

**EP 080**

Transpancreatic Precut Sphincterotomy Versus Conventional Precut Papillotomy For Endoscopic Retrograde Cholangiopancreatography. Single Center Experience

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Background : Difficult cannulation represents a common challenge for successful endoscopic retrograde cholangiopancreatography (ERCP). Available solutions include conventional precut papillotomy and transpancreatic precut sphincterotomy. The study aim is to evaluate the safety and efficacy of the two precut methods.

Methods : A total of 60 consecutive cases with precut papillotomy performed during ERCP between the period July 2020 to December 2022 are enrolled in this study. Cases are divided into transpancreatic precut papillotomy group (n = 25) and conventional precut papillotomy (n=35) only group. The primary outcome is successful biliary cannulation. Secondary outcome is post ERCP complication rate.

Results : Transpancreatic precut sphincterotomy group (n= 25) has a successful cannulation rate of 84% while conventional precut papillotomy group (n=35) has a successful cannulation rate of 77.1%. Adverse event rates were evaluated. Major bleeding occurs in 8% vs 5.7% in TPS and NKP group and pancreatitis occurs in 12.5% vs 14.7% in TPS and NKP group respectively.

Conclusions : Both transpancreatic precut sphincterotomy and conventional precept papillotomy are effective methods to tackle difficult biliary cannulations with an ensuring safety profile.

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