

# Quality of Life After Repair (Hepatico-Jejunostomy) for Post-Cholecystectomy Bile Duct Injury

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## Abstract

Health-related quality of life (QoL), physical component score (PCS) and mental component score (MCS), was assessed using SF-36 in 119 patients at least 24 months after repair (hepatico-jejunostomy HJ) for bile duct injury (BDI) sustained at cholecystectomy elsewhere and referred to us for definitive management. 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 (HJ) interventions (percutaneous e.g. catheter drainage, transhepatic biliary drainage), endoscopic (sphincterotomy/stent), and surgical (laparotomy/lavage), number of pre-repair (HJ) interventions, Bismuth type of biliary stricture, post-repair (HJ) complications, need for intervention (i.e. percutaneous balloon stricture dilatation or reHJ) in the follow up, total number of operations required, total duration of hospitalization on QoL was studied. QoL was assessed in 119 patients (21 male, 98 female; age 40+13, 39, 19-70 years) at 54+21 (56, 25-120) months after HJ. QoL of 119 patients who underwent HJ for BDI was poorer (PCS=62 vs. 96, MCS=76 vs. 98) than those who underwent uneventful cholecystectomy (n=50). Following factors significantly affected QoL; other factors did not make significant difference on QoL.

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, had post-repair complication, required intervention in follow up; their mental QoL (MCS 82 vs 98 p=0.08) was similar to those who underwent uncomplicated LC (n=50).

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