

COMPLICATIONS AND DEATH

Critical incidents

Critical incidents during ERCP procedures were reported in 9% (19/221) of cases (Table 46). However, it is suspected that critical incidents during the procedure were under-reported.

Hypotension and tachycardia may reflect pre-procedural pathology such as pancreatitis or septicæmia, but the risk of hypotension should be minimised by optimising the patient's condition before endoscopy. Tachycardia may be associated with the use of anticholinergic agents to inhibit peristalsis during the procedure. Hypoxaemia should be preventable in most patients, all of whom should receive supplemental oxygen.

Table 46. Critical incidents during therapeutic ERCP (answers may be multiple)	
Critical incident	Total <i>n</i> = 221
Hypotension (systolic less than or equal to 100 mmHg)	7
Tachycardia (greater than or equal to 100 beats/min)	6
Hypoxaemia (SpO ₂ less than or equal to 90%)	5
Respiratory arrest	2
Cardiac arrest	1
Pulmonary aspiration	1
Local haemorrhage	1
Other	3
Total	26
None	202
Not answered	16

Postoperative complications

Table 47. Complications in the 30 days after therapeutic ERCP (answers may be multiple)	
Complication	Total <i>n</i> = 216
Progress of medical condition	76
Sepsis	57
Respiratory problems	51
Renal failure	40
Cardiac problems	33
Hepatic failure	16
Upper or lower GI haemorrhage	9
Electrolyte imbalance	8

Subsequent related operation	6
Viscus perforation	4
Stroke	2
Haematological problems	2
Other	20
Total	324
None	56
Not answered	21

In comparison with 'progress of medical condition', the second most common complication following ERCP was sepsis (Table 47). Sepsis may be related to the high incidence of biliary stasis and infection in these patients, coupled with their age, underlying comorbidities and poor physical status. However, it does underline the need for an appropriate antibiotic strategy. There were two complications, perforation 2% (4/216) and haemorrhage 4% (9/216), that were directly attributable to the ERCP, and both of these are the most likely reason for the subsequent surgery in six patients.

Death

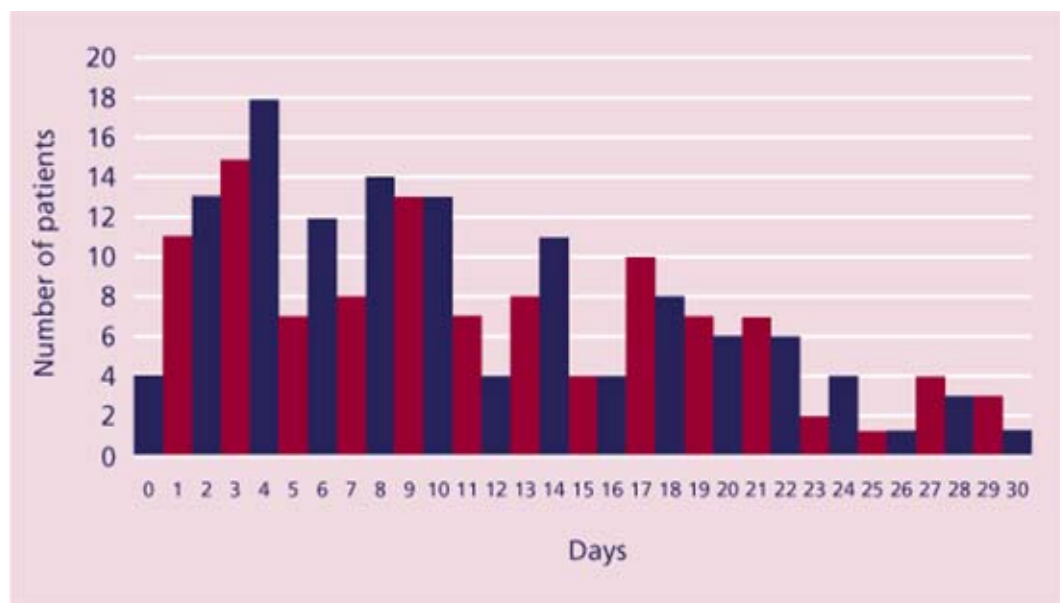


Figure 15. Number of days between the ERCP procedure and death

37% (88/237) of deaths occurred in the first week and 30% (70/237) in the second week. One patient died in the endoscopy suite.