SpyGlass™ DS cholangioscopy under conscious sedation for treatment of difficult stones – a Norwich Experience

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BACKGROUND

- The use of Per Oral Cholangioscopy (POC) and subsequent Electrohydraulic Lithotripsy (EHL) under direct visualisation provides a useful adjunct to treat difficult biliary stones when conventional ERCP methods have failed
- Because of the length and complexity of these cases, a general anaesthetic is often the preferred choice of sedation
- We describe our early experience of using the single operator SpyGlass™ DS cholangioscopy system (Boston Scientific, Malborough, MA, USA) in a tertiary centre to treat difficult biliary stones in a single session under conscious sedation

AIM and METHODS

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To retrospectively evaluate efficacy and safety of performing POC to treat biliary stones under conscious sedation

Setting

Norfolk and Norwich University Hospital NHS Foundation Trust

Time Period

September 2016 to December 2017

Outcomes

Sedation use, success of procedure and 30-day post-procedure complications were recorded

- Cases included local and tertiary referrals
- Cases performed under general anaesthesia were excluded
- All patients received periprocedural prophylactic intravenous antibiotics (usually Ciprofloxacin 400mg) and 5 days of oral antibiotics post procedure
- All patients received rectal NSAIDs post procedure

RESULTS

26 POC cases performed under conscious sedation, including one referral from neighbouring hospital

- Successful stone clearance achieved in 20/26 cases (76%)
- No patient required administration of reversal agents such as naloxone or flumazenil
- No complications such as pancreatitis, cholangitis, perforation, bleeding or death related to the procedure was recorded

CONCLUSION

- Our data of performing POC and subsequent EHL for biliary stones under conscious sedation has shown similar success rates in single-session stone clearance and safety comparable to published outcomes of cases performed under general anaesthesia
- Conscious sedation for POC remains a viable option, especially in an increasingly high-risk anaesthetic population and where a dedicated anaesthetist is not readily available for such cases

References