Submission No.: PG03-5424
Session : Postgraduate Course 3 (Liver)
Date & Time, Place : November 17 (Thu), 10:30-12:00, Room 3F-1
Session Title : Recipient Hepatectomy & Implantation (Video session)

Biliary Reconstruction

Subhash Gupta
Max Saket Hospital, India

Living donor liver transplantation (LDLT) is the predominant form of liver transplantation for end stage liver disease and advanced HCC in Asian region. Biliary reconstruction has been considered the "Achilles' heel' of this procedure. This is due to the complex anatomy of partial liver grafts with factors such as multiple duct openings, small calibre of graft bile ducts and their position. As such, biliary reconstruction remains the most common site of complications in LDLT. Biliary leaks and biliary anastomotic strictures are the most common encountered problems. Duct to duct biliary anastomosis and hepaticojejunostomy are the most frequent methods of biliary reconstruction that are practiced. The choice of biliary reconstruction depends on multiple factors such as underlying liver disease, graft type, number and size of graft ducts and prior transplant or biliary surgery. Duct to duct technique remains the preferred reconstruction method owing to its more physiologic nature (bilioenteric continuity, preservation of Sphincter of Oddi function, lesser anastomoses). At present, Roux en Y hepaticojejunostomy is considered only in cases when duct to duct method is not feasible such as biliary atresia, retransplantation, size disparity between graft and native ducts etc. Duct to duct technique offers the added advantage of feasibility of endoscopic procedures in case of complications. Each technique has its own merits and demerits and has to be chosen wisely on a case to case basis.