**BACKGROUND:**

Endoscopic retrograde cholangiopancreatography is a procedure that enables one to visualize the biliary and pancreatic ducts. An endoscope is passed through the mouth and down into the duodenum from which a smaller catheter is then inserted through the visualization on x-ray. ERCP also allows for a variety of therapeutic interventions including sphincterotomies and ductal stone removals. It is a complex endoscopic training in the procedure of ERCP. The outcome of the procedure was then reviewed to see if there were any immediate or early complications. Complications that developed after the patient left the recovery unit were not considered in this study.

**METHODS:**

The reports of ERCP’s done between 2001 and 2005 were reviewed and separated based on the age of the patient at the date of the procedure. The data used specifically for this study contained patients of the age of 80 years or older. The number of cases done were considered, even if the patient had multiple procedures on different dates. Each procedure was considered as a single case and independent of one another. The procedures were performed by single gastroenterologists with advanced training in the procedure of ERCP. The outcome of the procedure was then reviewed to see if there were any immediate or early complications.

**RESULTS:**

A total number of 82 ERCP’s were performed on patients 80 years of age and older (range 80 – 100); (46 males: 36 females with mean age of 84 and median age of 90 among the whole group). The indications for procedure included jaundice and biliary obstruction, choledocholithiasis, abdominal pain of suspected biliary or pancreatic origin, abnormal Cat Scan findings, abnormal MRCP, and biliary stent removals. Of the total 82 ERCP’s, 15 were done under generalized anesthesia and 3 immediate complications were observed. One patient developed post sphincterotomy bleeding which was controlled with epinephrine injection. Another patient developed stridor, which was treated with supplemental oxygen. Both cases were performed to completion. The third complication was hypertensive urgency, in which the procedure was terminated early and the hypertension addressed and treated. There were no direct mortalities as a result of doing the ERCP.

**Conclusion:**

ERCP can be performed effectively and safely in elderly patients. However, support from an anesthesia team is recommended during these procedures to enhance safety outcomes.