

Supplementary material

Survey questionnaire:

City_____

Center name/Hospital_____

Director_____

- ERCP operators N.____ ERCP trainees N._____
- ERCP nurses N._____
- ERCPs performed in 2019: N._____
- ERCPs performed from March 8th to April 30th 2019: N._____

- Has your center adopted a triage/screening protocol for ERCP patients?
 Yes No
 - If you answered “yes”, what does it consist of (multiple answers allowed)?
 - Epidemiologic history (close contacts with SAR-CoV-2 positive people, recent travel to first epidemic countries or Italian “red zones”)
 - Clinical history (COVID-19 symptoms during the last 2 weekd)
 - Nasopharyngeal swab
 - For all ERCP patients
 - Only for positive epidemiologic history or symptomatic patients
 - Chest CT scan:
 - For all ERCP patients
 - For patients with a positive swab
 - For symptomatic patients with a negative swab
- ERCPs performed from March 8th to April 30th 2020: N._____, of whom N.____ had an intact papilla N._____
 - Sex (N.): M____ F____
 - Age (N.): ≥90____ 80-89____ 70-79____ 60-69____ 50-59____ 40-49____ <40____
- ERCPs performed in confirmed COVID-19 patients (positive swab and/or chest CT scan) N._____

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- Sex (N.): M____ F____
 - Age (N.): ≥90____ 80-89____ 70-79____ 60-69____ 50-59____ 40-49____ <40____
- Is your usual ERCP room provided with negative pressure? Yes No
- Do you perform SARS-CoV-2 patients ERCPs in a different room? Yes No
 - If you answered "Yes", is the room provided with negative pressure? Yes No
- What is your usual sedation practice for ERCP?
 - General anaesthesia
 - Deep sedation
 - Conscious sedation
- Has the COVID-19 pandemic led you to routinely use general anaesthesia?
 - For all patients
 - For SARS-CoV-2 positive patients only
- PPE use:
 - N95/FFP2/FFP3 respirators for all patients
 - N95/FFP2/FFP3 respirators for SARS-CoV-2 positive patients only
 - Water-resistant gown for all patients
 - Water-resistant gown for SARS-CoV-2 positive patients only
 - Face-shield for all patients
 - Face-shield for SARS-CoV-2 positive patients only
 - Double pair of gloves
 - Surgical hair cap
- Did the COVID-19 pandemic trigger a change/optimization in the reprocessing of endoscopes in your center? Yes
No
- SARS-CoV-2 positive ERCP operators from March 8th to April 30th 2020 N.____
- SARS-CoV-2 positive ERCP nurses from March 8th to April 30th 2020 N.____
- ERCP indication from March 8th to April 30th :

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- Acute cholangitis (benign or neoplastic etiology) N. _____
 - Acute pancreatitis N. _____
 - Common bile duct stone(s) without cholangitis nor acute pancreatitis N. _____
 - Obstructive jaundice caused by a newly diagnosed low tumor (suspected or confirmed) N. _____
 - Iatrogenic bile leak or stenosis N. _____
 - Post-OLT biliary stenosis N. 0 _____
 - Ampulloma N. _____ for which papillectomy was performed in N. _____
 - Perihilar cholangiocarcinoma perilare (suspected or confirmed) N. _____
 - Biliary stenosis in chronic pancreatitis N. _____
 - Papillary stenosis of unknown origin N. _____
 - Biliary stent replacement N. _____
 - Recurrent pancreatitis in pancreas divisum N. _____
 - Main pancreatic duct stenosis or stone N. _____
 - Pancreatic stent replacement N. _____
 - Other (specify) N. _____
- Did the trainees continue their training? Yes No Training reduced
 - If you answered “No” or “Training reduced”, why?:
 - Reassignment to other Gastroenterology activities
 - Reassignment to COVID wards
 - Reassignment to non-COVID wards
 - Limited availability of PPE
 - Trainee infected by SARS-CoV-2
- Follow up two weeks after the procedure:

Supplementary material

- N. of patients who developed COVID symptoms (fever, cough, dyspnea, anosmia/ageusia, rhinitis, diarrhea – not otherwise explained) N. _____
- N. of confirmed positive patients (positive swab and/or chest CT scan) N. _____
- ERCP adverse events:
 - Post-ERCP acute pancreatitis N. _____ of which severe AP (organ failure >48 hours or inpatient for ≥10 days or percutaneous/surgical treatment) N. _____
 - Bleeding N. _____ of which severe bleeding (≥5 units of packed red blood cells transfusion or angiography/surgery) N. _____
 - Perforation N. _____ of which severe perforation (inpatient for ≥10 days or percutaneous/surgical treatment) N. _____
 - Cholangitis-cholecistitis N. _____ of which severe cholangitis-cholecistitis (septic shock or surgical treatment) N. _____
 - Other (specify) N. _____ of which severe (inpatient for ≥10 days) N. _____
 - Death N. _____