A 45-year-old female presents to the ER with sudden onset of severe epigastric pain that woke her from sleep. Shortly after, she began vomiting. She denies fevers. 30 minutes after presenting to the ER, her pain resolves abruptly. Initial workup reveals the following:

BP: 125/75, pulse 89 bpm, respirations 16/min, temperature 97.9F
WBC: 7.2, Hgb 14.1 g/dl, platelets, 256,000/ul
AST: 256 U/L, ALT 214 U/L, Total bilirubin, 5.9 mg/dl, alkaline phosphatase 380 IU/L
Right upper quadrant ultrasound: Numerous gallstones in the gallbladder, common bile duct 9 mm in diameter, no CBD stone visualized.

What is the best course of management for this patient?

A. ERCP prior to laparoscopic cholecystectomy
B. Laparoscopic cholecystectomy with intraoperative cholangiogram
C. Laparoscopic cholecystectomy without intraoperative cholangiogram
D. Observation

Answer: A
This patient is at high risk for choledocholithiasis and thus, a reasonable approach is to perform an ERCP prior to cholecystectomy. ERCP prior to cholecystectomy is reserved for patients with strong predictors and a high likelihood of choledocholithiasis such as in this patient (total bilirubin >4 mg/dL). Observation is not appropriate in this patient due to the risk of complications such as pancreatitis or cholangitis.