

1. Periprocedural rectal NSAIDs to prevent post-ERCP pancreatitis (PEP).

- Use Indomethacin 100 mg in adults.
- Give > 30 min before/during procedure.
- Avoid in peptic ulcer or renal disease.

2a. Use wire-guided cannulation, rather than contrast-guided cannulation, to minimize the risk of PEP.

2b. Pancreatic stents to prevent PEP during high risk cases: difficult cannulation, PEP hx, precut sphincterotomy, or ampullectomy.

3. Aggressive periprocedural and postprocedural IV hydration to prevent PEP.

- Use lactated ringer's solution.
- Bolus 20 mL/kg then 3mL/kg/h x8 hrs.
- Avoid in CHF, CKD, or advanced liver disease.

