

Management of Bile Duct Injuries Secondary to Laparoscopic and Open Cholecystectomy. The Experience of a Single Surgical Centre

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Abstract

Cholecystectomy is one of the most performed surgical interventions in general surgery. Laparoscopic cholecystectomy was associated with an increasing occurrence of biliary ducts lesions. The aim of this study is to draw the attention towards the permanent risk of these kind of complications, the curative difficulties and identifying the best therapeutic solution in order to obtain favorable results on long term.

Method: There were retrospectively and prospectively analysed all the cases with diagnosis of iatrogenic biliary ducts lesion hospitalized and operated during 1987-2008 in the Surgical Clinic No 3 Cluj Napoca.

Results: The yearly distribution showed an increasing number of biliary lesions operated in the Surgical Clinic No 3 Cluj-Napoca. 81% of the iatrogenic lesions in our study occurred postlaparoscopic cholecystectomy, and 19% secondary to an open cholecystectomy. One hundred thirty-six patients had major biliary lesions (D, E classes according to Strasberg Soper) and 47 patients had minor lesions (A-C classes). The medium hospitalization range was 17 days. Eighty – three patients (45.3%) needed one, two or three surgical interventions before the complete cure of the lesions. The most frequent complication was plague suppuration (12.5%). The cardio-renal-pulmonary complications were present in 8.7% of the patients and the intra-abdominal abscess in 3.8% of the patients. The anastomotic fistula was present in 11% of the operated patients and 6% global mortality.

Conclusions: The iatrogenic lesions of the biliary ducts are characterized by a complicated evolution, with series of interventions and progressive evolution to biliary stenosis. Delaying the final biliary treatment and the high number of interventions performed before patients were referred to hepato-biliary specialised centres lead to an increasing morbidity and hospitalization costs.

Key words: cholecystectomy, bile duct injuries, complications, surgical management

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