

Bile duct injuries during laparoscopic and open cholecystectomy are still serious problems which may cause secondary biliary cirrhosis resulting in chronic liver failure. Injuries occur as a result of technical errors or misidentification of biliary ducts. BDIs are major cause of patient morbidity and litigation. This study aimed to evaluate the management of bile duct injuries (radiological, endoscopic or surgical management) following open and laparoscopic cholecystectomy in a tertiary referral hospital. A prospective clinical study was conducted 50 patients (9 males and 41 females) who sustained bile duct injuries during open and laparoscopic cholecystectomy. Patients were thoroughly investigated to decide the final management, and they were followed up to two years post operation to find out short- and long-term complications. The most common presentations of those patients were biliary fistula, 18 (36%) and jaundice, 14 (28%). After resuscitation, the definite managements were percutaneous drain under ultrasound guide for one patient (2%), Endoscopic retrograde cholangio pancreatographystenting or sphinctrotomy for 5 patients (10%) and hepaticojejunostomy for complete common hepatic duct transection for 43 patients (86%), most of which were done 8 weeks after the primary operation. One patient succumbs before any intervention.

According to the results of this study, patients with bile duct injuries are preferably treated in hepato-biliary department, where all radiological, endoscopic and experience surgeon available. Roux-en-hepaticojejunostomy is the procedure of choice for the management of patients sustaining complete transaction injury of common hepatic duct, while percutaneous drain is an excellent option for the drainage of intraperitoneal bile collection, without need for open drainage.