Table 1. A proposed strategy to assign risk of choledocholithiasis in patients with symptomatic cholelithiasis based on clinical predictors

Predictors of Choledocholithiasis
- <u>Very strong</u>
    - Common bile duct stone on transabdominal ultrasound
    - Clinical ascending cholangitis
    - Bilirubin 4 mg/dL
- <u>Strong</u>
    - Dilated common bile duct on ultrasound (6 mm with gallbladder in situ, this may be adjusted for age)
    - Bilirubin level 1.8-4 mg/dL
- <u>Moderate</u>
    - Abnormal liver biochemical test other than bilirubin
    - Age older than 55 years
    - Clinical gallstone pancreatitis

Assigning a likelihood of choledocholithiasis based on clinical predictors
- Presence of any <u>very strong</u> predictor:
    - **High**
- Presence of both <u>strong</u> predictors
    - **High**
- No predictors present
    - **Low**
- All other patients
    - **Intermediate**

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                              ┌─────────────────┐
                              │  SUSPECTED      │
                              │  CBD            │
                              │  STONES         │
                              └─────────────────┘
                    ┌──────────────────┐  ┌──────────────────┐
                    │ DETERMINE        │  │ DETERMINE        │
                    │ LIKELIHOOD OF    │  │ SURGICAL RISK    │
                    │ CBD STONE        │  │ OF PATIENT       │
                    │ (see table1)     │  │ (ASA Classification)│
                    └──────────────────┘  └──────────────────┘
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SUSPECTED CBD STONES

- **DETERMINE LIKELIHOOD OF CBD STONE** (see table1)
- **DETERMINE SURGICAL RISK OF PATIENT** (ASA Classification)

LOW LIKELIHOOD
- **LOW SURGICAL RISK (ASA I-III)**
  - CONSIDER INPATIENT OR OUTPATIENT LAP CHOLE
- **HIGH SURGICAL RISK (ASA IV-V)**
  - CONSIDER OUTPATIENT SURGICAL CONSULTATION

INTERMEDIATE LIKELIHOOD
- **LFTS DECREASE**
  - **LOW SURGICAL RISK (ASA I-III)**
    - LAP CHOLE WITH IOC
      - IF POSITIVE, POST-OP ERCP (consider CBD Exploration)
  - **HIGH SURGICAL RISK (ASA IV-V)**
    - CONTINUED CLINICAL OBSERVATION AND LAB WORK
      - CONSIDER MRCP, ERCP, Or EUS
- **LFTS INCREASE**

HIGH LIKELIHOOD
- **ERCP**
  - **LOW SURGICAL RISK (ASA I-III)**
    - POST ERCP LAP CHOLE
  - **HIGH SURGICAL RISK (ASA IV-V)**
    - IF SURGERY DEFERRED, DISCUSS FUTURE BILIARY COMPLICATIONS
- **PTC** (if cholangitis and ERCP not available)
- **Operative CBD Decompression** (if cholangitis and ERCP not available)