Sphincter of Oddi dysfunction Full Clinical Guideline

Reference no.: CG-T/2023/219

Presents with:

- Post-cholecystectomy pain
- Acalculous biliary pain with intact gallbladder
- Recurrent acute pancreatitis

n.b co-existing functional abdo pain or constipation predominant IBS (C-IBS) is common

Investigation/ management:

STEP 1 (2 parts):
Define the anatomy *(and testing pancreatic function for patients with acute pancreatitis) and classify into subtypes 1-3 below.*

- LFT, amylase and lipase during episodes of pain
- MRCP
- Radial endoscopic ultrasound (if negative MRCP and intact gallbladder or previous cholecystectomy for gallstones)

Do not request *NARDI test or HIDA scan as they do not predict response to sphincterotomy*

Trial of treatment *aimed at any contribution from C-IBS + recording symptom diary (site, duration and intensity 0-10 of any pain experienced)*

- Mebeverine 135mg tds and Normacol 1 sachet bd
- IBS diet information (provide with British dietetic Association IBS and diet fact sheet)
- Consider trial of Nalgexol 12.5-25mg daily (peripheral opiod antagonist) in any patient using regular opiate analgesia

Classification of SOD (Rome III revised Milwaukee criteria)

	Biliary SOD (Biliary type pain)	**Pancreatic SOD** (Pancreatic-type pain)	**Treatment**
Type 1	Both: 1) ALT/Bili/ALP > 2xULN on two occasions 2) CBD >8mm	All of: 1) Amylase/lipase > 1.5 xULN 2) PD > 6mm in head on MRCP 3) Delayed PD drainage on s-MRCP > 9min	Sphincterotomy
Type 2	Pain and one of above	Pain and one of above	Botox trial
Type 3	Pain only	Pain only	Botox trial

STEP 2: ***If type 2 or 3 SOD then book Botox injection***

- Request by specifying “duodenoscope” in the comments section on thegastroscopy Lorenzo request form AND for “Dr Austin, Dr Lawson or Dr Taylor only” in clinician to do box. **Indicate 2 point procedure**
- Prescribe Botox 100IU on paper inpatient chart and send to endoscopy

STEP 3: ***Response to Botox***

Patients should be told not to expect an immediate response. The extent and duration of response are variable and occasionally permanent.
Book OP review 6 weeks after injection and remind patients to continue with symptom diary

Patient's who have a significant response (at least 50% reduction in pain and duration at least 6 weeks) should be offered endoscopic sphincterotomy after discussion with a consultant. A response to Botox strongly predicts a durable response to sphincterotomy.
Only in exceptional circumstances should a second Botox injection be offered.

Documentation Controls **(these go at the end of the document but before any appendices)**

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<tr><td>Reference Number

CG-T/2023/216</td><td colspan="2">Version:

3</td><td>Status

Final</td><td>Final</td></tr>
<tr><td rowspan="3">Version / Amendment History</td><td>Version</td><td>Date</td><td>Author</td><td colspan="2">Reason</td></tr>
<tr><td>3</td><td>2022</td><td>Liver Management Group</td><td colspan="2">Previous version of guideline expired</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td colspan="5">Intended Recipients: All clinicians managing patients with liver disease</td></tr>
<tr><td colspan="5">Training and Dissemination: Forms part of liver handbook which is disseminated to all clinicians rotating through Hepatology</td></tr>
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Job Title: Dr A Austin and Dr A Lawson (Consultant Hepatologist)</td></tr>
<tr><td colspan="5">Consultation with: Liver management group + Cross site teams</td></tr>
<tr><td colspan="5">Linked Documents: State the name(s) of any other relevant documents</td></tr>
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