

Duodenoscope Assessment Tool

Date of Service: _____

Site #: _____

Demographics

Gender: 1 Male 2 Female

Age: _____

Procedural Indication

1. Biliary

- a. Suspected/ Proven CBD Stones
- b. Post-transplant Stricture
- c. Elevated Liver Tests
- d. Stent Change
 - Stent Removal
 - Stent Placement
- e. Cholangitis
- f. Biliary Stricture:
 - i. Location of stricture: Distal Mid Proximal
 - ii. Bismuth Type: 1. 2. 3. 4. N/A
 - iii. Type of Stricture: Benign Malignant Indeterminate
- g. Other Biliary Indication: _____

2. Pancreatic

- a. Pancreatic Duct Leak
- b. Pancreatic Duct Stones
- c. Pancreatic Duct Strictures
- d. Minor Papilla Interventions
- e. Stent Change
 - Stent Removal
 - Stent Placement
- f. Other Pancreatic Interventions: _____

Position

Prone Supine Left Lateral

Anatomy

Normal Anatomy

Surgically Altered Anatomy Type: _____

Duodenoscope Information

Manufacturer: _____ Model #: _____

Rating Scale for all except for imaging quality/stability, air-water button functionality, hand strain

1. Easy to perform
2. Minimal difficulty to perform
3. Moderate difficulty to perform
4. Severe difficulty to perform
5. Unable to complete the Maneuver

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Rating Scale for image quality and stability

1. Superior
2. Good
3. Satisfactory
4. Suboptimal
5. Unable to visualize or achieve stability of image resulting in termination of procedure

Rating Scale for air-water button functionality

1. No water leakage/no difficulty in applying suction or inflating CO₂
2. Minimal leakage/minimal difficulty in applying suction or inflating CO₂
3. Moderate leakage/moderate difficulty in applying suction or inflating CO₂
4. Severe leakage/severe difficulty in applying suction or inflating CO₂
5. Unable to perform the requisite function

Rating Scale for hand strain

1. No strain
2. Minimal strain
3. Moderate strain
4. Severe strain
5. Unable to Complete the procedure

Duodenoscope maneuverability

Rating Scale

- | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. Intubation of Esophagus: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 2. Scope Passage into Stomach: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 3. Navigation across pylorus: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 4. Achieving short position (straightening): | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 5. Achieving optimal papillary position: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

Duodenoscope mechanical/imaging characteristics

Rating Scale

- | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. Scope stiffness: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 2. Image Quality: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 3. Image stability: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 4. Air-water button functionality: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 5. Elevator efficiency
(Anchor guide wire/accessory exchange): | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 6. Hand strain: | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

Ability to document images: Yes No

Procedure time

1. Time from mouth to papilla (sec): _____
2. Time to cannulation after positioning the scope at the papilla (sec): _____
3. Total procedure time from scope insertion to procedure completion (min): _____

Ease of Cannulation

1. Number of attempts to cannulate the desired duct: _____
2. Cannulation achieved: 1. Yes 2. No

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Biliary Procedural steps

1. Sphincterotomy: No Yes (If yes) 1. 2. 3. 4. 5.
2. Sphincteroplasty: No Yes (If yes) 1. 2. 3. 4. 5.
3. Balloon sweep: No Yes (If yes) 1. 2. 3. 4. 5.
4. Basket: No Yes (If yes) 1. 2. 3. 4. 5.
5. Mechanical lithotripsy: No Yes (If yes) 1. 2. 3. 4. 5.
6. Stone Clearance: No Yes (If yes) 1. 2. 3. 4. 5.
7. Stricture dilation-balloon: No Yes (If yes) 1. 2. 3. 4. 5.
8. Stricture dilation-catheter: No Yes (If yes) 1. 2. 3. 4. 5.
9. Stent insertion: No Yes (If yes) 1. 2. 3. 4. 5.
10. Stent removal: No Yes (If yes) 1. 2. 3. 4. 5.
11. Cholangioscopy: No Yes (If yes) 1. 2. 3. 4. 5.
12. Biopsies: No Yes (If yes) 1. 2. 3. 4. 5.
13. Other (specify): No Yes (If yes) 1. 2. 3. 4. 5.

Pancreatic Procedural steps

1. Sphincterotomy: No Yes (If yes) 1. 2. 3. 4. 5.
2. Sphincteroplasty: No Yes (If yes) 1. 2. 3. 4. 5.
3. Balloon sweep: No Yes (If yes) 1. 2. 3. 4. 5.
4. Basket: No Yes (If yes) 1. 2. 3. 4. 5.
5. Mechanical lithotripsy: No Yes (If yes) 1. 2. 3. 4. 5.
6. Stone Clearance: No Yes (If yes) 1. 2. 3. 4. 5.
7. Stricture dilation-balloon: No Yes (If yes) 1. 2. 3. 4. 5.
8. Stricture dilation-catheter: No Yes (If yes) 1. 2. 3. 4. 5.
9. Stent insertion: No Yes (If yes) 1. 2. 3. 4. 5.
10. Stent removal: No Yes (If yes) 1. 2. 3. 4. 5.
11. Cholangioscopy: No Yes (If yes) 1. 2. 3. 4. 5.
12. Biopsies: No Yes (If yes) 1. 2. 3. 4. 5.
13. Other (specify): No Yes (If yes) 1. 2. 3. 4. 5.

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Intra-procedural Adverse Events

Bleeding: No Yes If yes, intervention needed - No Yes

Perforation: No Yes If yes, intervention needed - No Yes

Other, specify: _____

Post-procedural Adverse Events

Pain requiring hospitalization: No Yes

Pancreatitis: No Yes (If yes) Mild Moderate Severe

Bleeding: No Yes (If yes) Mild Moderate Severe

Perforation: No Yes (If yes) Mild Moderate Severe

Other, specify: _____

If adverse event occurred, hospitalization Required: No Yes