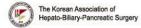


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QULAITY OF LIFE AFTER REAPIR (HEPATICO-JEJUNOSTOMY) FOR POST-CHOLECYSYECTOMY BILE DUCT INJURY

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Introduction : Health-related quality of life(QoL), physical component score (PCS) and mental component score (MCS), was assessed for bile duct injury sustained at cholecystectomy

Methods : using SF-36 in 119 patients at least 24 months after repair (hepatico-jejunostomy),50 patients who underwent uneventful cholecystectomy at least 24 months ago were controls. Effect of age, sex, type (laparoscopic, open, laparoscopic converted-to-open) of cholecystectomy, pre-repair interventions, endoscopic, and surgical, number of pre-repair interventions, Bismuth type of biliary stricture, post-repair complications, need for intervention in the follow up, total number of operations required, total duration of hospitalization on QoL was studied.

Results : Age >50 years(n=25) (PCS, MCS 44,51 vs 66,70 in<30 vs 61,62 in 30-50; p<0.001,0.018),need for pre-repair intervention (n=102) (MCS 61 vs 75; p=0.01), post-repair Clavien-Dindo III, IV complications (n=8) (PCS, MCS 46,50 vs 64, 68; p=0.03, 0.04), need for post-repair surgical intervention (n=28) (PCS, MCS 49,54 vs 60,63; p=0.004, 0.01) and need for reHJ in follow up(n=16) (PCS 44 vs 59; p=0.12) adversely affected QoL.Patients (n=15) who did not require pre-repair intervention, did not have post-repair complication and did not require intervention in follow up had better QoL (PCS 63 vs 51, MCS 82 vs 56, p<0.03) than those (n=32) who required pre-repair intervention, required intervention in follow up

Conclusions : QoL is compromised, even after repair of BDI at biliary center; Older patients, those who required pre-repair (HJ) interventions, had post-repair (HJ) complications, required post-repair (HJ) surgical intervention and required reHJ in follow up

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