# EARLY VERSSUS LATE REPAIR OF POST- CHOLECYSTECTOMY BILE DUCT INJURIES, IS IT MAKES OUTCOME DIFFERENCE?

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## Background

- Bile duct injury (BDI) is a serious complication of cholecystectomy
- Up to 20% of BDIs require formal surgical reconstruction
- Traditional approach = late repair after referral to specialist center
- Controversy remains regarding optimal timing (immediate/early vs. late)

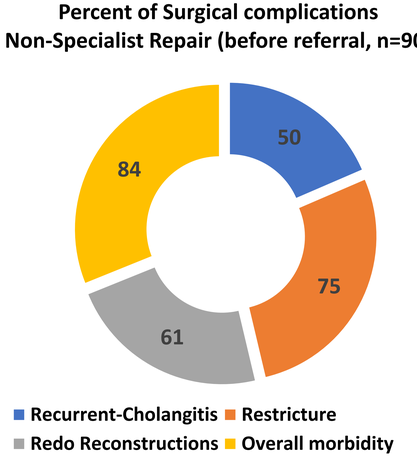
## Objectives

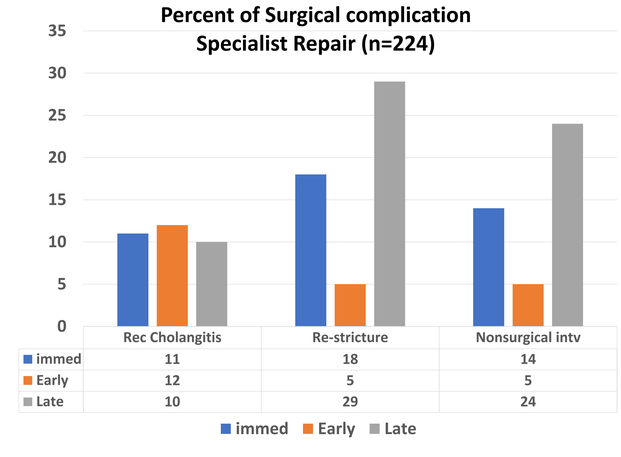
Compare long-term outcomes of early vs. late repair of BDI when performed by specialist hepatobiliary surgeons

## Patients & Methods

- Retrospective analysis of 400 patients with BDI
- Age: median 54 years (range 20–83); 64 males
- Follow-up: median 60 months (range 5–212)
- Repair timing:
  - Immediate (during index operation)
  - Early (within 21 days)
  - Late (>21 days)
- Performed by: specialist hepatobiliary surgeons vs. non-specialists
- Outcomes assessed: recurrent cholangitis, re-stricture, need for nonsurgical intervention, redo surgery, overall morbidity

## Results




## Conclusions

Immediate and early repair of post-cholecystectomy bile duct injuries, when performed by specialist hepatobiliary surgeons, results in comparable or better long-term outcomes compared to late repair. Non-specialist repairs are associated with significantly higher morbidity.

## References

- Fong ZV, et al. Ann Surg. 2018;268(3):e1–e8.
- Way LW, et al. Ann Surg. 2003;237(4):460–469.