Currently, Endoscopic retrograde cholangiopancreatography (ERCP) is the preferred procedure for biliary drainage for various pancreatico-biliary disorders. ERCP is successful in 90% of the cases, but is unsuccessful in cases with altered anatomy or with tumors obstructing access to the duodenum.

Due to the morbidity and mortality associated with surgical or percutaneous approaches in unsuccessful ERCP cases, biliary endoscopists have been using EUS guided biliary drainage more frequently within the last decade in different countries. As with any novel advanced endoscopic procedure that incorporates various approaches, advanced endoscopists all over the world have innovated and adopted diverse EUS guided biliary drainage techniques.

Indications for EUS Guided biliary drainage (EUS-BD) include Failed conventional ERCP, Altered Anatomy, Tumor preventing access into the biliary tree and Contraindication to percutaneous access (i.e. Ascites, etc.). EUSBD utilizing EUS guided rendezvous technique is conducted by creating a tract from either the stomach or the duodenum into the bile duct. It is preferable to attempt an EUS-guided rendezvous the duodenoscope can be advanced to the level of the ampulla. During the technique, under EUS and Doppler guidance, a needle is inserted into either a left intrahepatic duct or common bile duct and then the guidewire is inserted through the FNA needle with the goal being to advance the wire beyond the ampulla, into the duodenum and to convert to conventional ERCP in a retrograde fashion guidewire. If during the “rendezvous” technique, the guidewire cannot be advanced beyond the ampulla and into the duodenum, a transenteric tract must be created into the bile duct.

This presentation reviews the indications and currently practiced EUS-BD rendezvous technique, including indications, technical details (intra or extra hepatic approach), equipment, patient selection, complications and overall advantages and limitations.