practice patterns in the endoscopic management of malignant distal biliary obstruction: A survey analysis

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Introduction: Endoscopic management of malignant distal biliary obstruction (MDBO) is a common practice yet there is no consensus as to the optimal approach. The aim of this study was to assess practice patterns in the management of MDBO amongst interventional endoscopists across the United States.

Methods: The study was approved by the institutional review board at the University of Florida. An anonymous electronic survey was distributed to gastroenterologists via email addresses available through the American Society for Gastrointestinal Endoscopy membership directory. Main outcome measures included differences in indications for preoperative biliary drainage, type of stent and the routine performance of endoscopic sphincterotomy (ES) in MDBO based on practice location (academic vs. community-based).

Results: A total of 335 out of 4874 gastroenterologists completed the survey. Respondents identified themselves as practicing in an academic (154, 46%) or community (181, 54%) setting. One third of respondents (33.4%) completed an advanced endoscopy fellowship. More academic practitioners (98; 36.1%) compared to those practicing in the community (59% vs 21.5%; p < 0.001).

Conclusion: There were marked variations in the endoscopic management of MDBO. This survey suggests that indication for preoperative drainage, type of biliary stent and routine ES prior to stent insertion differed significantly based on practice setting.