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**TYPE : ORAL PRESENTATION**

**CATEGORY : NON - VASCULAR INTERVENTION**

#### **TITLE**

To describe management of complete bile duct transections by percutaneous endoscopic rendezvous technique as a strategy where definitive management is deferred or immediate surgical repair is not an option.

#### **BACKGROUND**

Bile duct injuries are a devastating complication of Laproscopic Cholecystectomy. Presence of Bile leaks, Abdominal collections, non availability of immediate surgical expertise and sepsis make these patients suffer from morbidity and mortality. As a non surgical management to these complete transections of common bile duct, percutaneous rendezvous procedures go a great way in tiding over the crisis and help these patients recover from sepsis and a state of morbidity. We describe similar case scenarios with complete bile duct transections wherein rendezvous procedures have helped patients.

#### **METHODS**

10 patients with post cholecystectomy complete bile duct transections, 9 females and 1 male patient with mean age 30 years were taken up for percutaneous intervention at Aryavart Hospital Meerut, India during the period from November 2021 to May 2023. Laboratory investigations to evaluate Liver function and imaging studies were done to evaluate abdominal collection and status of bile ducts. After failed ERCP a rendezvous procedure was performed involving endoscopists and interventional radiologist by use of 'The Lasso Technique and another technique of rendezvous by looping back the wire through abdominal drain. After obtaining wire across the transection a plastic stent was placed endoscopically. The patients were regularly followed at monthly intervals and serial stenting with plastic stents was done for 8-10 months. Balloon dilatation was done if stricture was noted at the site of duct injury. Classification of Bile duct injuries, technical success of the rendezvous procedure, procedure related adverse events, patient recovery, patient mortality and outcomes were assessed.

#### **RESULT**

Bile duct injuries were classified according to Bismuth Strasberg classification. Out of 10 patients, 2 patients had Type E1 injury, 3 patients type E2, 2 Patients type E3, 1 patient had type E4, 1 patient type E5 and 1 patient had type C injury. Technical success of crossing the transected CBD ends was achieved in all 10 cases. Bilirubin levels started normalising during the first week and resolution of sepsis was attained. Abdominal drainage catheters were removed in all patients in first week with reduction in bile leak. All 10 patients have completed serial stenting and are in 3-6 months follow up post stent removal. The LFT's and CBC are normal at follow up of 15-18 months after first session of treatment.

#### **CONCLUSIONS**

The Rendezvous techniques serve as a strategy to restore continuity of completely transected CBD when ERCP fails and immediate surgical repair is not available or patients are not in a state to undergo repair surgery due to sepsis and morbidity. An important advantage of internalisation in this approach is that it closes bile leak, prevents external fluid and bile salts loss helps in optimising nutritional status and preventing electrolyte abnormalities and dehydration. Moreover these procedures can serve as a 'Bridge to surgery' strategy if surgery is required later on.

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