Life after bile duct injury

Vinay Kumar Kapoor

UEG Week Barcelona 2026 | Presentation

Pancreas | Surgery | Hepatobiliary

October 18, 2026

The speaker presented institutional experience with over 1000 post-cholecystectomy bile leak patients, emphasizing that bile duct injury carries 3-5% mortality and has lifelong consequences including stricture, cirrhosis, and substantially increased long-term mortality compared to the general population.

KEY POINTS

- The speaker reported mortality of bile duct injury at 3-5%, exceeding that of major hepatobiliary resections, with one-year mortality in published series stated as 3.9% versus 1.1% in age-matched populations.
- At five years post-repair, the speaker stated good outcomes in 53% overall (80% when repaired by HPB surgeons), declining to 63% at ten years among those initially successful, with stricture risk of 10-20% persisting even 17 years after repair.
- Vascular injury accompanies 10-20% of bile duct injuries (two of five cases when CT angiography was routine), and when liver resection is required the speaker reported 6% mortality versus under 5% for oncologic resection.
- The speaker stated liver transplant for bile duct injury carries approximately 20% thirty-day mortality with worse long-term outcomes than transplant for chronic liver disease.
- Treatment costs were stated as 60,000-120,000 USD, and the speaker emphasized the social impact includes job loss, disability, and family disruption, calling it a life-altering event rather than a simple complication.
- The speaker recommended that surgeons treat every cholecystectomy seriously, avoid discharging patients until fully stable with normal vitals and soft abdomen, and immediately drain any bile collection, stating overconfidence during easy cases is the main risk factor for injury.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/fd6f324c-d14f-11f1-9903-daaa6dbee0a2

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.