Fig 1. Investigation of suspected CBDS

CBDS suspected

USS and LFTs

Low likelihood of CBDS (normal results)

Intermediate likelihood of CBDS (e.g. CBD dilatation with normal LFTs OR abnormal LFTs with normal calibre biliary system)

High likelihood of CBDS (e.g. CBD stone positively identified on USS; features of cholangitis; pain, duct dilatation and jaundice in patient with history of gallstones)

Consider alternative diagnosis

Persisting suspicion of CBDS

MRCP or EUS (unless proceeding directly to cholecystectomy with IOC or LUS)

Further imaging is not routinely required but CT is advised if differential diagnosis includes operable malignancy

Not suggestive of CBDS

Suggestive of CBDS

Proceed to ERCP or surgical extraction.

Consider percutaneous radiological techniques if CBDS cannot be extracted with surgery or ERCP