

There was no significant difference in duration of hospital stay ($F(1, 29) = [0.106]$; $p=0.747$) or duration of oxygen need ($F(1, 29) = [2.165]$; $p=0.152$) between the groups. All were discharged without any adverse sequelae.

Conclusion Significant improvement in outcome was noticed in HHHNC arm and there was no significant difference observed in duration of hospital stay or duration of oxygen requirement between the two groups.

OP 2

Endoscopic retrograde cholangiopancreatography (ERCP): a single unit experience from Northern Sri Lanka

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Introduction ERCP is a diagnostic and therapeutic procedure for pancreatic and biliary pathologies. The success rate of ERCP varies with the experience of the endoscopist and the anatomy of the biliary tract. Difficult cannulations increase the risk of post-ERCP complications. Studies regarding the safety and efficacy of ERCP are limited in the northern region of Sri Lanka.

Objective The aim of this study is to evaluate indications, complications, safety, procedural difficulties, reasons for cannulation failure, and outcomes of ERCP in a single unit.

Methods The records of patients who underwent ERCP from 2019 to 2021 in university surgical unit, teaching hospital Jaffna were retrospectively analyzed. Information regarding indications, complications, procedural difficulties, data related to failed cannulation and outcomes were extracted from the records.

Results A total of 86 procedures were done in 86 patients (41 males, 45 females, 2 failed procedures and 2 repeated procedures). The mean age of participants was 58.36 ± 15.94 years (range 23 – 90 years). All procedures were performed under sedation or general anaesthesia. Common indications were symptomatic choledocholithiasis (79.1%) and malignant biliary obstruction involving the biliary tract and pancreas (19.8%). In 68 patients with biliary stones, 46 (53.5%) stones were successfully retrieved. Procedural mortality of ERCP was 1.2%. The procedural success rate was 96.6% and 91.9% of patients had no post-procedural complications. The seven patients who developed complications were successfully managed. No post-ERCP pancreatitis was encountered.

Conclusion Common indications for ERCP were symptomatic choledocholithiasis and malignant biliary obstruction. ERCP can be successfully performed with low complication rate in experienced hands in low procedural volume center.

Keywords ERCP, Symptomatic Choledocholithiasis, Malignant biliary obstruction