

# Comparing the Efficacy and Safety of Holmium Laser Lithotripsy Versus Electrohydraulic Lithotripsy for the Treatment of Difficult Cholelithiasis and Pancreatic Duct Stones

NCT07418112

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Status	RECRUITING
Phase	Phase 4
Sponsor	Rush University Medical Center
Enrollment	40 participants

## Plain Language Summary

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This study compares two methods for breaking up and removing stubborn stones in the bile duct or pancreatic duct that are hard to treat with standard techniques: holmium laser lithotripsy (using laser energy) versus electrohydraulic lithotripsy (using electrical shock waves), both delivered through a thin scope.

**\*\*You may be eligible if...\*\***

- You are 19 to 85 years old
- You have one or more bile duct or pancreatic duct stones considered "difficult" (e.g., larger than 15 mm, impacted, or irregularly shaped)
- You have signed informed consent

**\*\*You may NOT be eligible if...\*\***

- Your stones can be removed with standard methods
- You fall outside the age range
- You have contraindications to the procedure

Talk to your doctor to see if this trial is right for you.

## Key Eligibility Criteria

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### Inclusion (7)

- Age 19-85 years
- Signed written informed consent.
- Presence of one or more biliary (common bile duct or intrahepatic) or pancreatic duct stones that are deemed "difficult" based on at least one of the following criteria:
  - Stone diameter  $\geq$  15 mm in any single dimension as measured on prior cross-sectional imaging (CT, MRCP, or EUS).
  - Presence of an impacted stone that cannot be dislodged with a standard balloon or basket.
- ... and 2 more (see full listing online)

### Exclusion (8)

- Pregnancy: Repeated ERCP would be delayed until after delivery if possible
- Clinically significant, uncorrectable coagulopathy (defined as INR  $>$  1.5 or platelet count  $<$  50,000/L).
- Surgically altered upper gastrointestinal anatomy that precludes conventional ERCP access (e.g., Roux-en-Y gastric bypass), unless an alternative access route (e.g., laparoscopy-assisted or EUS-directed) is planned as the standard of care.
- Known or highly suspected malignant biliary or pancreatic stricture associated with the stone.
- Acute pancreatitis at the time of screening, unless it is gallstone pancreatitis with persistent biliary obstruction, for which ERCP is therapeutically indicated.

<https://clinicaltrials.gov/study/NCT07418112>

## Locations (1 total)

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Rush University Medical Center, Chicago, Illinois, United States