The EAES Clinical Practice Guidelines on Diagnosis and Treatment of Common Bile Duct Stones (1998)


Introduction

During the last decade, laparoscopic techniques for abdominal surgery have changed the options for the diagnosis and treatment of many abdominal pathologies. Laparoscopic cholecystectomy has now become the standard procedure for removing symptomatic gallbladder stones. New techniques have also been developed for the removal of common bile duct stones (CBDS), which accompany symptomatic gallbladder stones in 10–15% of patients.

A number of different strategies have emerged that combine laparoscopic cholecystectomy with bile duct clearance. There has been a proliferation of publications in this search for a superior or ideal technique. The European Association for Endoscopic Surgery (EAES) recognizes the need to discuss and summarize these controversial developments and to provide practical guidelines based on the current state of knowledge. Bearing in mind the experience of previous consensus development conferences, we decided to use the joint meeting of the EAES and the ELSA (Endoscopic and Laparoscopic Surgeons of Asia) to bring together an international panel of experts in Istanbul.

Methods

In 1996 the EAES decided to hold a consensus development conference (CDC) on CBDS. The Cologne group was authorized by the EAES to organize the CDC according to general guidelines. Twelve internationally known experts were nominated by the Scientific Committee of the EAES. The criteria for selection were clinical and scientific expertise and activity in the diagnosis and/or treatment of CBDS. In order to balance the interests of experts in the areas of surgery, internal medicine, and radiology, panelists from all three specialities were selected.

Prior to the conference, all panelists were asked to survey the literature, list all relevant articles, and estimate the strength of evidence for every article cited. Referring to these articles, the panelists were asked to address the major open questions concerning the management of CBDS. For the five
most relevant therapeutic options, they were also asked to comment on the status of each therapy. In regard to the question of laparoscopic common bile duct revision versus endoscopic retrograde cholangiopancreaticography (ERCP) with stone extraction, each panel member was instructed to indicate which technique is superior for several specific situations. All panelists received detailed information on how to answer each section, including a basic description of the CDC process, a scale for ranking the strength of the evidence of medical articles, and a description of levels of technology according to Mosteller [105] and Troidl [164].

In Cologne, all answers were analyzed and subsequently combined into a provisional preconsensus statement. This text was mailed to all panelists a month prior to the Istanbul meeting. The panel members were also informed about the identity of the other members, which had not been previously disclosed.

In Istanbul, all panel members convened for a first meeting on June 18, 1997. Here the provisional statement was scrutinized word by word. The following day, the modified statement was presented to the conference audience for public discussion. During a postconference meeting on the same day, all suggestions made by the audience were discussed by the panelists. Because not all of these questions could be resolved at this time, the chairmen were asked to provide additional literature that would address some of the critical issues. When these points had been cleared and altered in the text, the whole statement was mailed to all the panelists for agreement (Delphi process). In October 1997, the following statement was finalized.

**Consensus Statement on the Diagnosis and Treatment of Common Bile Duct Stones**

**General Comment**

Options for the management of common bile duct stones (CBDS) are increasing with the development of new technologies for diagnosis and treatment. While intraoperative cholangiography and open CBD exploration have comprised the applied technology for decades, the introduction of ERCP with endoscopic stone extraction in the 1970s and the more recent introduction of laparoscopic cholecystectomy led to a reappraisal of the situation. For each management policy, numerous publications – from case reports to prospective controlled clinical trials – are available, but evidence-based conclusions are rarely achieved yet.

In terms of predictors for CBDS, the crucial issue is perhaps not which indicators should best be applied to detect CBDS, but whether we should favor a high rate of negative examinations or a high rate of retained stones,