

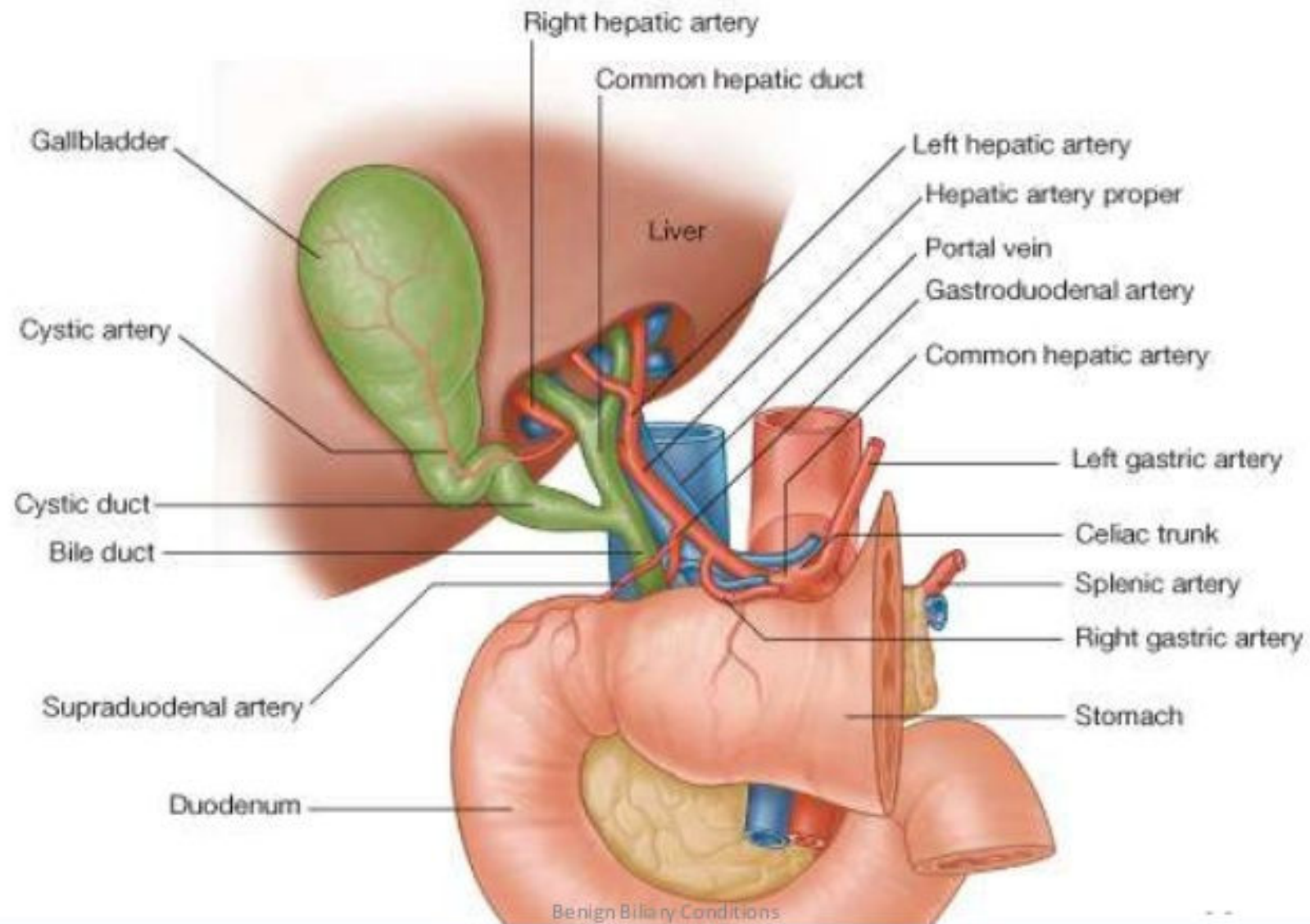
# CBD in the ED- impossibly difficult??

Dr. Elissa Kennedy-Smith  
MBBS FACEM DDU Emergency

IT'S NO FUN PLAYING HIDE & SEEK  
WITH YOU IF YOU'RE JUST GOING  
TO KEEP JUMPING INTO THE MIDDLE  
OF THAT STUPID HAYSTACK  
EVERY TIME IT'S YOUR TURN!

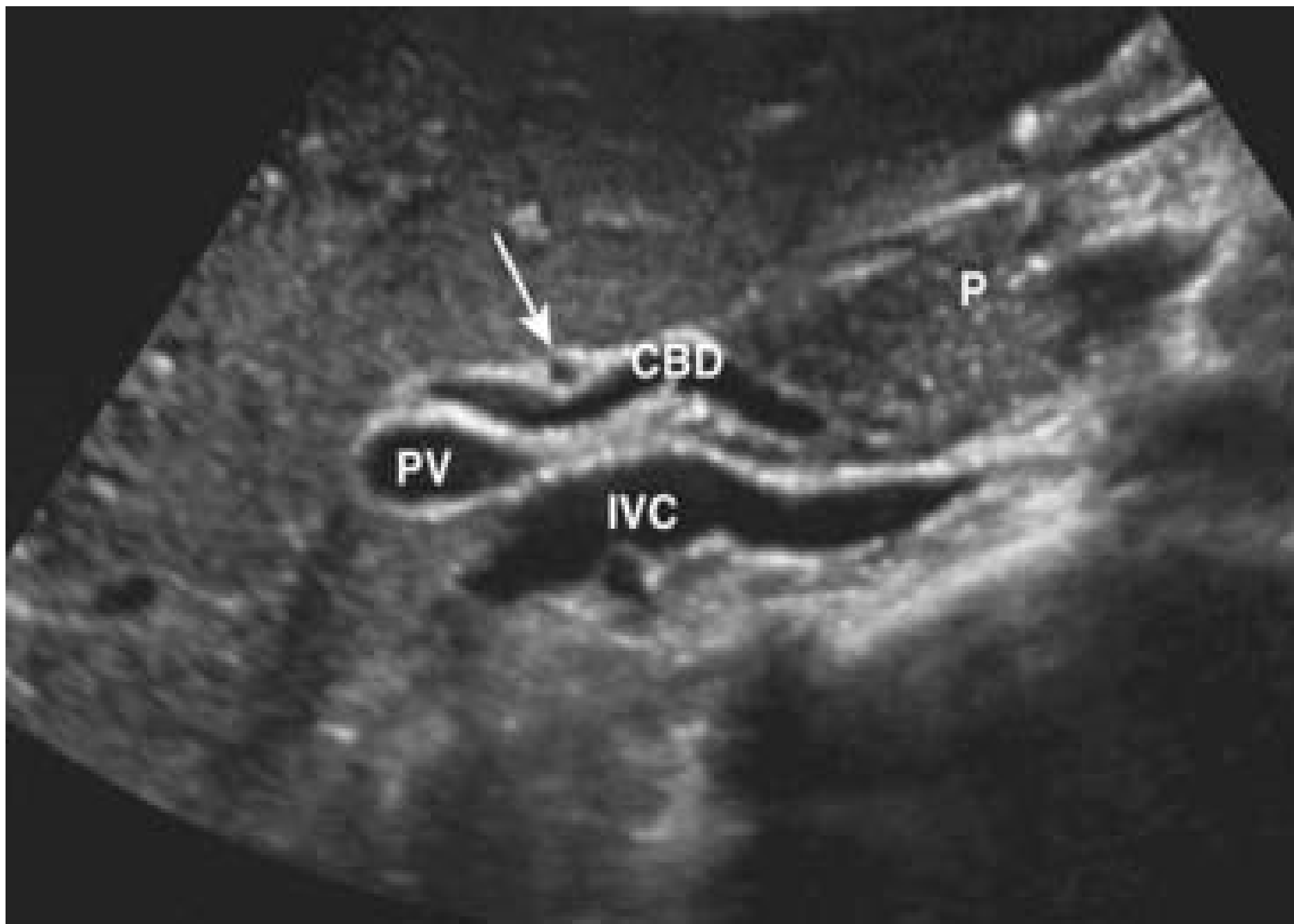


# Anatomy

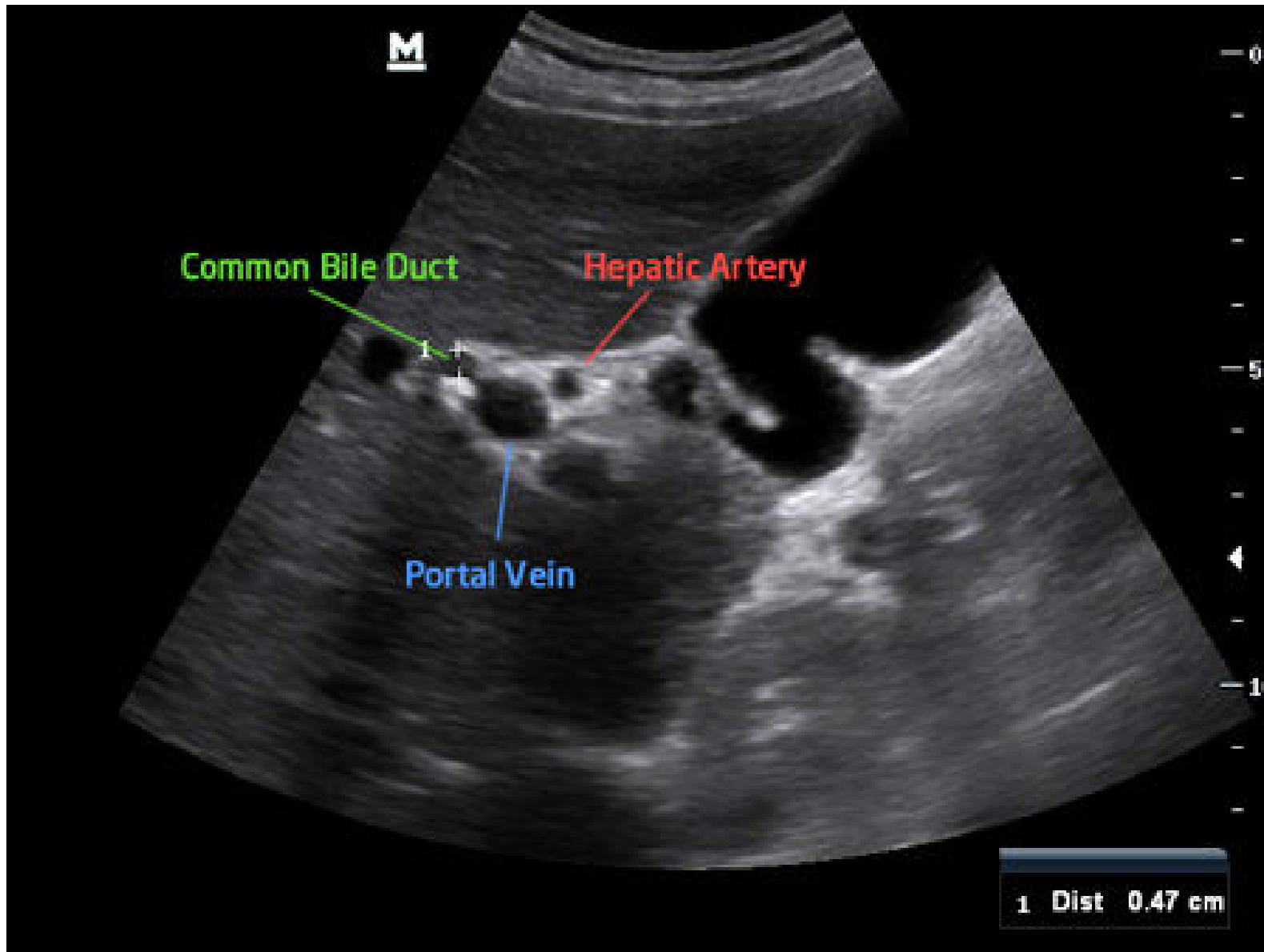


# Nirvana





# “Mickey Mouse” view



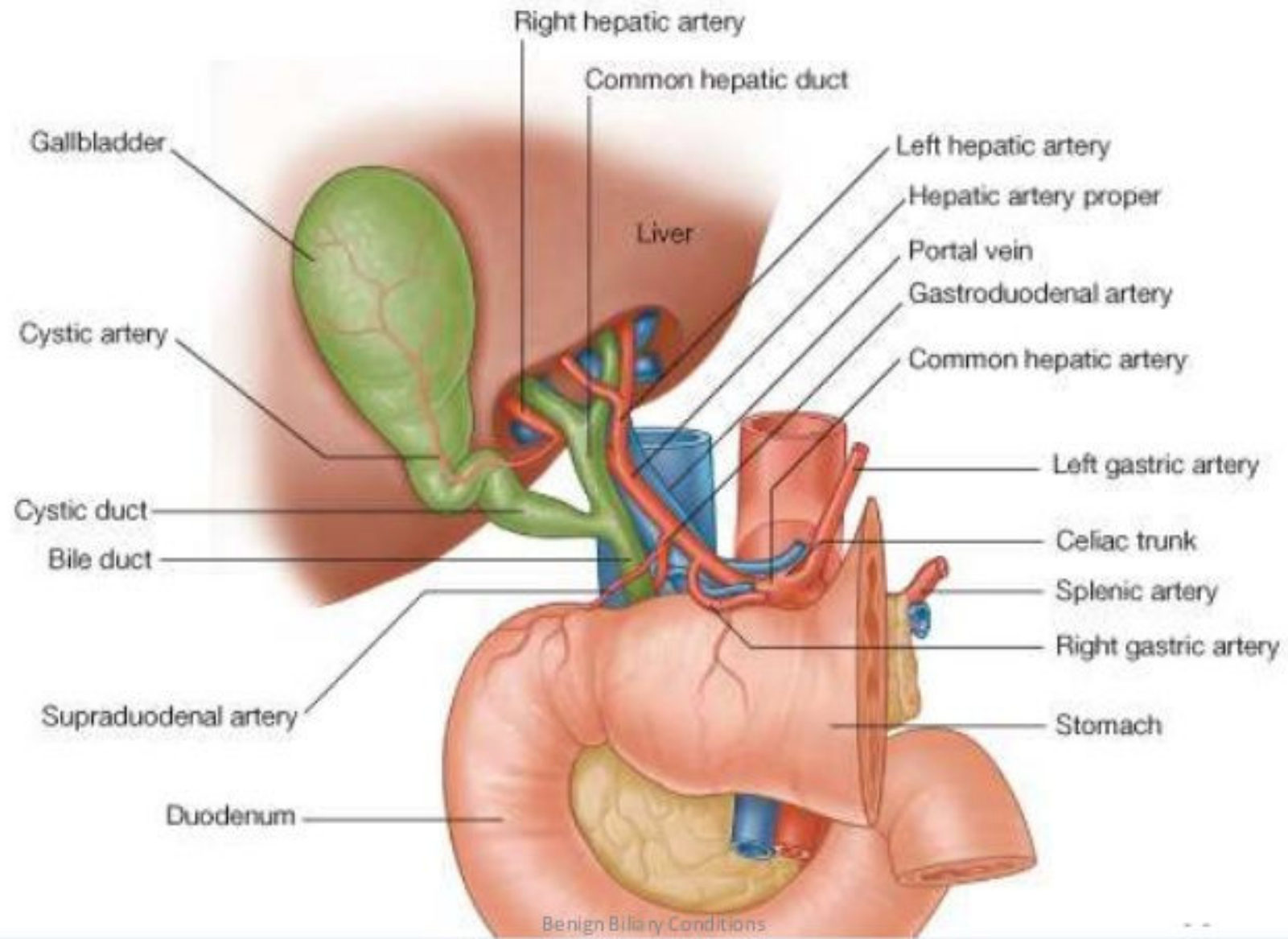
# How to find??



# Landmarks

- ☺ Portal Vein/Porta Hepatis
- ☺ Gallbladder neck
- ☺ Head of pancreas

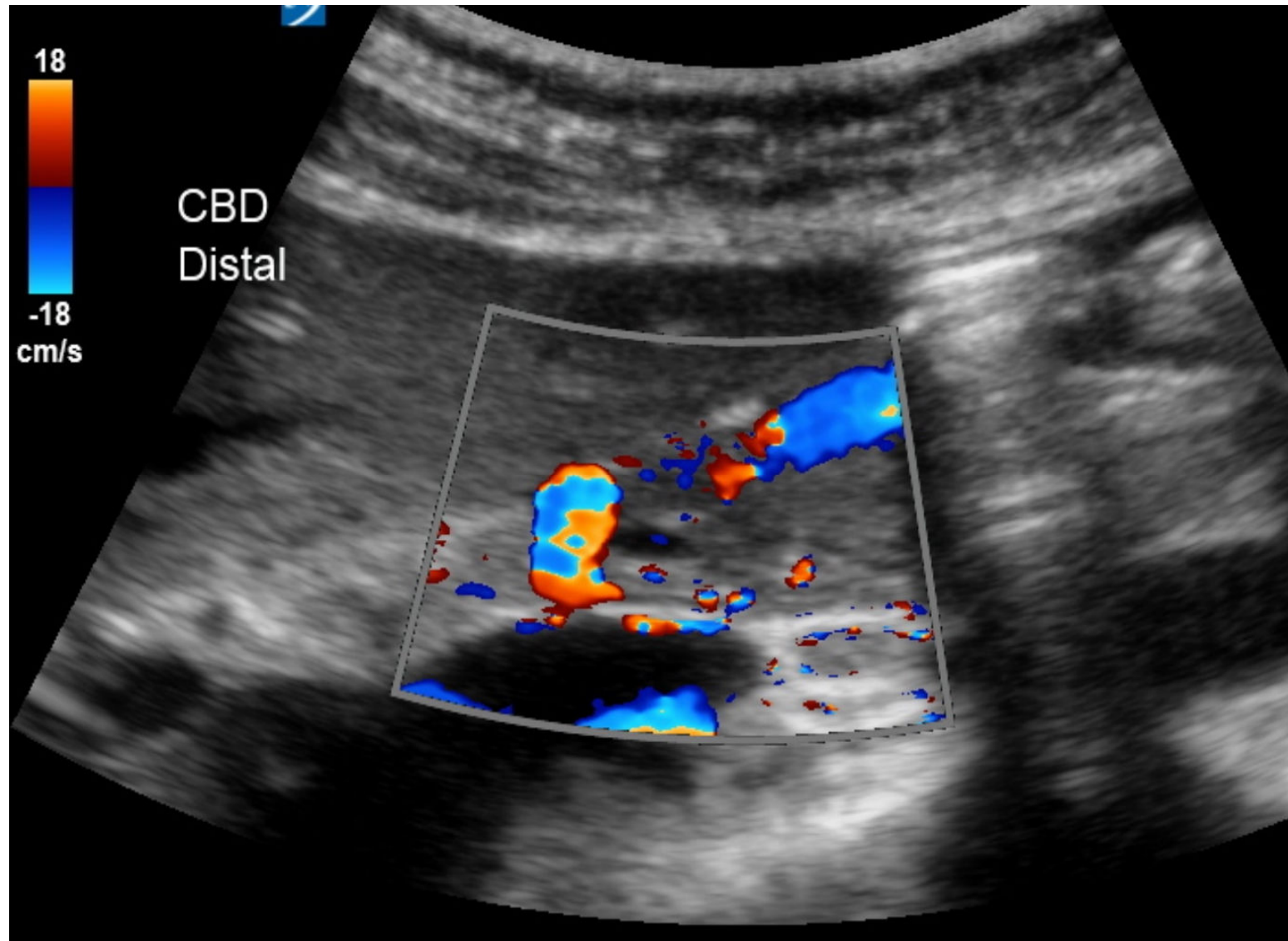
# Anatomy



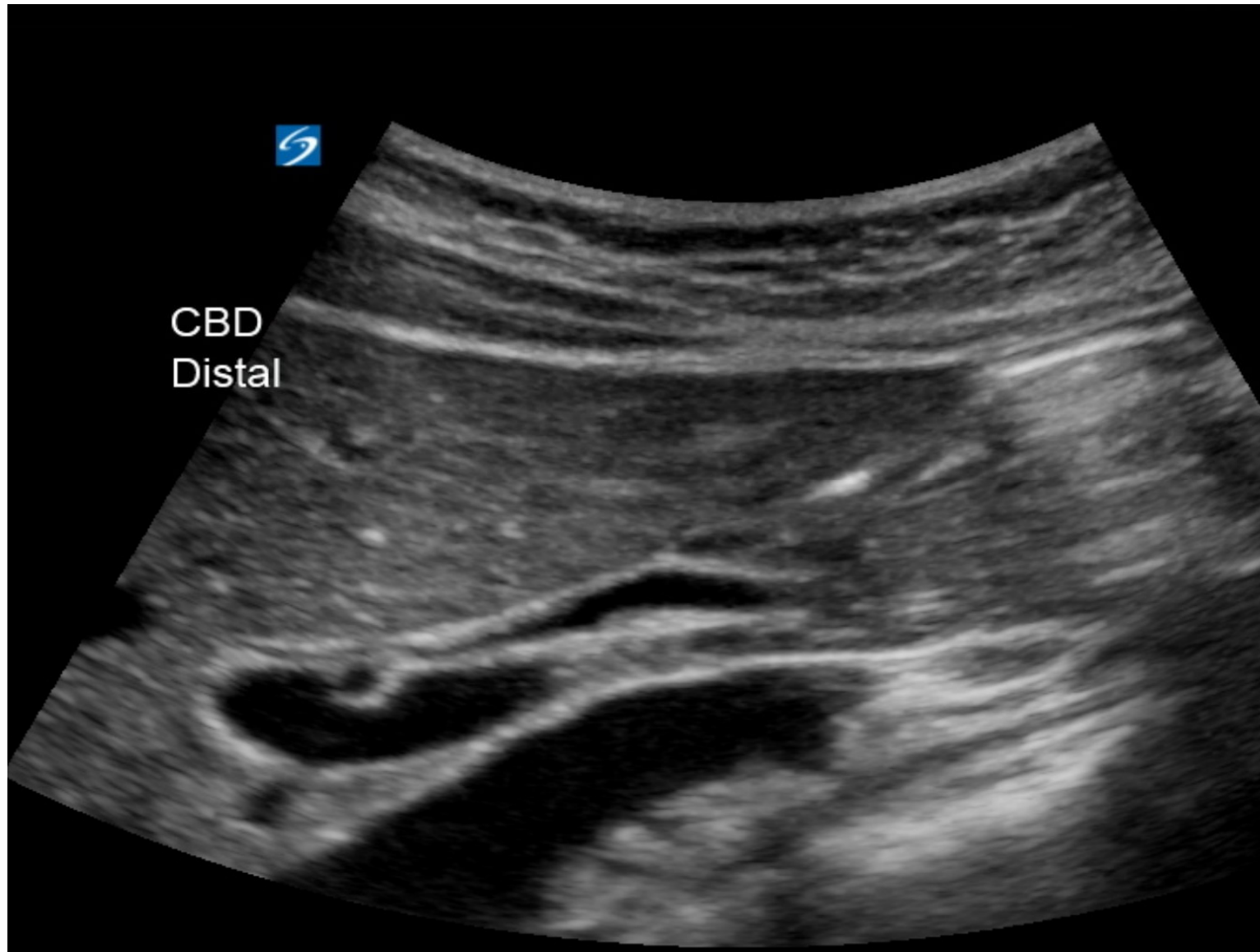
# Head of pancreas



# Identify distal CBD



# Turn on it and follow



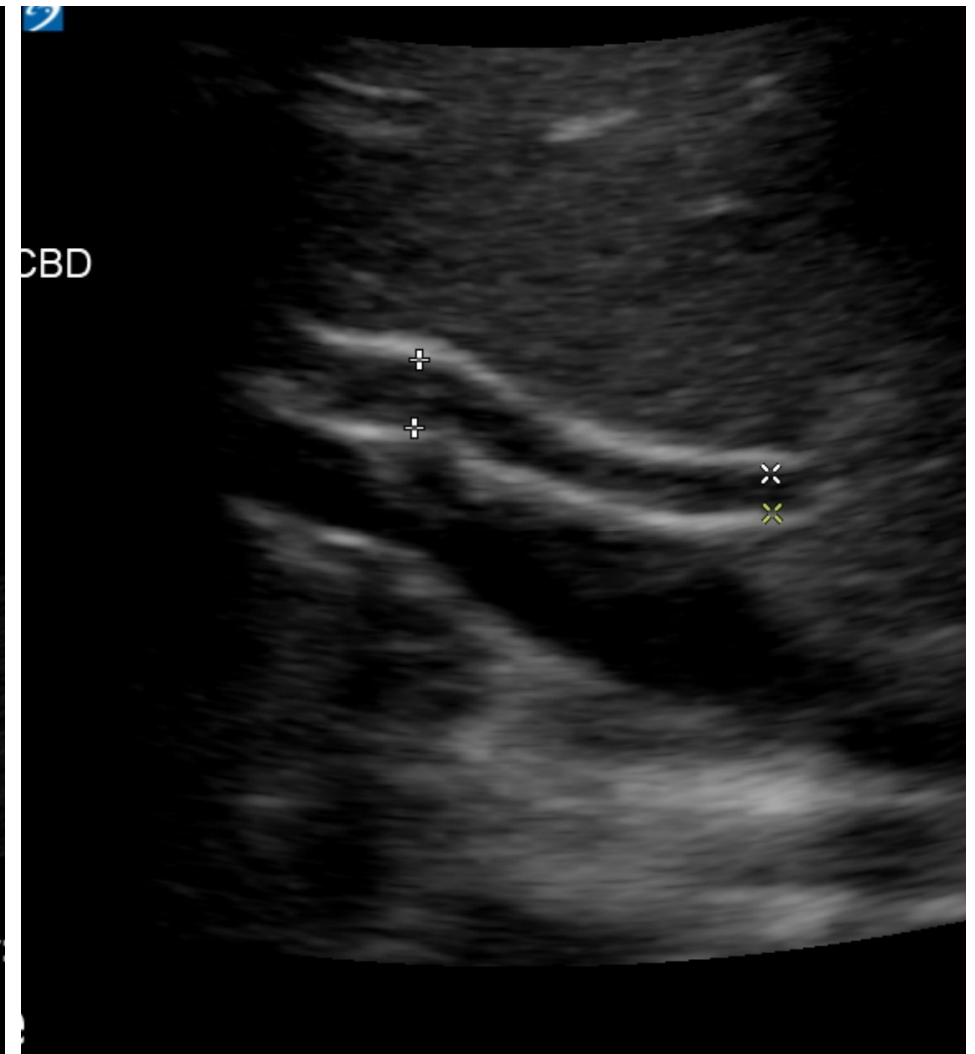
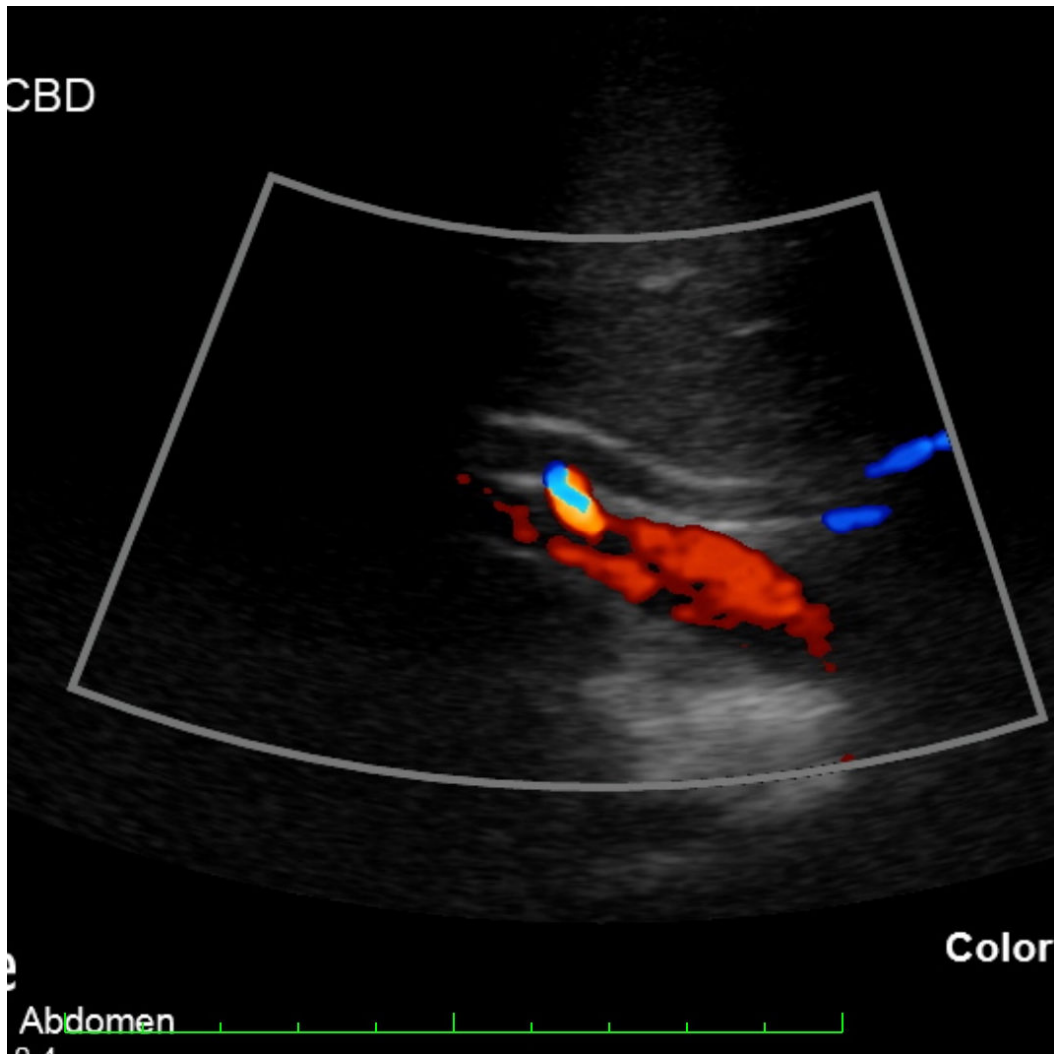
# Tips and tricks

- ☺ Deep breath and hold
- ☺ Intercostal windows
- ☺ Rolling the patient
- ☺ Sitting/Standing the patient

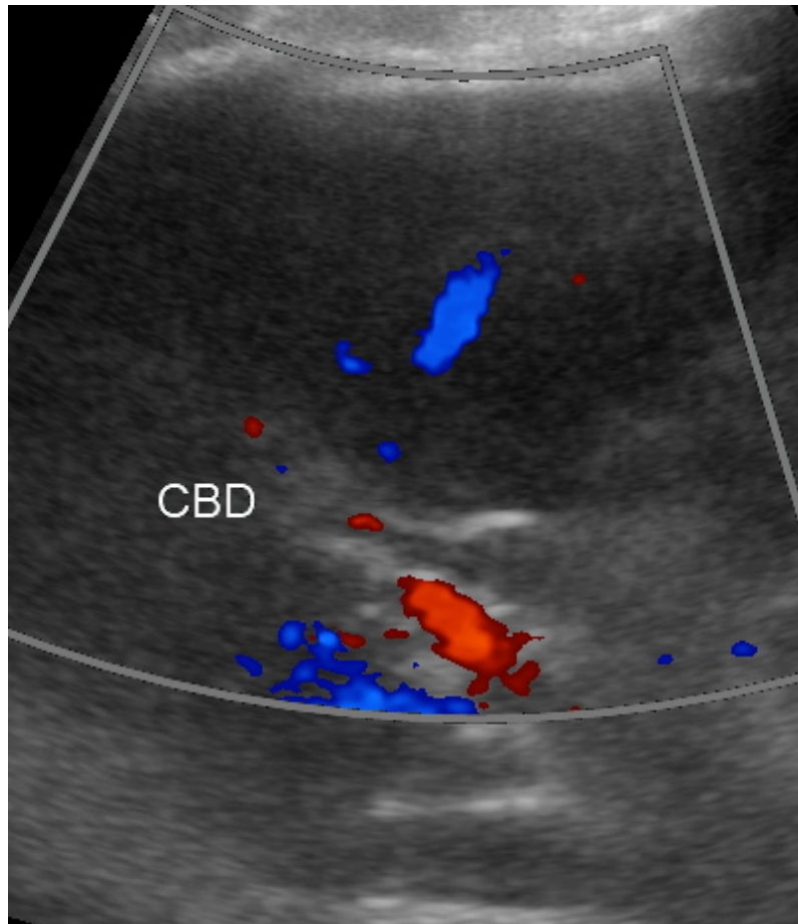
# CBD vs Hepatic Artery

- ☺ Visible length CBD > HA
- ☺ Diameter CBD variable c.f. HA constant
- ☺ CBD doesn't indent structures, HA does
- ☺ Doppler signal

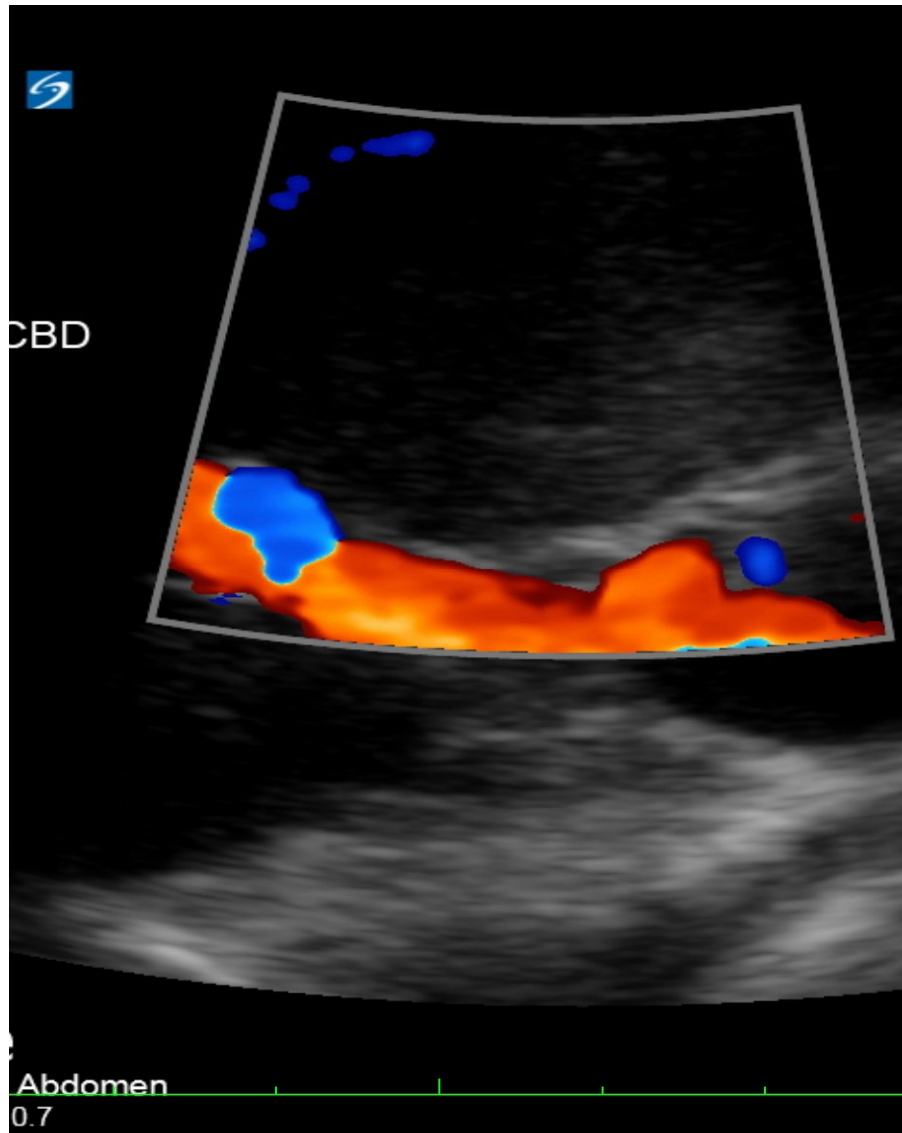
# Looking back- The Good



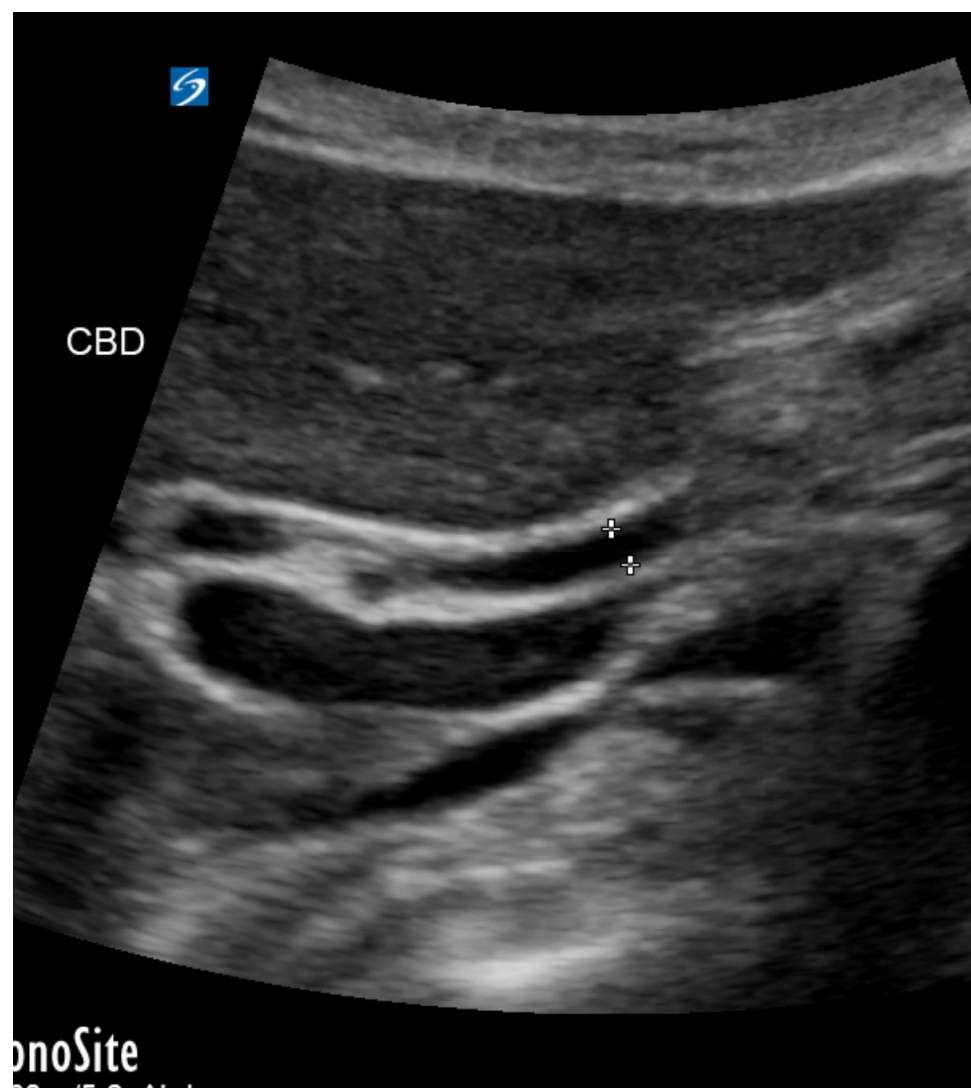
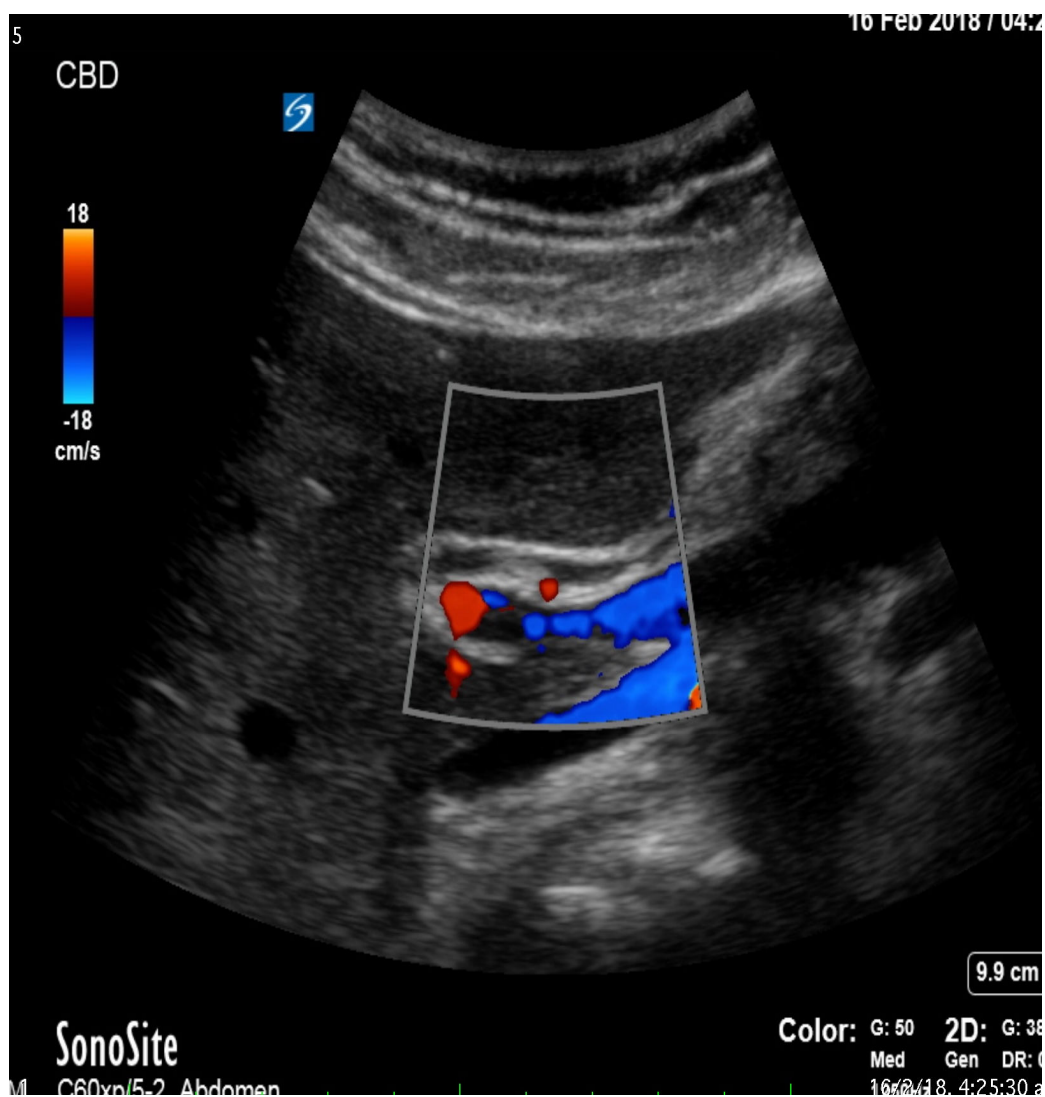
# Looking back- The Bad



# Looking back- The Ugly



# Now



# Dependency

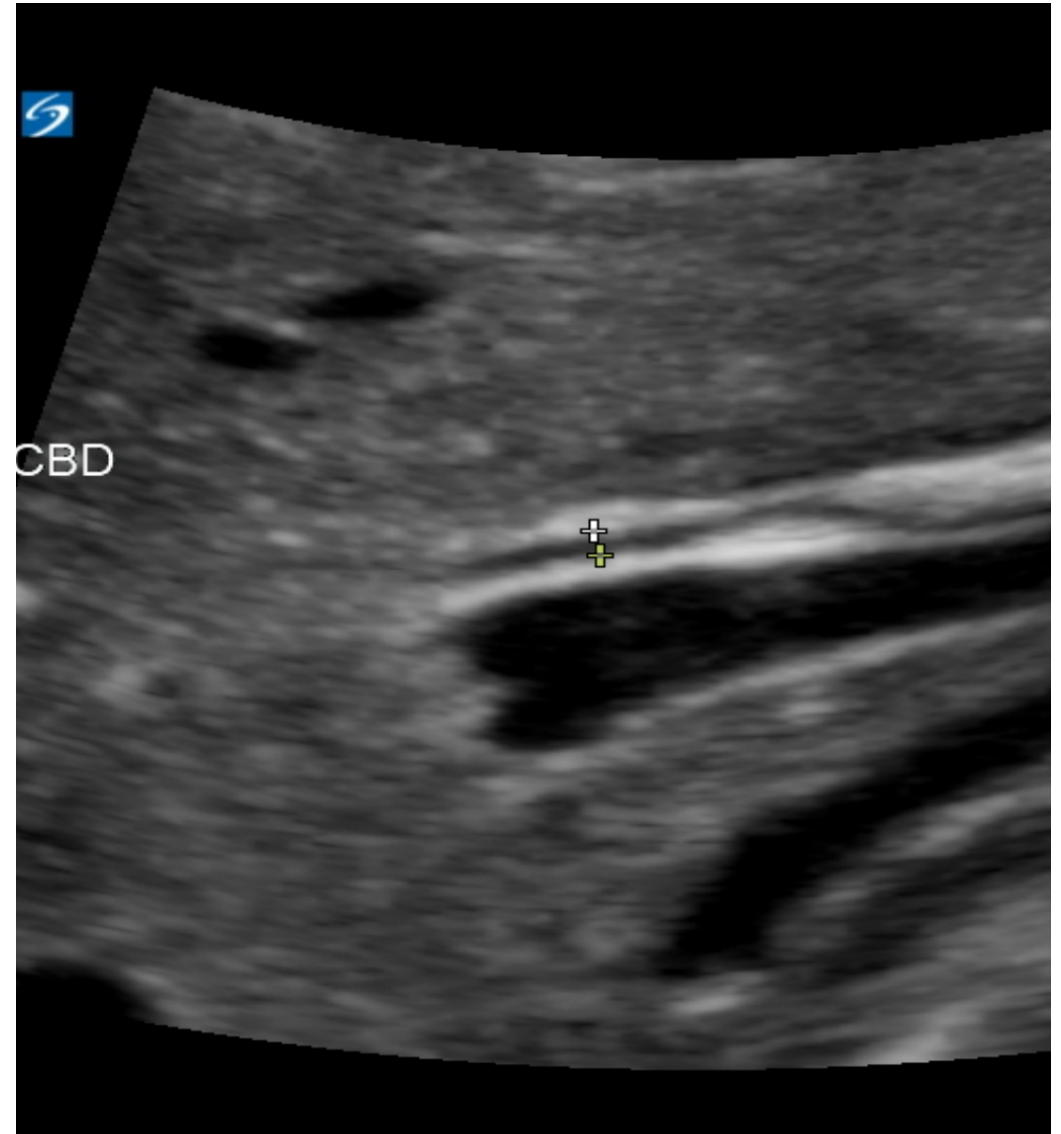
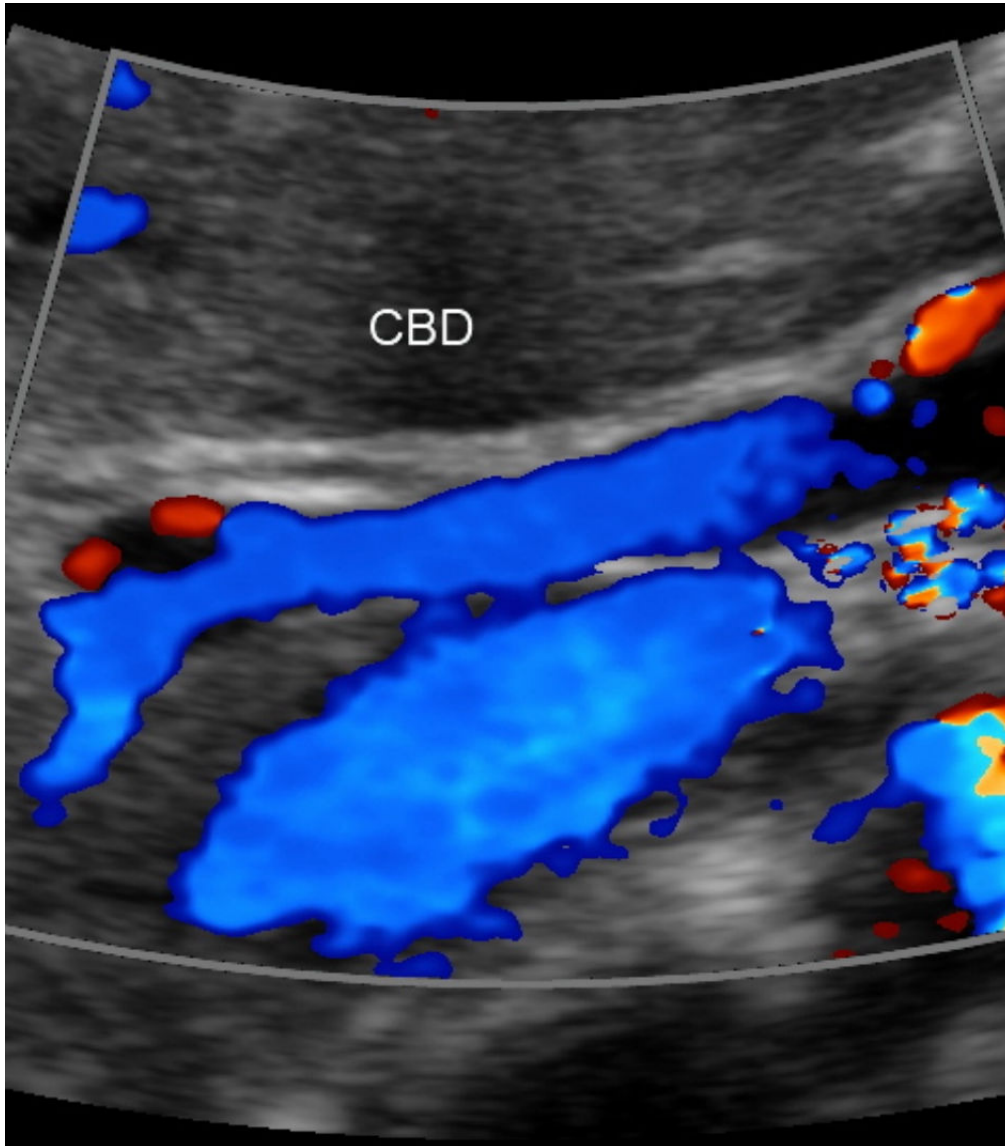
 Operator

 Patient

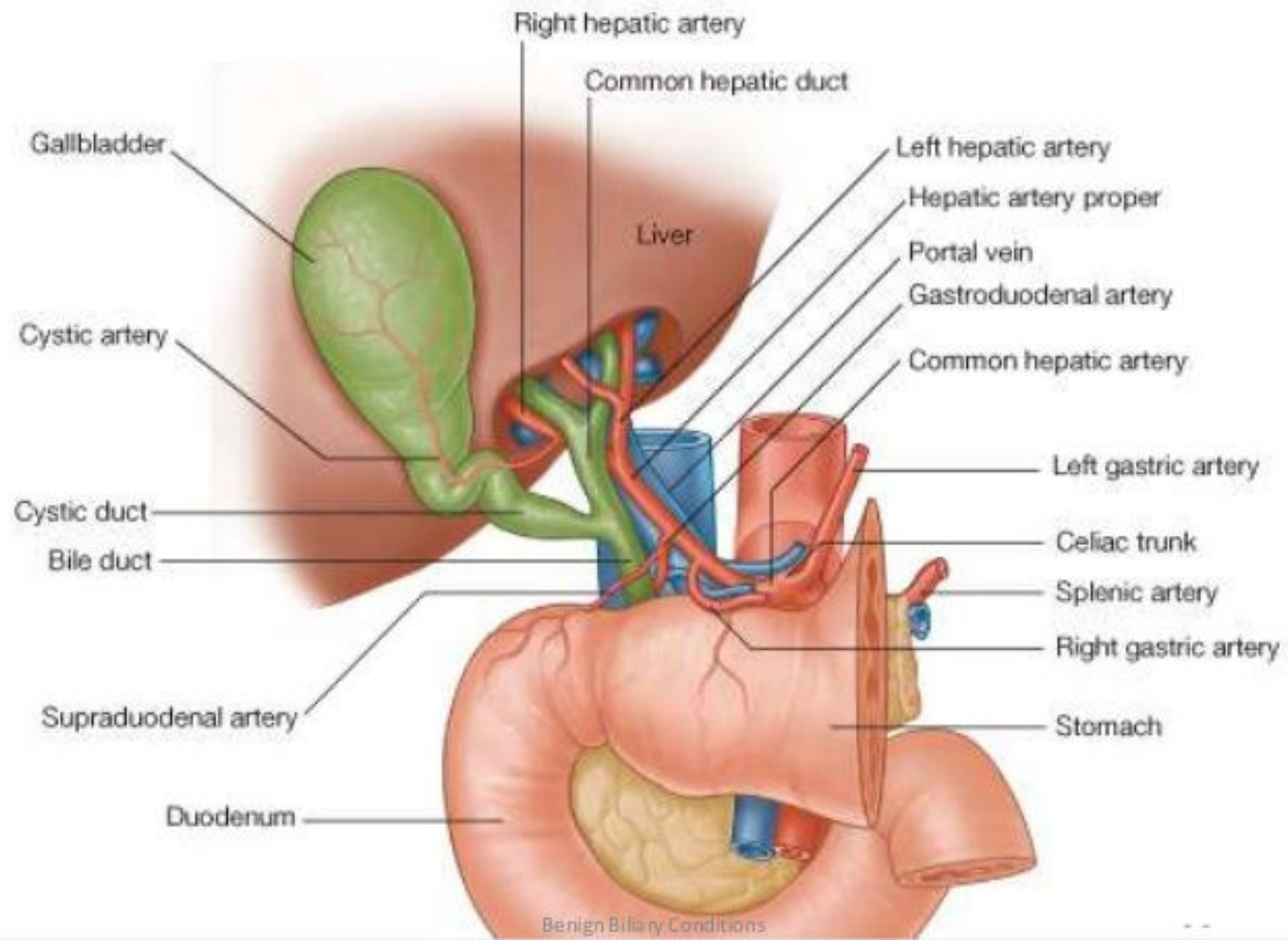
 Time

 Machine

Also recently...



# Anatomy



# Practical CBD in the ED

- ☺ Know your anatomy, landmarks
- ☺ Ok views of PH, no dilated structure anterior to PV, unlikely dilated CBD
- ☺ Know the limitations- report your POCUS accordingly

With practice, can achieve the  
goal.....most of the time.



# Questions??

## Thank-you for your attention