Results  Pre-pandemic, during 2019, 686 ERCP procedures were performed. Of these, 433 (63.1%) were cases of first ever ERCP. In 2020, 614 ERCPs were performed including 390 (63.5%) cases of first ever ERCP. During the COVID-19 pandemic in 2020, compared to 2019, there was no significant reduction in any of: total number of ERCP procedures (619 vs. 686); virgin ERCP successful cannulation of the intended duct (91.3% vs. 89.6%; p=0.8); complete CBD stone clearance (80% vs. 81%; p=0.9); successful stent placement across extrahepatic stricture (91.9% vs. 97.3%; p=0.6); obtaining stricture cytology (85.6% vs. 84.4%; p=0.9). The sensitivity of biliary cytology for cancer (CS or C4 with compatible imaging/tumour markers or clinical follow up) was 68% vs. 70%; p=0.6.

Patient comfort score was recorded as moderate/severe in 6% of cases in 2019 vs. 7.1% in 2020 (p=0.4). Following ERCP, the number of patients re-admitted within 8- and 30-days was 22 (3.2%) and 37 (5.4%) in 2019, versus 30 (4.9%) and 42 (6.8%) in 2020; p=0.15 and p=0.3, respectively. All-case and procedure-related mortality within 30 days from ERCP was 1.6% and 0.14% in 2019 vs. 1.79% and 0.65% in 2020; p=0.8 and p=0.15, respectively.

In total, 25/9500 (0.26%) of all patients undergoing any endoscopy tested positive for COVID-19 within 14 days of endoscopy. However, none tested positive following ERCP.

Conclusions  Our provision of clinically urgent ERCP during 2020 and the COVID-19 pandemic did not significantly fall due to combination of senior prioritisation of all referrals, accessing unused operating theatres and reducing training lists. Patients underwent ERCP in a safe environment, keeping comfort levels within accepted limits and post-operative Covid-19 infection levels to zero. The endoscopists’ KPIs of successful outcome and adverse events were similar despite the challenges of PPE and staff anxieties or exhaustion.