



¹Inclusion Criteria

- o Presence of Gallbladder
- o High risk for cholelithiasis
 - Obesity
 - Hemolytic Disease
 - Biliary Malformations (eg. Choledochol cyst)

Signs and Symptoms of cholelithiasis:

- o Right upper quadrant or epigastric pain
- o Nausea and vomiting +/- cholestatic jaundice
- o Fever
- o Laboratory values consistent with biliary obstruction

²High Risk

- o ERCP should be scheduled within 24 hours
- o If there is urgency for decompression and/or block time is not available, consider high-priority out of block scheduling in IR, emergent CCY, or transfer to Emory University Hospital
- o Reasonable to bypass MRCP if high-risk and go immediately to ERCP

³Evidence of Pancreatitis

Diagnosis of pediatric Acute Pancreatitis (AP) requires at least 2 of the following:

- o Abdominal pain compatible with AP
- o Serum Amylase and/or lipase values ≥ 3 times the upper limits of normal
- o Imaging findings consistent with AP

⁴Magnetic Resonance

Cholangiopancreatography (MRCP)

- o Consider patient age and need for sedation.
- o If child is <8 years old, consider proceeding directly to CCY with IOC +/- CBD exploration

⁵Laparoscopic Cholecystectomy (CCY)

- o Strong recommendation to perform at index admission or within 2 weeks of ERCP

Abbreviations

- o CBD = Common Bile Duct
- o IOC = Intraoperative cholangiogram
- o ERCP = Endoscopic Retrograde Cholangiopancreatography
- o EUS = Endoscopic Ultrasound
- o MRCP = Magnetic Resonance Cholangiopancreatography
- o CCY = Laparoscopic Cholecystectomy