

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
O'Hara	Eileen	093961

AGE:9.10.30.

WARD:HDU

DATE OF OPERATION 10th April, 2003.

SURGEON'S NOTES

OPERATION PERFORMED

 SURGEON Mr. K. Robertson
Dr. C. Hob

Pathology:

1. Severe acute pancreatitis.
2. Gall stones.
3. Biventricular cardiac failure.
4. Mitral valve replacement and anticoagulation.

Operation:

ERCP and endoscopic sphincterotomy.

Drugs:

Midazolam 5 mg.
 Pethidine 25 mg.
 Buscopan 80 mg.
 1 mg.

SPECIAL INSTRUCTIONS

Duodenoscopy was achieved with relative ease. The site of the previous endoscopic sphincterotomy although a little proximal was in the junction of D1 and D2. Although this was examined it was considered in the end to be unlikely to be the true ampulla. The scope had to be passed to approximately 85 cm and retroflexed on itself to identify the true ampulla of Vater which was very distal indeed. Multiple efforts were made to cannulate this but unfortunately this was impossible and again a needle knife was resorted to. Using this technique it was possible to gain access to the pancreatic duct and biliary tree although the outlining of the latter was much less convincing with preferential pancreatic duct cannulation. This opening was widened using cannula but no further sphincterotomy was performed as the bile duct could not be preferentially cannulated. There was some bleeding from the site of the needle knife. Sphincterotomy and a total of 12 ml of 1/10,000 Adrenaline was injected to staunch this. During this the patient's saturations dropped and the anaesthetist (Dr. Crooks) was kind enough to intervene and improve the situation by clearing the airway. By prior arrangement Dr. Crooks had agreed to be available for this procedure as it was considered to be a difficult one. This in part was the therapeutic course of action as she was considered unsuitable for anaesthesia as it was improbable that she could be weaned from ventilation.

Summary:

Difficult ERCP and endoscopic sphincterotomy of ampulla of Vater.
 Complicated by bleeding which was finally controlled by Adrenaline injection.

KR/AMMCS RECEIVED 10.4.03. TYPED 11.4.03.

DATE

14/4/03

SIGNATURE

