OBJECTIVE QUESTIONNAIRE

This test questionnaire reflects the basic knowledge of ERCP patients during the perioperative period, and the full score is 100 according to the question type.

Age: Gender: Education:

Time of exposure to hepatobiliary surgical diseases:

Time of exposure to endoscopic treatment of hepatobiliary stones:

I have received detailed information about this research and have had the opportunity to ask questions. I believe I fully understand the purpose, scope, and potential risks of participating in this project, and I hereby voluntarily agree to participate.

1.Regular fasting time after ERCP surgery

A.48h B.24h C.12h D.2h

2. The normal daily drainage of the nasobiliary duct is

A.200-300ml B. 300-400ml C. 400-500ml D. 500-1000ml

3. Acute pancreatitis after ERCP, which of the following measures is wrong

A. Observe abdominal signs after surgery, whether there are peritoneal irritation signs, and whether blood and urine amylase are elevated

B. Patients should rest in bed, eat liquid food, and decompress the gastrointestinal tract

C. Use growth factors and broad-spectrum antibiotics

D. Regularly check blood and urine amylase

4. Which of the following clinical manifestations of post-ERCP perforation is incorrect?

A. Early onset of upper abdominal pain, which worsens continuously

B. Peritoneal irritation signs

C. X-ray shows free gas under the diaphragm

D. Pale complexion, frequent bowel movements, black stools, or even bloody stools

5. The body position that ERCP patients generally cannot adopt is

A. Prone position B. Left side lying position C. Right side lying position D. Supine position

6. What does EST mean during ERCP?

A. Oddis sphincterotomy B. Duodenal papillary balloon dilatation

C. Bile duct lithotripsy D. Bile duct stenting

7. Major risk factors for postoperative biliary infection after ERCP surgery

A. Repeated use of the same accessory during surgery

B. Poor bile drainage

C. Failure to use antibiotics prophylactically before surgery

D. Inadequate incision of the duodenal papillary sphincter

8. Bleeding after ERCP usually occurs at

A.12-24h B.24-48h C.36-72h D.48-72h

9. The complication with the highest mortality rate after ERCP

A. Acute pancreatitis B. Bleeding C. Perforation D. Infection

10. Which of the following is incorrect for post-ERCP care?

A. Ask the patient to rest in bed, take oxygen and fast for 24 hours as ordered by the doctor

B. Take blood samples as ordered by the doctor to check blood and urine amylase

C. Eat only if amylase is normal and there is no abdominal pain, fever or

jaundice

D. Transition from clear liquid to low-fat liquid, and then to low-fat semi-liquid diet, and crude fiber diet can be consumed to keep bowel movements smooth

11. After ERCP, the blood and urine amylase levels should be rechecked 2-4 hours and () after surgery.

A. 8 hours after surgery B. 24 hours after surgery

C. 36 hours after surgery D. 12 hours after surgery

12. ERCP patient preoperative preparation includes

A. Routine iodine allergy test B. No food or drink for more than 6-8 hours before surgery

C. Blood and urine amylase, coagulation time, and blood routine tests before surgery

D. Complete CT, MRCP and other examinations

13. Measures to prevent ERCP perforation include

A. Gentle operation, avoid violence

B. Keep a clear field of vision, avoid forced passage or blind insertion

C. Accurately assess the required length of incision during EST

D. Avoid excessive incision or incision that deviates from the midline

14. The role of the nasobiliary duct

A. Promote the discharge of small stones and bile sludge, and maintain smooth bile drainage

B. Reduce bacterial growth and blood entry in the bile duct

C. Reduce postoperative intra-biliary pressure

D. Reduce the reflux of bile and contrast agent into the pancreatic duct

15. Post-ERCP pancreatitis is related to

A. Local effect of contrast agent

B. Excessive injection pressure causes overfilling of the pancreatic duct

C. Multiple intubations cause ampulla edema

D. Multiple injections of the pancreatic duct

E. No dilatation of the bile duct

16. Common complications of ERCP:

A. Postoperative pancreatitis

B. Cholangitis

C. Bleeding

D. Digestive tract perforation

E. Hypoglycemia

SUBJECTIVE QUESTIONNAIRE

Description: The results of this questionnaire are limited to this project research, and the results are entirely the self-evaluation of the investigators. The questionnaire questions are roughly divided into five aspects: understanding of bile duct anatomy, patient management, complication treatment, understanding of operation steps, and self-confidence.

All questions are scored out of 10. The higher the score, the better the understanding. 1 means no understanding at all and 10 means complete understanding.

The first three questions explore the understanding of anatomy, question 4 explores the degree of understanding of complications, question 5 explores the degree of understanding of ERCP operation steps, question 6 explores patient management, and question 7 evaluates the patient's confidence in managing patients in the future. The results are scored according to the score ratio, with a full score of 10 points.

1. Understanding of ERCP anatomy

(1) Biliary tract

(2) Duodenum

(3) Duodenal papilla

(4) Classification of bile-pancreatic duct confluence

(5) Determination of anatomical position under endoscopy

2. Understanding of bile duct stone disease:

(1) Etiology

(2) Symptoms

(3) Classification

3. Understanding of diagnosis and treatment of bile duct stones

(1) Surgical indications

(2) Surgical methods

4. Treatment of postoperative complications

(1) Pancreatitis

(2) Bleeding

(3) Cholangitis

(4) Hyperamylasemia

(5) Gastrointestinal perforation

5. Understanding of ERCP surgical procedures

(1) Scope insertion

(2) Papillary insertion

(3) Papillary incision

(4) Basket lithotripsy

(5) Nasobiliary duct insertion

6. Management of patients during ERCP perioperative period

(1) Preoperative medication (2) Bowel preparation (3) Postoperative medication (4) Postoperative diet education (5) Nasobiliary duct placement time (6) Flushing medication and frequency

7. Based on your current understanding of bile duct stones, as the attending physician, how would you rate your overall diagnosis and treatment?

(1) Admission examination

(2) Preoperative preparation

(3) As an assistant, assisting in the operation

(4) As the main surgeon, performing the operation

(5) Discharge education