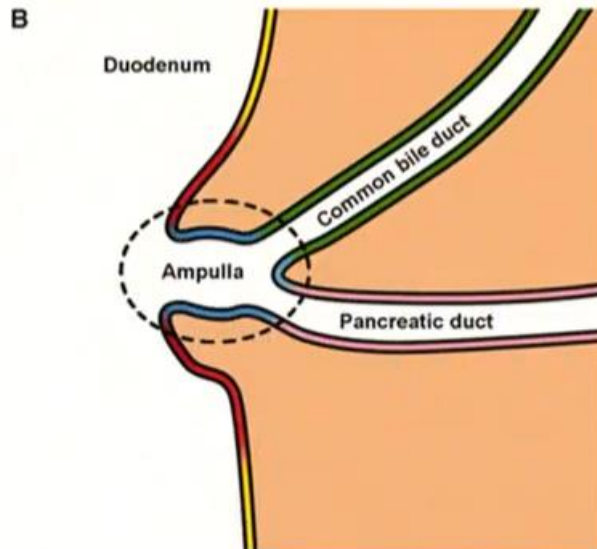
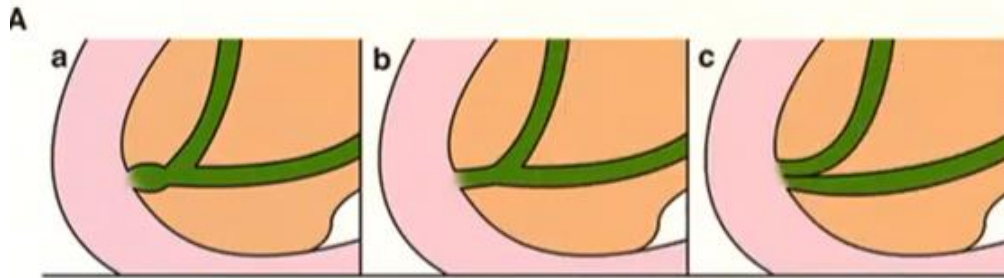


# TYPES DE PAPILLE

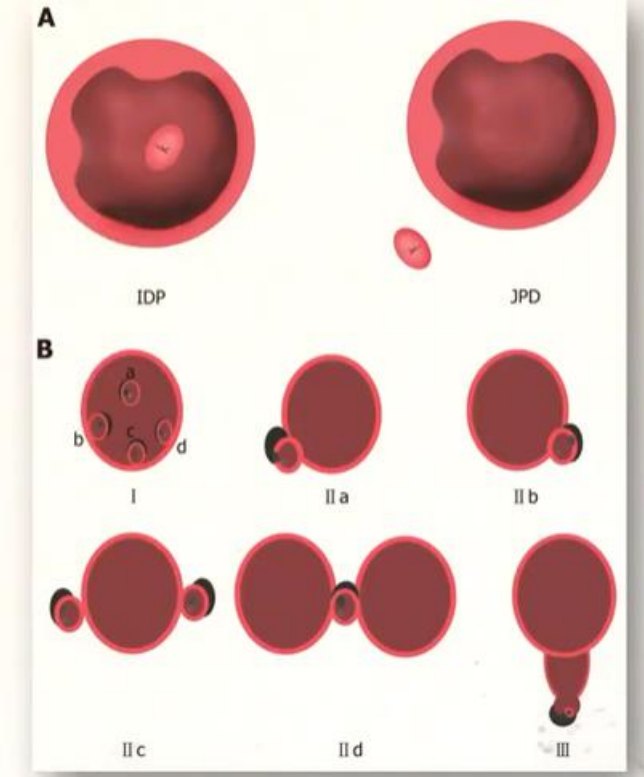
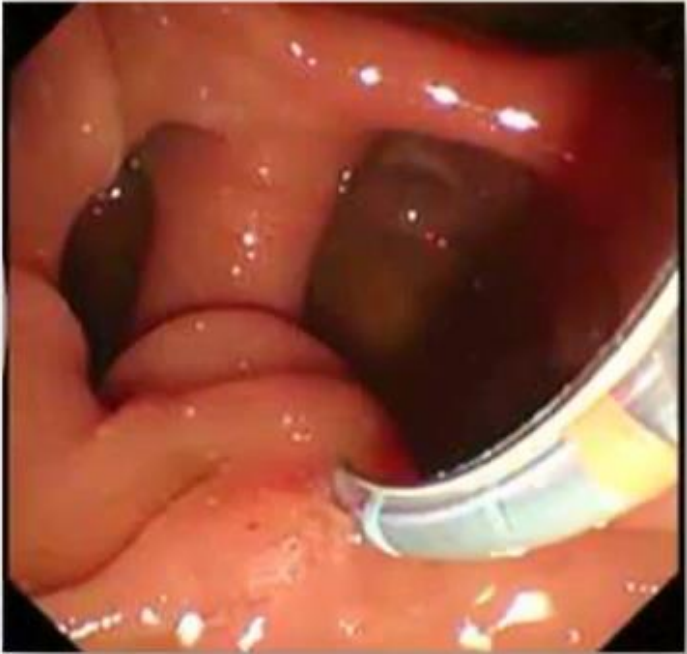


Papilla pattern according to our classification. The papilla pattern is classified into the following five types: Papilla-A, comprising typical papilla with an annular shape, with some having nodular changes at the oral side of the center (10–11 o'clock) and others for which these were difficult to discern; Papilla-U, unstructured without a clear orifice; Papilla-LO, comprising longitudinal grooves continuous with the orifice, with the length of the grooves being longer than the transverse diameter of the biliary duct axis of the papilla; Papilla-I, comprising two

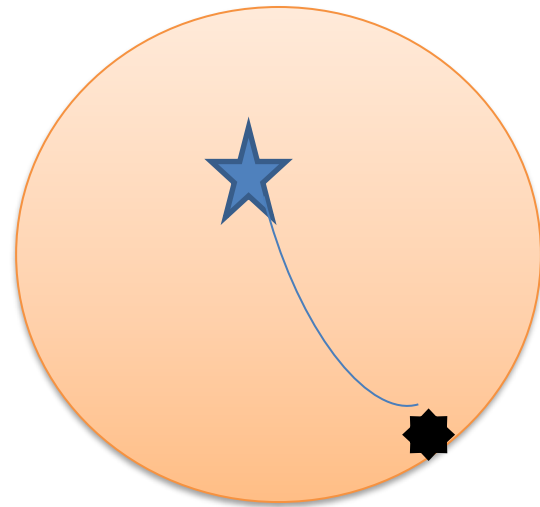
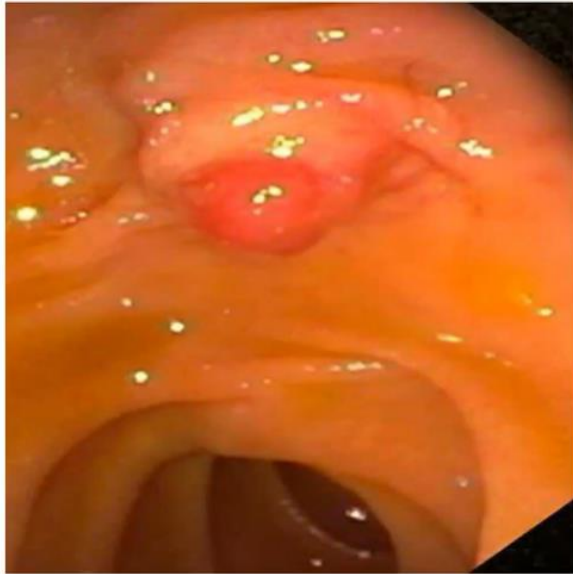
# PAPILLA I



# DIVERTICULE PERI AMPULLAIRE

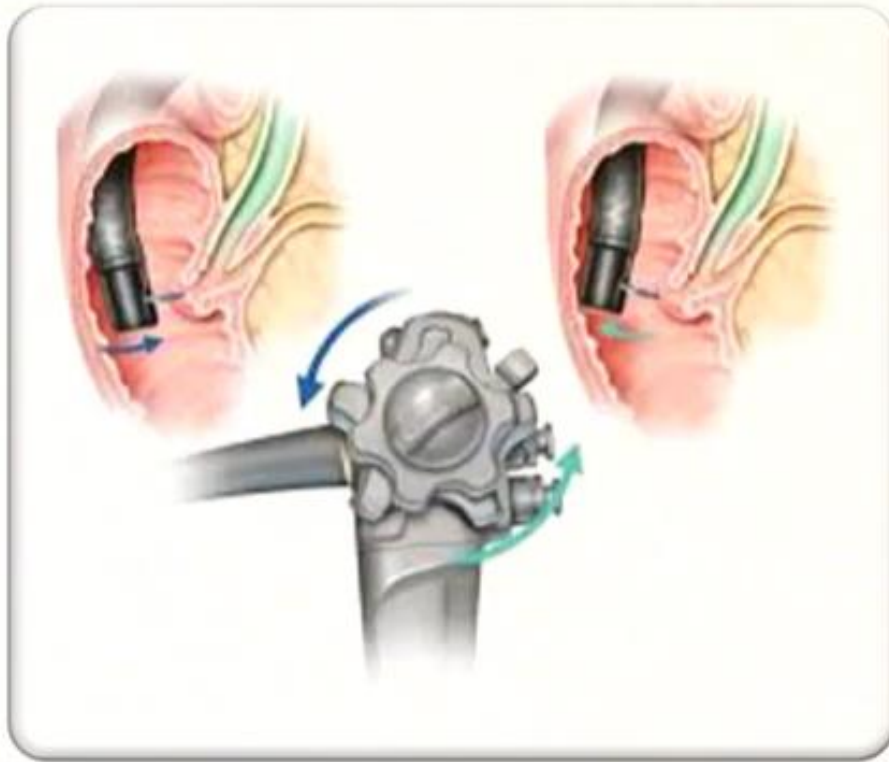


# POSITION DE LA PAPIILLE



# METHODE DE CATHETERISME

1



2

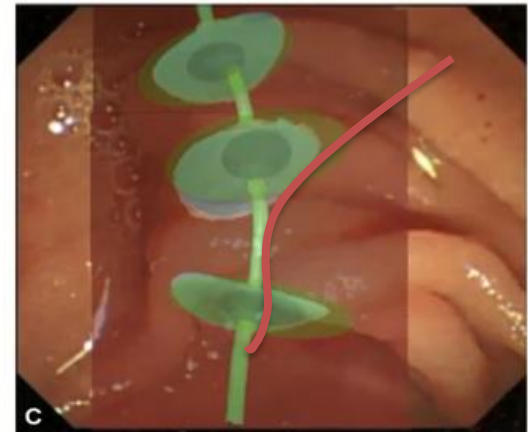
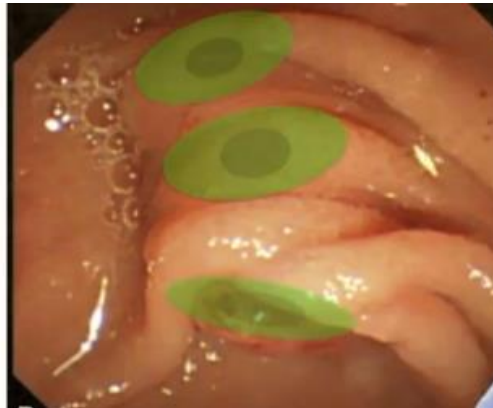
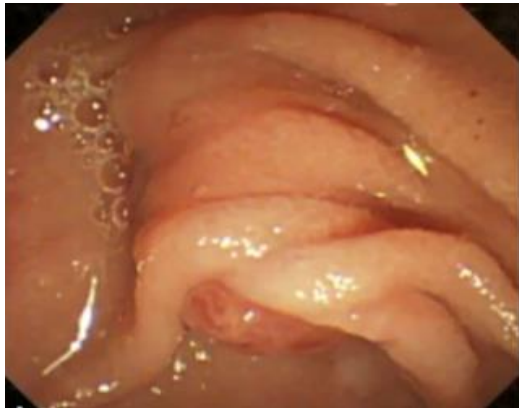
- **Guidewire directed**
  - Sphincterotome first
  - Guidewire first
- Contrast assisted: seldom/ < 2ml
- Combined



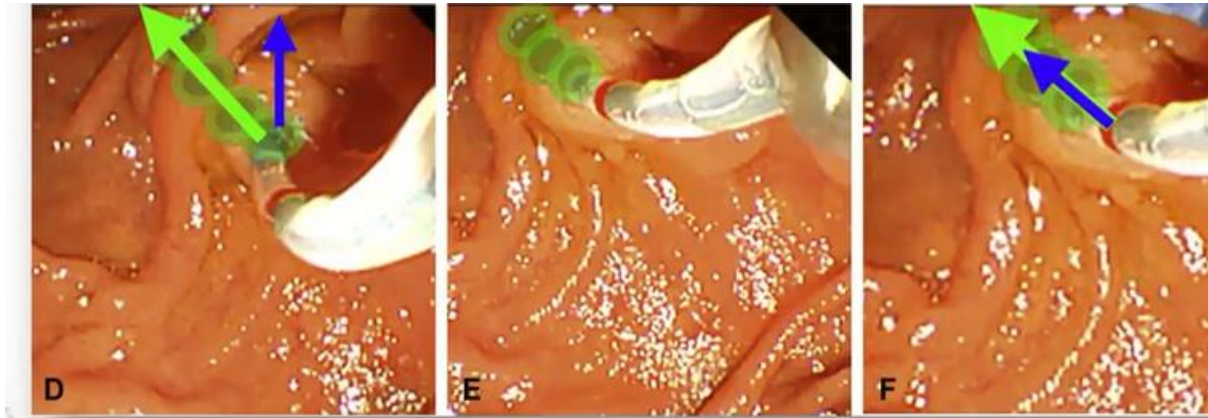
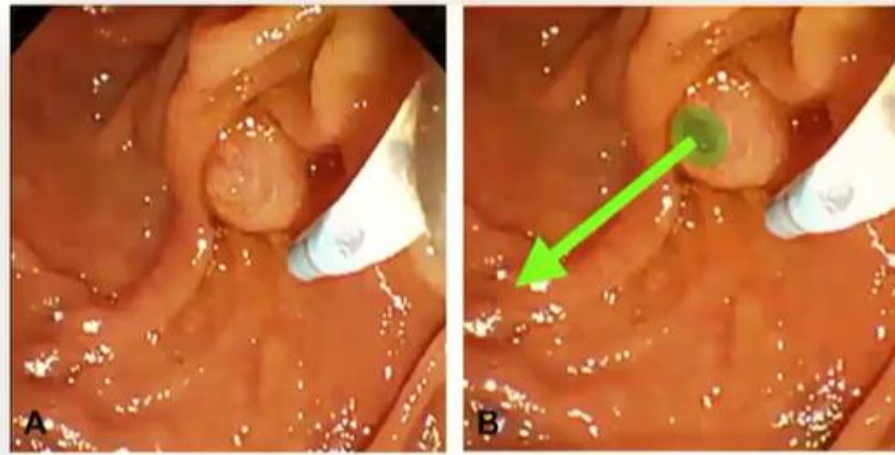


# ASTUCES POUR REUSSIR LE CATHETERISME

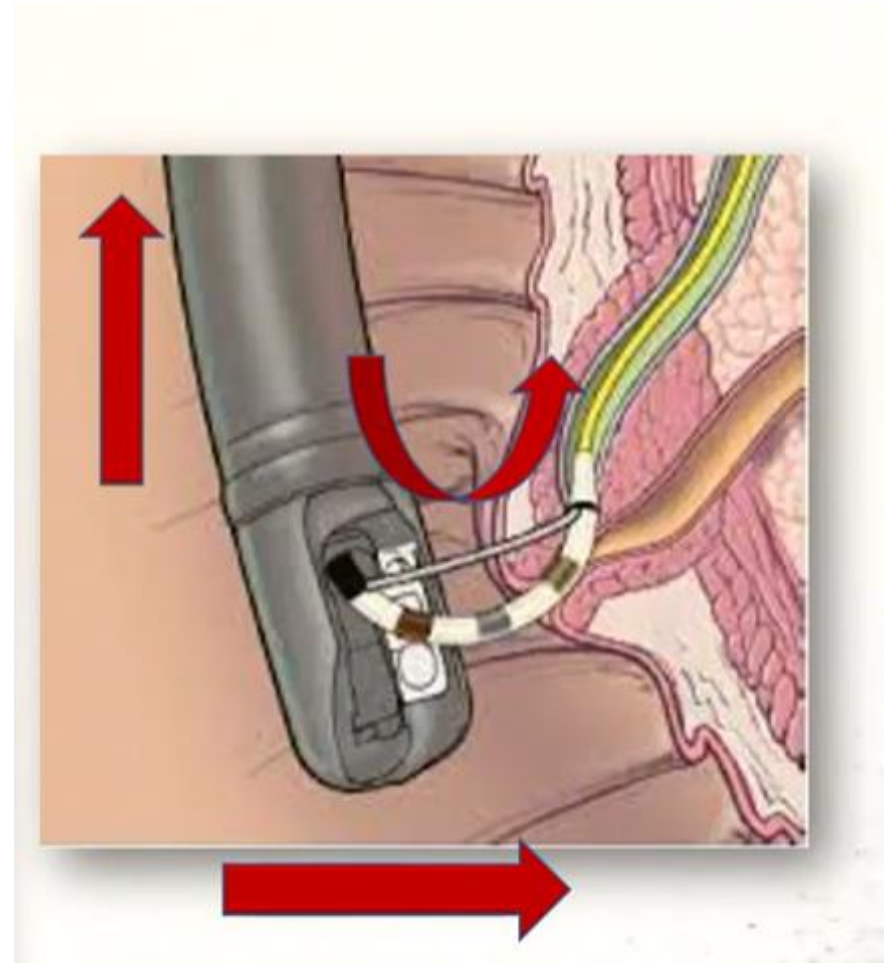
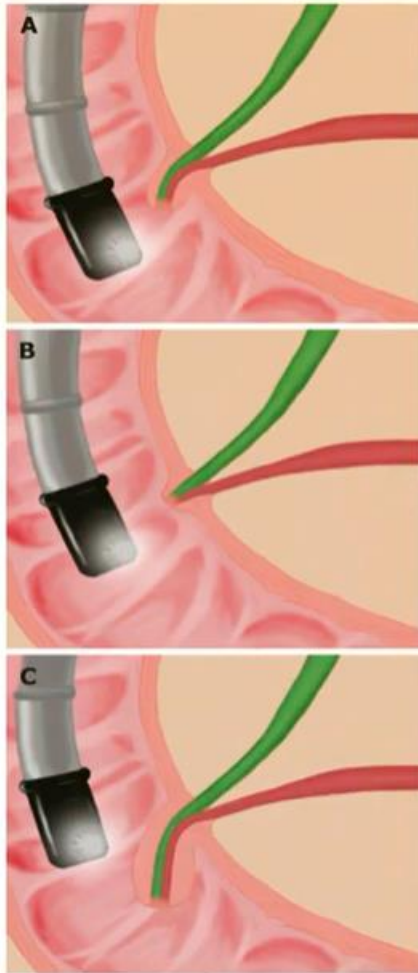
comprendre le cheminement de la voie biliaire dans l'infundibulum



# ORIENTATION DE LA PAPIILLE



# METHODE DE CANULATION

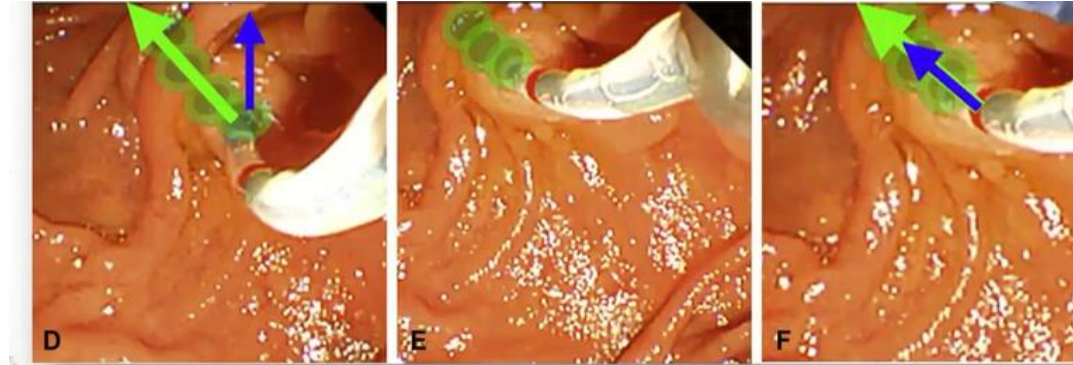




# SPHINCTEROTOMIE

- Après canulation de la papille

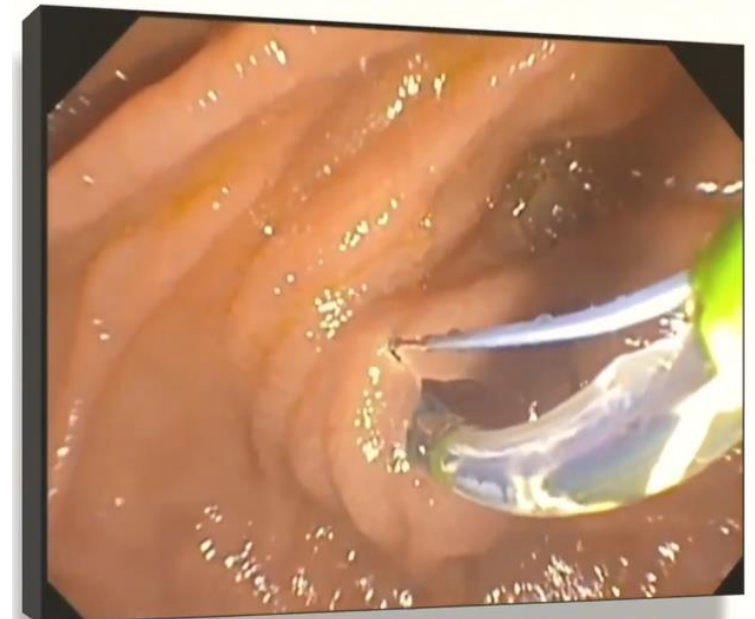
- Fil guide dans la voie biliaire



- Coupe de l'infundibulum dirige selon le trajet de la voie biliaire dans l'infundibulum

- La coupe emporte le sphincter

- La fin de la sphincterotomie avant le mur duodenal



# CONCLUSION

- Le catheterisme biliaire est une procedure endoscopique tres technique
- Avoir un plateau technique complet est obligatoire
- La maitrise et la dexterite permet de reussir la procedure
- Savoir etre prudent et s'arreter avant de provoquer une complication

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