Preface

Therapeutic endoscopy is at the leading edge of gastroenterology today. Endoscopic procedures that are now performed on a routine basis have, in many cases, replaced surgeries that were in widespread use only a few years ago. The greatest areas of advancement have, without a doubt, come in the realm of pancreaticobiliary endoscopy. Endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS) are the dominant therapeutic modalities in gastroenterology, and this is very unlikely to change in the coming years. The treatment of pseudocysts or walled-off pancreatic necrosis is now primarily endoscopic with surgery being reserved for only a small subset of these patients, to give one such example. This trend will only continue as our tools, training, and technology continue to develop.

For many therapeutic endoscopists, the first few years after the completion of their training are marked by continuous growth and development, both in cognitive and technical terms. Early on, “bread and butter” cases (such as the treatment of small bile duct stones and uncomplicated bile leaks) are often very appealing as they allow the endoscopist to hone their skills in a relatively low-risk patient cohort. Over time, many therapeutic endoscopists master these basic skills and seek out and/or are called upon to perform more invasive, complex, and high-risk procedures. This can be an exciting, if challenging, transition.

Years ago, my first job after completing my advanced training required me to provide advanced endoscopic procedure services at two very large urban academic hospitals, 365 days a year, with no backup whatsoever. Although I was very well trained as a fellow, nothing could have prepared me for everything I encountered in those first few years in practice. I know that my own endoscopic development was a mixture of formal training, didactic learning, hard won boots-on-the-ground experience, and in more than a few cases I had to teach myself to do new and more complex procedures because there was simply no one else available. The proverbial buck stopped with me!

This book germinated out of the idea that an all-in-one guide to advanced pancreaticobiliary procedures would be both highly desirable and eminently useful to those who want to move out of the realm of routine ERCP and EUS and look for greater challenges. Another reason I put this book together was that I would have loved to have something like it as a junior therapeutic endoscopist.

In this book, I have tried to cover the entire range of advanced pancreaticobiliary procedures. The book starts off with a discussion of advanced cannulation and sphincterotomy in ERCP and moves on to such topics as cholangioscopy and pancreatoscopy, ERCP to remove pancreatic duct stones, endoscopic ampullectomy, minor papilla interventions, interventional EUS for pancreaticobiliary duct access, fiducial placement, pancreatic fluid collection drainage, endoscopic necrosectomy, and many other advanced procedures. My goal is that this book can serve as a vital reference for just about any advanced pancreaticobiliary procedure and can help guide endoscopists to clinical success.
Each chapter covers a specific topic or set of related topics and is lavishly illustrated with endoscopic, ultrasonographic, and fluoroscopic images. Each chapter also is accompanied by one or more high-quality videos to further illustrate the tools and techniques discussed therein. These videos give this volume a multimedia dimension as readers can watch key procedures from start to finish as they are performed in real patients.

As you move forward in your own endoscopic career and undertake more advanced procedures, I hope that this volume becomes a well-worn resource for years to come.

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