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Iatrogenic biliary injuries: Multidisciplinary management in a major tertiary referral center

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Background: Iatrogenic biliary injuries are considered as the most serious complications during cholecystectomy. Better outcome of such injuries have been shown in cases managed in a specialized center.

Objective: Evaluation of biliary injuries management in major referral hepatobiliary center.

Patients & Methods: 472 consecutive patients with post-cholecystectomy biliary injuries were managed with multidisciplinary team (hepatobiliary surgeon, gastroenterologist and radiologist) at major Hepatobiliary center in Egypt over 10 years period using endoscopy in 232 patients, percutaneous techniques in 42 patients and surgery in 198 patients.

Results: Endoscopy was very successful initial treatment of 232 patients (49%) with mild/moderate biliary leakage (68%) and biliary stricture (47%) with increased success by addition of percutaneous (Rendezvous technique) in 18 patients (3.8%). However, surgery was needed in 198 (42%) for major duct transection, ligation, major leakage and massive stricture. Surgery was done urgently in 62 patients and electively in 136 patients. Hepaticojejunostomy was done in most of cases with transanastomotic stents. One mortality after surgery due to biliary sepsis and postoperative Stricture was in three cases (1.5%) treated with percutaneous dilation and stenting.

Conclusion: Management of biliary injuries was much better with multidisciplinary care team with initial minimal invasive technique to major surgery in major complex injury encouraging for early referral to highly specialized hepatobiliary center.

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