

PATIENT PROFILE

Key point

77% of patients undergoing an ERCP had an ASA status of 3 or poorer.

Of all patients having an ERCP 82% (194/237) were aged 70 years or older (Figure 14) and 49% were male.

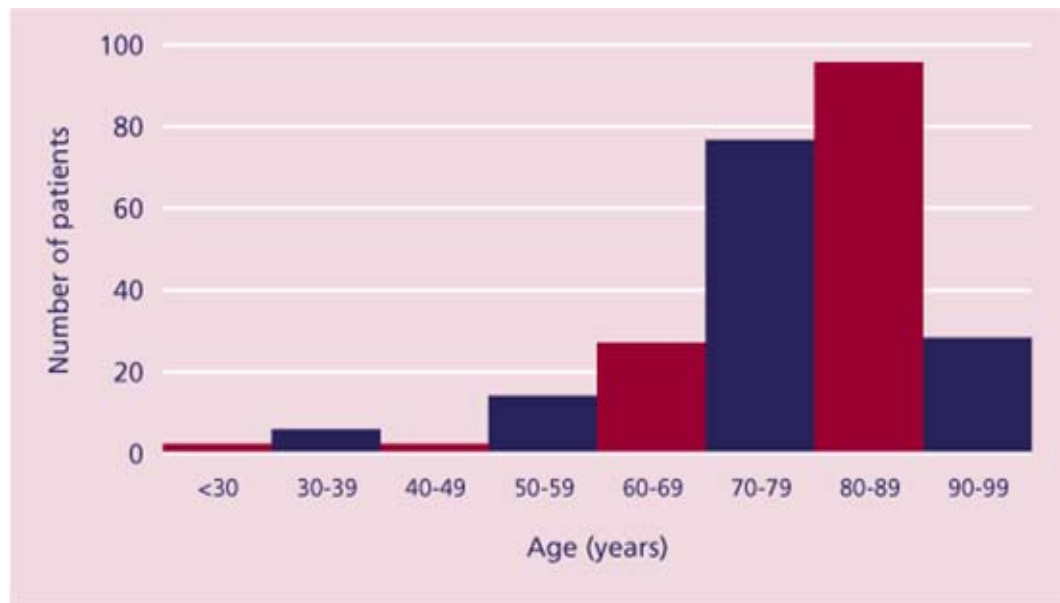


Figure 14. Age profile of patients undergoing ERCP

Table 38. ASA Status		
ASA Status	Total	(%)
1	10	(5)
2	41	(18)
3	96	(43)
4	61	(27)
5	16	(7)
Sub-total	224	
Not answered	13	(6)
Total	237	

Of all patients having an ERCP 77% (173/224) were graded ASA3 or poorer (Table 38). Interestingly 16 were graded 5, but no specific details were available to the advisors to enable them to assess whether a therapeutic ERCP was appropriate.

Considering the data in Table 38, it is not surprising that patients had the co-morbid conditions as listed in Table 39.

Table 39. Comorbidities for patients undergoing ERCP (answers may be multiple)	
System	Total n = 227
Respiratory	48
Cardiac	90
Neurological	42
Hepatic	114
Renal	42
Total	336
None	27
Not answered	10

From the data available 65% (153/234) of ERCPs were 'expected' procedures (Table 40). The advisors thought that approximately one third of patients having an urgent/emergency ERCP was appropriate, and that in their experience the commonest causes were biliary sepsis especially from an obstructed common bile duct, bile leaks e.g. post laparoscopic cholecystectomy and gall stone related pancreatitis.

Table 40. Urgency of procedure for ERCP		
Urgency of procedure	Total	(%)
Elective/scheduled	153	(65)
Urgent	74	(32)
Emergency	7	(3)
Sub-total	234	
Not answered	3	(1)
Total	237	

In 69% (155/224) of cases, death within 30 days of the procedure was thought to be a definite risk or expected (Table 41). This reflects that in these patients ERCP was often palliative where the patient had a malignant disease. Overall the patient profile indicates that mostly these were sick patients of advanced age. Of interest is the advisors view that 68% (162/237) of therapeutic ERCPs were futile, with 90% (146/162) of these patients having an ASA status of 3 or more. The advisors were concerned that patients with hepatic metastases and no biliary obstruction were having therapeutic ERCPs.

Table 41. Anticipated risk of death for ERCP		
Anticipated Risk of Death	Total	(%)
Not expected	20	(9)
Small but significant	49	(22)
Definite risk	129	(58)
Expected	26	(12)
Sub-total	224	
Not answered	13	(6)
Total	237	