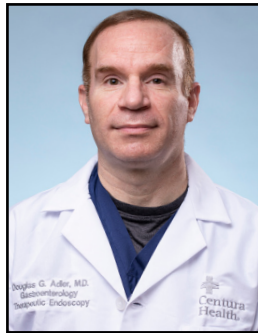


Douglas G. Adler MD, FACG, AGAF, FASGE, Series Editor

Introduction to a New Series: Fundamentals of ERCP



Douglas G. Adler

Gastroenterology, and specifically gastrointestinal endoscopy, is awash in acronyms. EGD, ESD, RFA, EUS, FNA, FNB, APC, and on and on. Among these, one acronym in particular stands out: ERCP.

As you all know, ERCP stands for endoscopic retrograde cholangiopancreatography. ERCP stands out to me as, in my experience, it is the cornerstone of therapeutic endoscopy. Now over 50 years old, ERCP has been, and remains, the bedrock on which therapeutic endoscopy has been built. Many other endoscopic procedures build on the core principles, concepts, and actions required to successfully perform ERCP. These include the operation of catheters and guidewires, the use and interpretation of fluoroscopy, the use of electrocautery, cutting tissue, the deployment of stents, and the acquisition of tissue samples from hard-to-reach places.

When I was doing my advanced endoscopy training, I first did an ERCP fellowship at the Mayo Clinic in Rochester, Minnesota. After this was completed, I headed to Boston to undertake an EUS fellowship at the Beth Israel Deaconess Medical Center at Harvard Medical School (in those days it was not uncommon to have to partake in separate ERCP and EUS training programs, as few combined training programs existed). It was obvious that I was able to learn EUS very quickly, having already

learned ERCP. Beyond this, other procedures, such as placement of luminal stents, relied on skills that felt second nature to me from my ERCP training. I was on very familiar ground with familiar tools: Stricture? Check. Catheter? Check. Guidewire? Check. Contrast? Check. Over the past 20 years I have added a wide range of new endoscopic procedures to my repertoire, but in many ways it all comes back to ERCP.

In 2022, a great many GI fellows and practicing gastroenterologists still want to learn how to perform high quality ERCP. I receive frequent calls from physicians asking to come and train with me or to come and watch ERCP procedures at our Center for Advanced Therapeutic Endoscopy (CATE) in Denver Colorado, and many people struggle to master all that ERCP encompasses.

As such, I am thrilled to introduce a new and special series for readers of *Practical Gastroenterology: Fundamentals of ERCP*. Over 14 articles, this series will cover everything a new or novice pancreaticobiliary endoscopist needs to know to perform high-quality ERCP procedures. The articles will cover what to do, what not to do, and all manner of special tips and tricks to make even the most complicated ERCPs seem simple. The individual article authors and I have worked hard to make these 14 articles an all-in-one resource when taken together and should be valuable for many years to come as the fundamentals never really change.

We hope you enjoy the series and find it valuable to your ERCP practice!

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