Annals of Gastroenterology (2025) **38,** 725

RE: Increased capture of post-endoscopic retrograde cholangiopancreatography adverse events by delayed (day 7) follow-up calls: a prospective comparison of physician- and nurse-initiated calls

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The study by Barakat *et al* [1], showing that physician-initiated telephone calls post endoscopic retrograde cholangiopancreatography (ERCP) are more efficacious than nurse-initiated calls, adds important information in a very much under-investigated area. I have been making day 0 and day 1 telephone calls to all outpatient ERCPs (as well as reviews/telephone calls with house staff or nursing staff for inpatients) for many years [2]. Given the variation in complications and the array of clinical manifestations of these complications, I have never felt comfortable relying on nursing or administrative staff to make these calls. As in all other areas of medicine, a checklist of symptoms (in my case I ask about abdominal pain, nausea/vomiting, and oral toleration of food and fluid), while important, is sometimes not enough to capture the nuances of the clinical features of the complications.

Our data, which confirmed that day 1 phone calls were adequate in terms of capturing ERCP-related complications [3], largely mimicked the earlier paper from the Stanford group [4]. This might be related partly to my practice of making the day 1 phone call in the evening of the day after the ERCP (over 24 h after the procedure), rather than during working hours. The 14% phone number inaccuracy rate reported in the most recent study [1] is concerning. I often ask the patient immediately before the ERCP for their best contact number, and I also record the phone number of carers; in this way the number of incorrect numbers is minimized. This practice also shows that you care, and gives the patient a "heads up" to expect a phone call that evening and the following evening.

References

1. Barakat MT, Banerjee S. Increased capture of post-endoscopic retrograde cholangiopancreatography adverse events by delayed (day 7) follow-up calls: a prospective comparison of physician- and nurse-initiated calls. *Ann Gastroenterol* 2025;**38**:440-445.
2. Yuen N, O'Shaughnessy P, Thomson A. New classification system for indications for endoscopic retrograde cholangiopancreatography predicts diagnoses and adverse events. *Scand J Gastroenterol* 2017;**52**:1457-1465.
3. Gupta S, Irani MZ, Thomson A. Follow-up phone calls 7 days after endoscopic retrograde cholangiopancreatography: a prospective study. *J Gastroenterol Hepatol* 2022;**37** (Suppl. 1):184-185.
4. Barakat MT, Banerjee S. Sequential endoscopist-driven phone calls improve the capture rate of adverse events after ERCP: a prospective study. *Gastrointest Endosc* 2021;**93**:902-910.

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Conflict of Interest: None

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Received 6 August 2025; accepted 26 September 2025;
published online 15 October 2025

DOI: https://doi.org/10.20524/aog.2025.1016