

Section: Division of Nursing  
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\* **PROCEDURE** \*  
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Issue Date: 8/10/93  
Revised Date: October 12, 2004

HACKETTSTOWN COMMUNITY HOSPITAL

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**MINOR PROCEDURE**  
(Scope)

**TITLE: SPHINCTEROTOMY (PAPILLOTOMY), STONE REMOVAL**

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**PURPOSE:** To outline the steps for electrosurgical incision of the Papilla of Vater and the fibers of the sphincter of Oddi during ERCP

**SUPPORTIVE DATA:** Sphincterotomy allows free drainage of ducts and passage of biliary stones

Indications:

1. Choledocholithiasis, status post cholecystectomy
2. Choledocholithiasis in high surgical risk patient with gall bladder
3. Papillary tumor
4. Gallstone pancreatitis
5. Sphincter of Oddi dysfunction
6. Choledochocele
7. In preparation for stent placement, balloon dilatation or nasobiliary catheterization.

**EQUIPMENT LIST:**

1. See equipment list for ERCP
2. Electrocautery unit and return electrode grounding pad
3. Sphincterotomes in varying sizes
4. Retrieval balloons
5. Retrieval basket
6. Coagulation and sclerosing supplies

CONTENT:

PROCEDURE STEPS:

**A. Pre-Procedure Care**

1. Review lab results on chart particularly Hgb, Hct, PT, PTT and platelet count
2. See ERCP procedure
3. Patient instructions should include all information for ERCP, plus informing the patient that he must lie very still during this procedure

KEY POINTS:

Contraindications:

1. Coagulopathy
2. Acute pancreatitis
3. Allergy to contrast medium
4. Long stricture of the distal common bile duct
5. Presence of an extremely large stone, unless lithotripter is available or stent placement is planned instead of surgery
6. Inability to properly position sphincterotome

## **B. Responsibilities During Procedure**

1. See ERCP procedure
2. Place return electrode on patient, usually on outer thigh. Document skin condition at site of return electrode prior to application.
3. Position foot pedal so that physician can reach it
4. Connect sphincterotome to the electrocautery unit
5. Fill the sphincterotome with contrast medium before passing it into the endoscope
6. Set electrosurgical settings as per physician order and repeat these settings to the physician. On "Valley Lab" settings are usually "Blend 1", 55-65 watts. On "Erbe" SET AUTO CUT @ 200 WATTS, EFFECT 3. Document electrosurgical unit that is used and settings.
7. During sphincterotomy, assist the patient in remaining as still as possible and give emotional support
8. Operate sphincterotome handle as directed by M.D.
9. Turn off the electrosurgical unit as soon as the sphincterotomy is complete<sup>10</sup>.
10. If stones are present and do not pass spontaneously, a retrieval basket or a retrieval balloon is passed into the duct to retrieve.
11. Document that sphincterotomy was performed - with or without stone removal.

## **C. Post Procedure Care**

1. Refer to ERCP
2. Monitor patient for tachycardia, hypotension, hematemesis, melena, abdominal rigidity, severe abdominal pain and fever. Notify M.D. if any of above are present and document same.
3. Administer antibiotics per physician order and document.
4. Provide verbal report to nurse responsible for inpatient's care.
5. Document skin condition after return electrode removed.

## Potential Complications:

1. Hemorrhage
2. Perforation
3. Pancreatitis, cholangitis
4. Stone impaction
5. Allergic reaction to contrast or medications
6. Others as listed in ERCP procedure

If the papilla becomes edematous due to excessive probing or electrocoagulation, the retroduodenal artery may be displaced. Accidental severing of the artery due to anatomical aberration may occur.