Scientific Session 11

Gastrointestinal Interventions

Monday, April 13, 2026
3–4:30 p.m.

Abstract No. 99

Gallstone Organ-Sparing Cholangioscopy and Percutaneous Extraction (GO-SCOPE) as a Safe and Effective Same-Day Approach for Outpatient Gallstone Removal

(Article No. 108111)

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Purpose: Evaluate 3-month outcomes of Gallstone Organ-Sparing Cholangioscopy and Percutaneous Extraction (GO-SCOPE) with de novo access in patients with calculous biliary colic seeking gallbladder preservation.
Materials and Methods: This study is an institutional review board–approved, prospectively collected, and retrospectively analyzed cohort of patients presenting to a large academic center with calculous biliary colic. All patients met standard criteria for cholecystectomy following surgical evaluation, but elected to undergo GO-SCOPE. Data collected included procedural and clinical parameters, hospital length of stay, incidence of repeat cholangioscopy, time to cholecystostomy tube removal, and post-procedural symptom improvement. Technical success was defined as complete removal of all visualized stones during the procedure. Clinical success was defined as stone-free status on 3-month follow-up imaging without recurrence of biliary colic symptoms.
Results: Fifty-one patients (mean age 46.7yr, range 25.9–76.1yr; 14 male and 37 female) with biliary colic secondary to cholelithiasis, 44 patients had transhepatic, 6 patients had transperitoneal, and 1 patient had both transhepatic and transperitoneal de novo cholecystostomy accesses at the time of GO-SCOPE. A minimally invasive rigid (MIP-L) nephroscope was utilized in 47 patients, while a disposable cholangioscope was used in 3 patients and a flexible cystoscope in 1 patient to visualize the stones. Dual-energy lithotripsy was performed on 34 patients, electrohydraulic lithotripsy on 2 patients, and laser lithotripsy on 4 patients. Basket retrieval and irrigation were utilized solely in 11 patients. Mean procedure time was 54.0 min (SD 27.6 min), and mean fluoroscopy time was 10.1 min (SD 8.9 min). There was a 100% technical success rate in stone removal with no major adverse events. A cholecystostomy tube was left in place to allow decompression of the gallbladder and tract formation. 100% were symptom-free and pain-free during follow-up at the time of tube removal. Mean hospital stay post-procedure was 23 hours. Mean gallstone extraction to biliary tube removal time was 21.8 days (SD 9.5 days). One of the 51 patients (2.0%) demonstrated residual 4-mm cholelithiasis on 3-month follow-up US or cross-sectional imaging. No patients had cholecystitis or cholangitis.
Conclusion: Gallstone Organ-Sparing Cholangioscopy and Percutaneous Extraction (GO-SCOPE) is a safe and effective outpatient procedure for gallstone removal in healthy patients who seek to preserve their gallbladder.

Abstract No. 100

What Happens to Patients Who Get Percutaneous Cholecystostomies? 233-Patient Single-Center 5-Year Analysis

(Article No. 108112)

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Purpose: Percutaneous cholecystostomy (PC) is commonly performed for patients with acute acalculous cholecystitis (AAC) and acute calculous cholecystitis (ACC) who are not surgical candidates at initial presentation. Various surgical and non-surgical treatment options [with interventional radiology (IR) and gastroenterology (GI)] are now available to remove PCs in patients with ACC who remain non-surgical candidates at their follow-up (Reference 1). This analysis reviews the flow of patients after PC.
Materials and Methods: A total of 233 consecutive patients who underwent PC for acute cholecystitis at our institution in the last 5 years were included. 122 (52%) of these were for AAC while 111 (48%) had ACC. The median age was 69 (range 18-98). 115 were male (49%). Cancer (23%), sepsis (18%), and heart disease (17%) were the most common reasons to place a PC rather than undergo surgery. All PC patients were re-evaluated by Surgery to determine surgical candidacy at initial presentation and at their 4-week follow-up PC drain check, prior to definitive IR/GI intervention.
Results: A total of 133 patients (57%) did not have their drains removed; 92/133 (69%) of these patients died with their PC in place. PC drains were successfully removed in 74/111 (66%) of patients with ACC and 26/122 (21%) patients with AAC. 27/122 (22%) patients with AAC and 22/111 (20%) patients with ACC underwent cholecystectomy after PC. 51 patients with ACC (46%) had successful percutaneous lithotripsy and cholecystoduodenal stenting. 4/51 (4%) patients developed acute pancreatitis which resolved with conservative management. 1/51 (2%) patients had a gallbladder perforation. One patient with ACC (1%) had successful endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) by GI.
Conclusion: The PC removal rates in patients with ACC were high (66%), with room for improvement. The establishment of a streamlined protocol (including re-evaluation of surgical candidacy prior to IR or GI options) is needed to increase the number of patients who undergo surgery, percutaneous lithotripsy/cholecystoduodenal stenting, and EUS-GBD.

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