

Early precut sphincterotomy ups primary cannulation rates

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(HealthDay)—Early use of precut sphincterotomy does not increase the risk of pancreatitis but does increase rates of primary cannulation during endoscopic retrograde cholangiopancreatography (ERCP), according to research published in the October issue of *Clinical Gastroenterology and Hepatology*.

Prakalathan Sundaralingam, from Westmead Hospital in Sydney, and colleagues performed a meta-analysis of [randomized controlled trials](#) to determine how early use of precut sphincterotomy affects the risk of pancreatitis and rate of cannulation success, compared with persistent standard cannulation.

The researchers found that based on five identified studies (523 participants) there were no significant differences in the incidence of

post-ERCP pancreatitis and success of overall cannulation between the early precut and persistent standard therapy groups. There were increased odds for primary cannulation success (risk ratio, 1.32) with early use of precut sphincterotomy. There was a significant reduction in risk of pancreatitis among patients receiving early precut versus the standard technique (risk ratio, 0.29) among studies that involved only fully-qualified biliary endoscopists (not fellows).

"When the procedure is performed by qualified biliary endoscopists, early precut can reduce the risk of post-ERCP pancreatitis," the authors write.

More information: [Abstract](#)
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