

Iatrogenic Bile Duct Injuries: Repairs Feasibility

MS Abdelhamid1*, TM Nabil1, AM Rashad1, SS Soliman2 and TM EL-Gaabary2

1Surgery Department, Faculty of Medicine, Beni Suef, Egypt 2Surgery Department, Faculty of Medicine, Fayum, Egypt

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Abstract

Due to laparoscopic cholecystectomy there is increase in the bile duct injuries. It was 0.2% to 0.4% during open opposed to 0.6% to 0.8% during laparoscopic. Included in the study were 22 patients, 19 patients with two redo operated upon. Between Feb 1999 to Nov 2017 and 3 referral cases. The treatment options were end to end anastomosis and hepaticojejunostomy. Regarding the injuries, according to Stresberg there were 2A. 4D injuries with injury in the lateral aspect of the ducts, 8 E1, with hepatic stump > 2cm., 5 E2 with hepatic stump < 2cm. The three referral cases were choledochodoudonostomy E1, and E2. They were treated with si ligation of cystic in two cases, anastomosis in seven cases. The remaining fifteen cases with hepaticojejunostomy.

Conclusion: The risk is more proximally. After complex injuries diversion is the best while with simple end to end was acceptable. The insertion of stents has to be individualized according to the situations of each patients and the experience of each surgeon.