

Panel discussion: Post-OP complications

UEG Week Berlin 2025

Presentation

Hepatobiliary

Pancreas

Surgery

October 6, 2025

This panel discussion addressed endoscopic and surgical management of postoperative complications including bile duct injury, anastomotic leaks, and postoperative collections, with emphasis on early detection, clinical judgment, and appropriate selection of drainage techniques.

KEY POINTS

- The speaker stated that for uncomplicated cholecystectomy routine intraoperative cholangiography is not very beneficial, but the threshold should be low if there is any suspicion of injury, and it is very beneficial for complicated cases.
- For postoperative collections, the speaker reported that timing of drainage should be guided by imaging findings rather than postoperative day, and stated a preference for US-guided transgastric drainage over ERCP with pancreatic duct stenting when a healthy papilla and pancreatic head are present.
- The speaker stated that by day three clinicians know if an anastomosis has healed, with raised CRP at day three indicating a leak, and recommended early surgery for clinically unwell patients versus conservative management for clinically well patients.
- The speaker reported that endo-sponge has great results for anastomotic leaks if used early before the abscess cavity fills with fecal material and becomes fibrotic, requiring approximately 75% of the anastomosis to remain intact, with frequent changes needed as outpatient procedures.
- The speaker stated that endoscopists can usually manage anastomotic bleeding using clips, hemospray, or Ovesco clips, which surgeons prefer to avoid re-operation, though interventional radiology may be needed for large vessel bleeding.
- The speaker predicted that in approximately 15 years laparoscopy will be replaced by robotic cholecystectomy with AI support and better visualization, noting that current higher bile duct injury rates with robotic approaches reflect inadequate surgeon training rather than the technology itself.

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