

Poster Presentation

TITLE	Audit on Quality of ERCP Practice in NHS Grampian, Scotland
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ABSTRACT DETAILS:	
Background:	ERCP is a widely performed sophisticated diagnostic and powerful therapeutic endoscopic procedure. However it does carry risk of significant complications. The 2004 NCEPOD report raised questions about the standard of ERCP practice in the UK. Currently there is no national system for checking ERCP performance in real time, akin to the US-derived ERCP Quality Network. The BSG standard framework for ERCP recommends that individual units should be monitoring performance criteria by a detailed audit and feedback process. Hence the aim of this study was to assess whether the ERCP practice in NHS Grampian is adhering to the key recommendations and standards set by the current guidelines (NCEPOD, BSG and ESGE).
Method:	This is a retrospective study over 18 months, involving two hospitals (Aberdeen Royal Infirmary and Dr. Gray's hospital) in NHS Grampian. Anonymous data was collected from protected database and then was analysed.
Results:	Between March 2016 and October 2017, a total of 726 patients underwent ERCP (53.8% females; mean age of 67.1). All the patients had coagulation profile and liver enzymes done prior to the procedures. Mean dose of midazolam administered was 2.85 mg. The most common indication was choledocholithiasis and all the procedures were carried out with therapeutic intent. Majority of the patients had ASA (American Society of Anaesthesiologists) status of I and II (547/613; 89.2%). The overall selective biliary and first ever ERCP cannulation rates were 88.6% (643) and 87.5% (464/530) respectively. The total completion rate of all ERCPs was 75.1% (545/726) and the completion of therapy was 88.6% (643/726). The overall post-ERCP complications was 12.5%: [bleeding (6; 0.8%), pancreatitis (45; 6.2%), perforation (14; 1.9%), cholangitis (14; 1.9%) and others such as bacteremia (7; 1.0%), sepsis (4; 0.6%) and intrahepatic abscess (1; 0.1%)]. The 30-day mortality rate was 3.0% (22), of which, only five (0.7%) were ERCP-related death while the others died of underlying medical conditions.
Conclusions:	The ERCP practice in NHS Grampian is safe and of high quality as well as in adherence to the guidelines. The success rate, complication and mortality rates compare favourably with those published guidelines.
References:	