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| **2P — ERCP in acute gallstone pancreatitis without cholangitis** |
| **Summary of Intervention** |
| Early endoscopic retrograde cholangiopancreatography (ERCP) for acute gallstone pancreatitis without cholangitis is not recommended.  **This guidance applies to adults aged 19 years and over.** |
| **Number of interventions in 18/19** |
| **308** |
| **Proposal** |
| Early ERCP in the treatment of acute gallstone pancreatitis, should only be performed if there is evidence of cholangitis or obstructive jaundice with imaging evidence of a stone in the common bile duct. Early ERCP refers to  ERCP being performed on the same admission, ideally within 24 hours Rationale for Recommendation |
| **Rationale for Recommendation** |
| Gallstones are the most common cause of pancreatitis, causing up to 50% of cases. ERCP should be reserved for patients in whom therapeutic intervention is likely because ERCP is a very invasive procedure and carries a morbidity of 5-10% and a mortality rate of 0.1%- 0.5%. Risks associated with ERCP include risks of endoscopy and specific risks associated with ERCP, including pancreatitis, cholangitis, bleeding, and retroduodenal perforation.  ERCP is recommended for severe acute gallstone pancreatitis, dilatation of the common bile duct on imaging, jaundice, cholangitis or persistently abnormal and rising liver enzymes or if clinical deterioration occurs in patients with mild signs at presentation but who fail to improve after 48 hours.  Early ERCP for acute pancreatitis without cholangitis has been shown to have a higher mortality rate and is of little benefit in comparison to delayed ERCP. Many gallstones are passed spontaneously. |
| **References** |
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