

POST-CHOLECYSTECTOMY MAJOR BILE DUCT INJURY: IDEAL TIME TO REPAIR BASED ON A MULTI-CENTER RANDOMIZED CONTROLLED TRIAL WITH PROMISING RESULTS

Ayman Kamal

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

A multicenter randomized trial of 277 patients found that early hepaticojejunostomy after abdominal sepsis control for major post-cholecystectomy bile duct injury achieved comparable reconstruction success to delayed repair with lower costs and improved quality of life.

KEY POINTS

- Early reconstruction with sepsis control (group B) showed decreased admission and intervention rates, decreased hospital stay, decreased total cost, and early improved patient quality of life compared to other approaches
- Independent risk factors for successful reconstruction included conversion to open cholecystectomy, uncontrolled sepsis, secondary repair, small hepaticojejunostomy diameter, and non-stented anastomosis on multivariate analysis
- The randomized trial enrolled 321 patients from 3 centers between February 2014 and January 2022, with 277 patients included in the intention-to-treat analysis across three groups based on reconstruction timing and sepsis control
- Surgeons managing major bile duct injuries after cholecystectomy would benefit from this evidence on optimal timing of hepaticojejunostomy reconstruction

VIEW THIS CONTENT ON GUTFLIX

<https://gutflifx.eu/search/d/7986aa50-743c-11ee-a672-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.