

LESÕES BENIGNAS DAS VIAS BILIARES

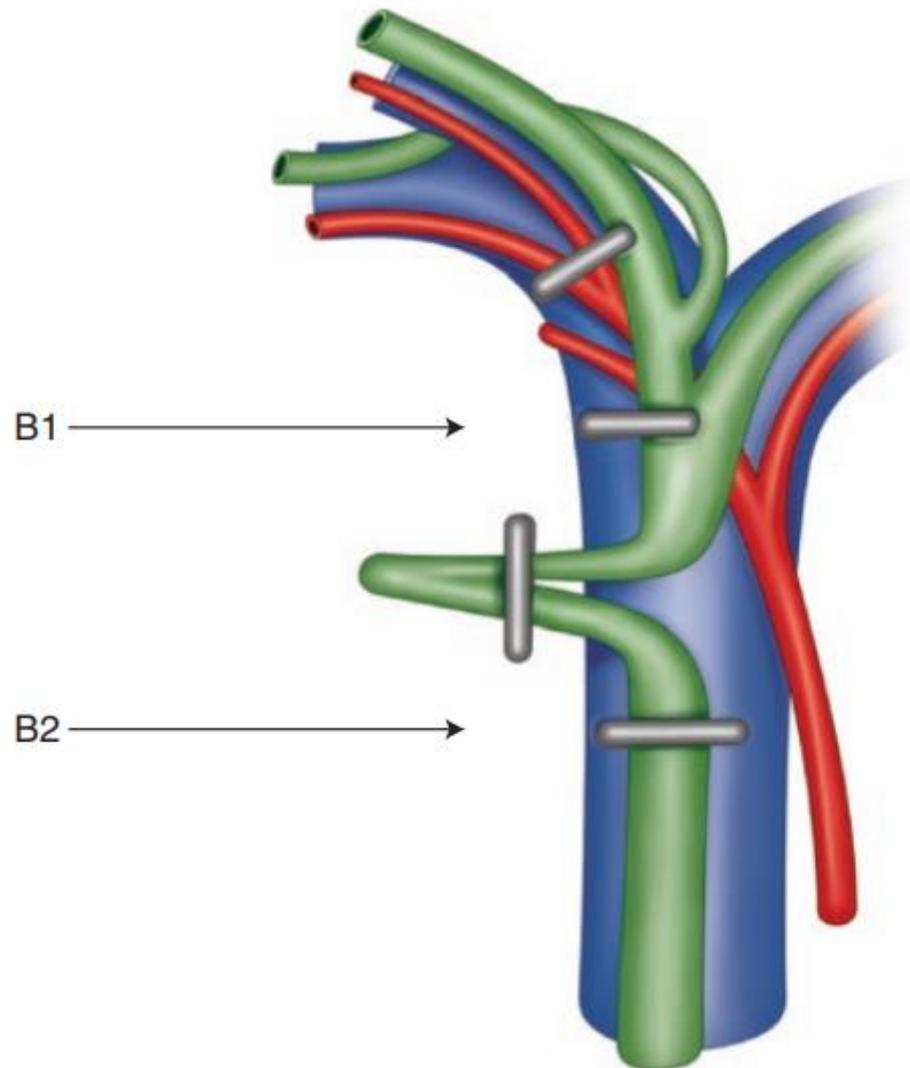


TRATAMENTO CIRÚRGICO

Orlando Jorge Martins Torres

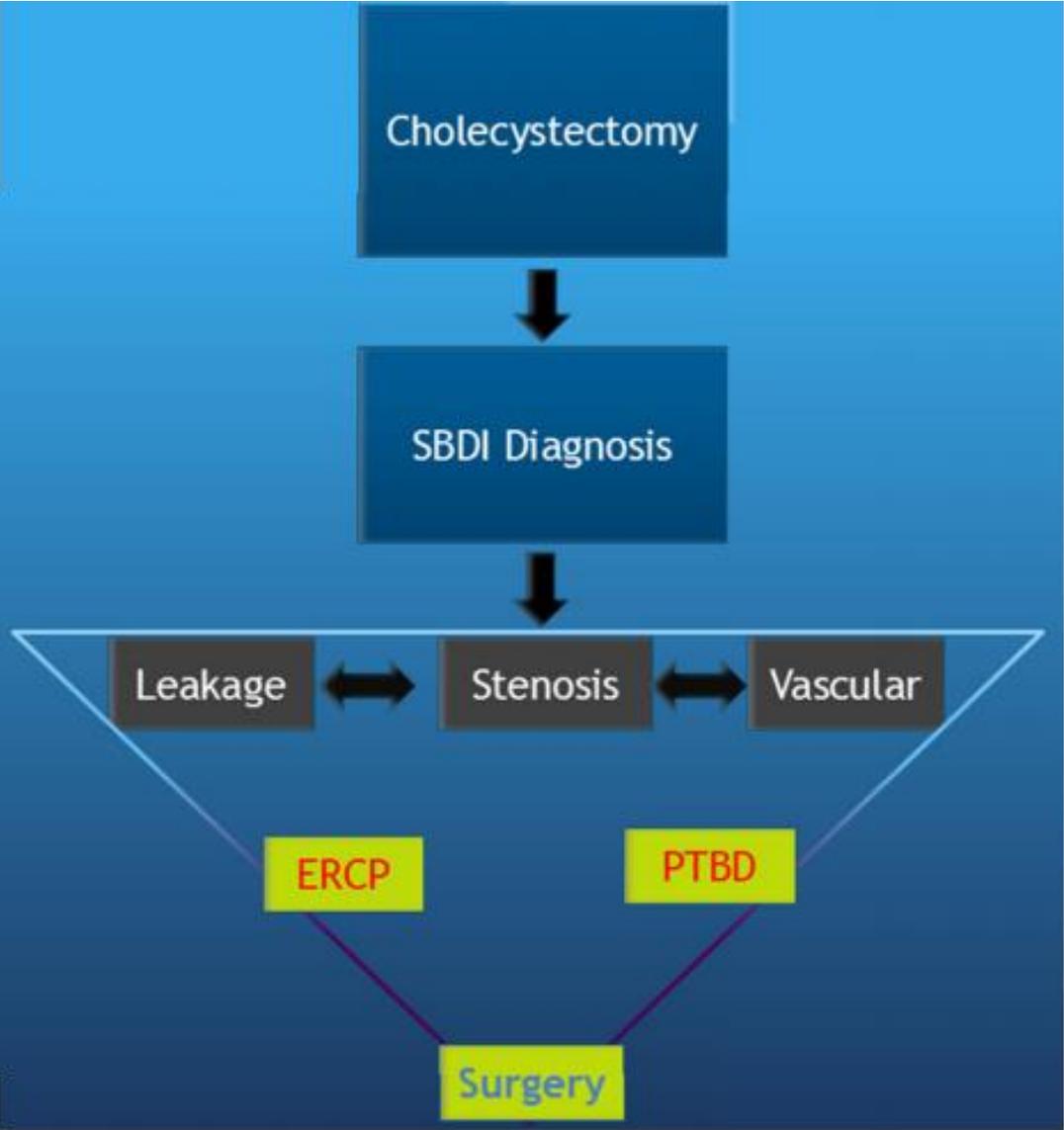
Professor Titular e Chefe do
Serviço de Cirurgia do Aparelho Digestivo
(Unidade hepatopancreatobiliar)
Hospital Universitário - UFMA

LESÕES BENIGNAS DAS VIAS BILIARES

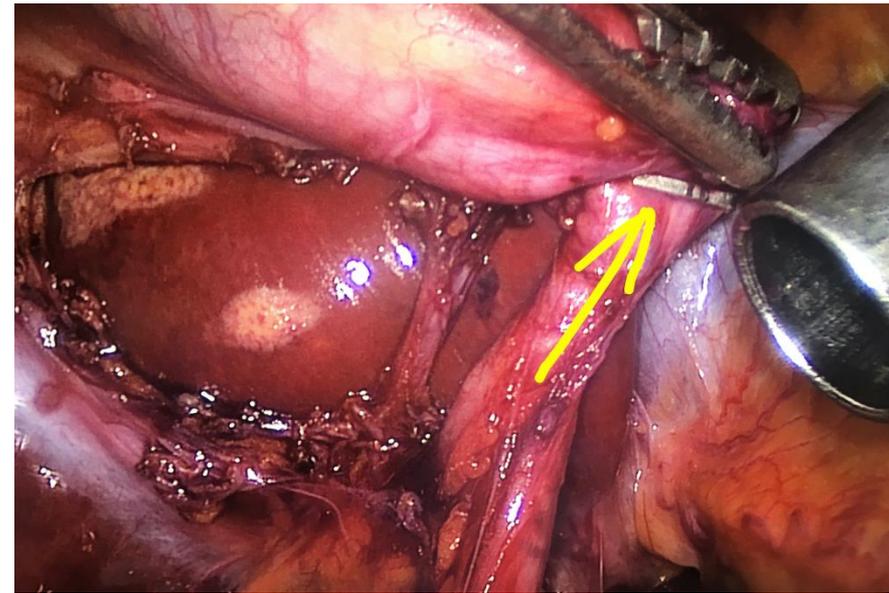
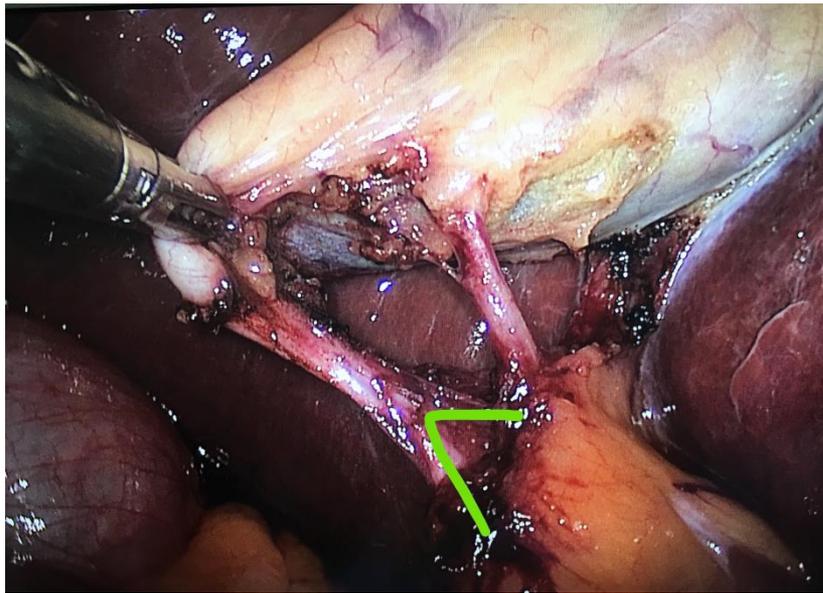


LESÕES BENIGNAS DAS VIAS BILIARES

- INTRAOPERATÓRIO
- PÓS-OPERATÓRIO PRECOCE
 - Icterícia
 - Fístula biliar (coleperitoneo)
- PÓS-OPERATÓRIO TARDIO
 - Estenose



INTRAOPERATÓRIO

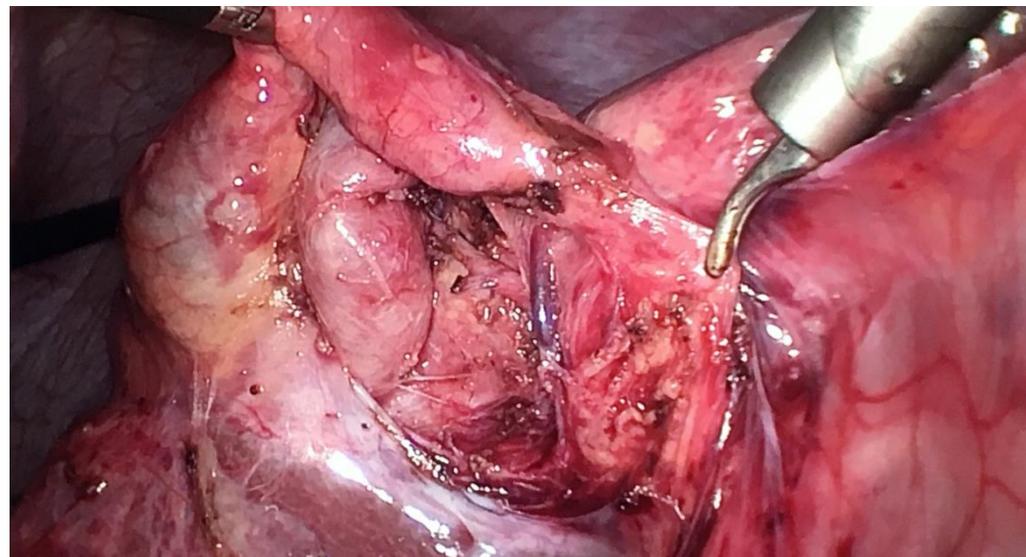
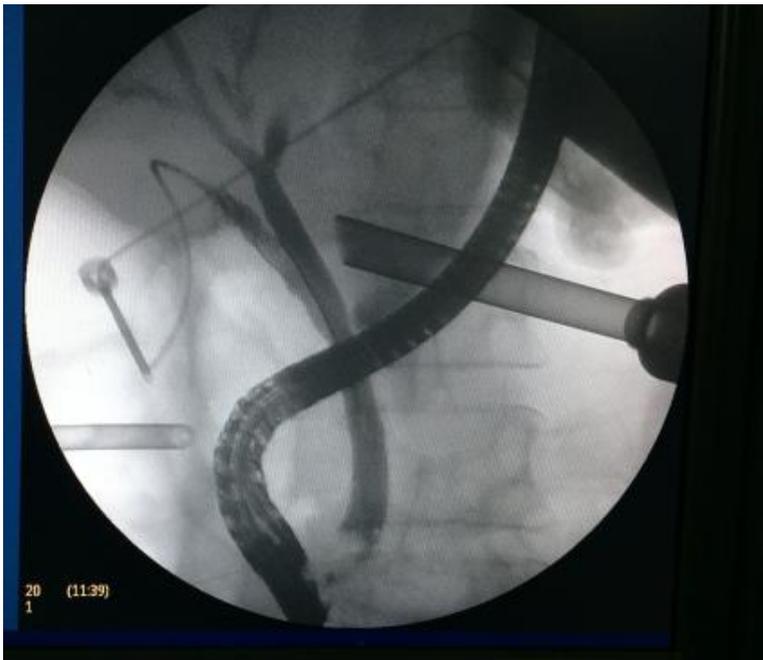


☐ CLIPE OU LIGADURA DA VIA BILIAR

RETIRAR



INTRAOPERATÓRIO



Cirurgião com expertise

EXPERTISE EM CIRURGIA HEPATOBILIAR:

SIM

Converter

NÃO

Não converter

Drenar

Referenciar



Early Versus Delayed Surgical Repair and Referral for Patients With Bile Duct Injury

A Systematic Review and Meta-analysis

Xiang Wang, MD, Wen-Long Yu, MD, Xiao-Hui Fu, MD, Bin Zhu, MD, Teng Zhao, MD, and Yong-Jie Zhang, MD✉

Referenciar precoce
 Reparo tardio

Reparo na sala - pior

Reminder of important clinical lesson

CASE REPORT

Bile duct injury: to err is human; to refer is divine

Saket Kumar,^{id} Pavan Kumar, Abhijit Chandra

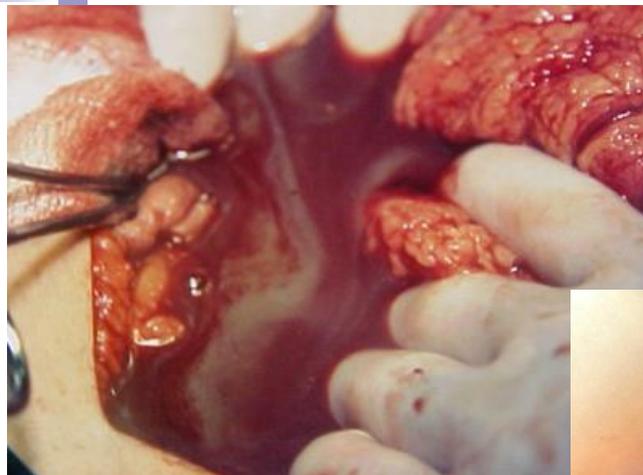
ABDOMEN AGUDO

- Coleperitônio
- Sinais de irritação peritoneal
- Peritonite
- Instabilidade
- Não drenado

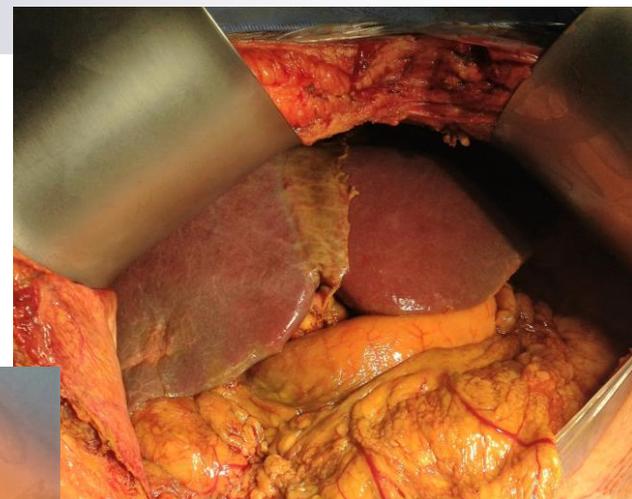
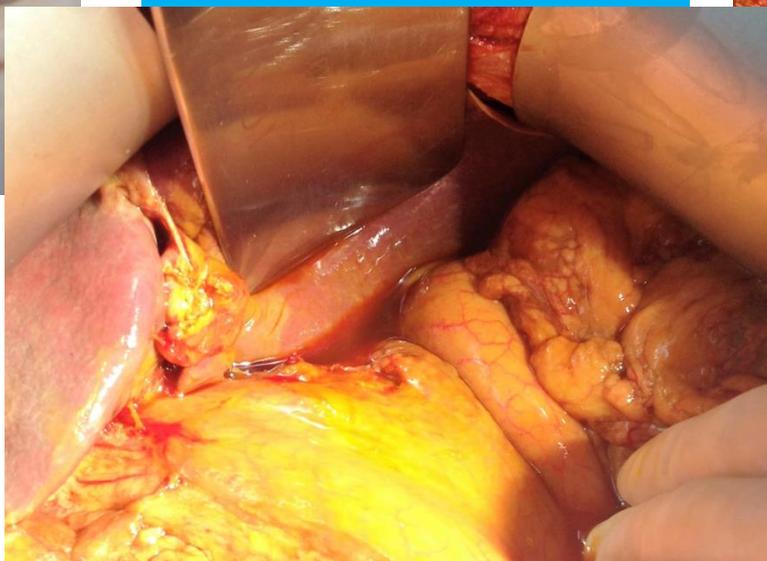
CIRURGIA DE URGÊNCIA:

- Laparoscopia
- Laparotomia

ABDOME AGUDO



COLEPERITÔNIO



- Lavagem da cavidade
- Drenagem abdominal

VIA BILIAR

- Não colocar drenos
- Não ligar
- Não fazer cirurgia definitiva



- ❑ História clínica (colecistectomia)
- ❑ Saída de secreção biliar
- ❑ Laboratório:
 - Alterações Hidroeletrolíticas
 - Bilirrubina do dreno (3x a sérica)
 - Inflamatórias
- ❑ Imagem
 - Colangiografia pelo dreno de Kehr
 - CPRE
 - Colangiografia transparietal
 - Colangiorressonância (RNM)
 - Fistulografia

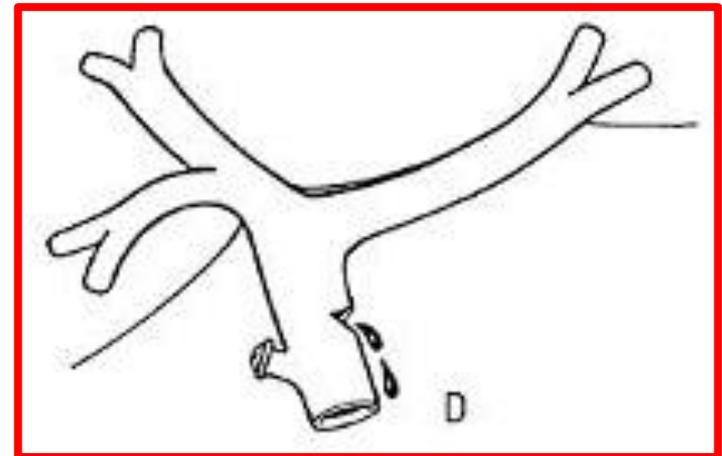
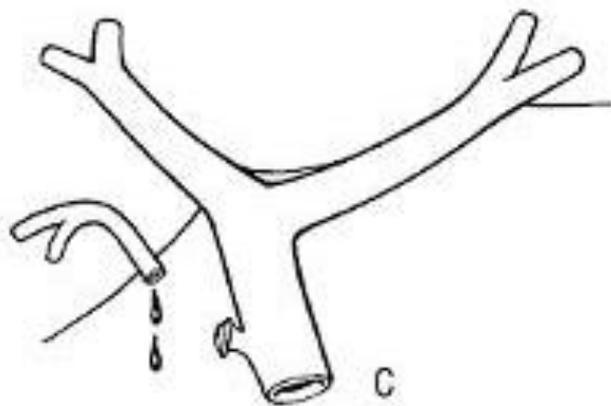
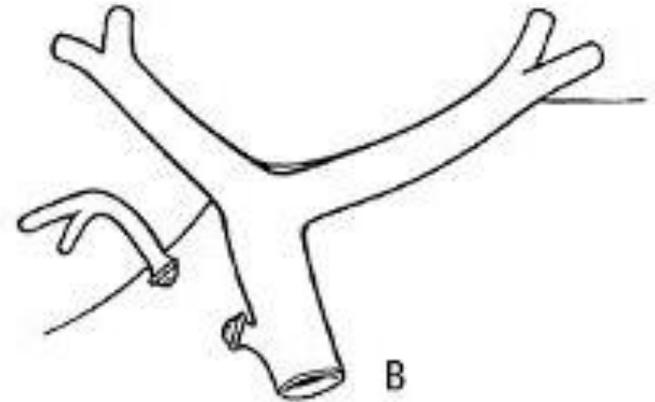
PÓS-OPERATÓRIO PRECOCE



- Fístula biliar (Coleperitônio)
- Icterícia precoce

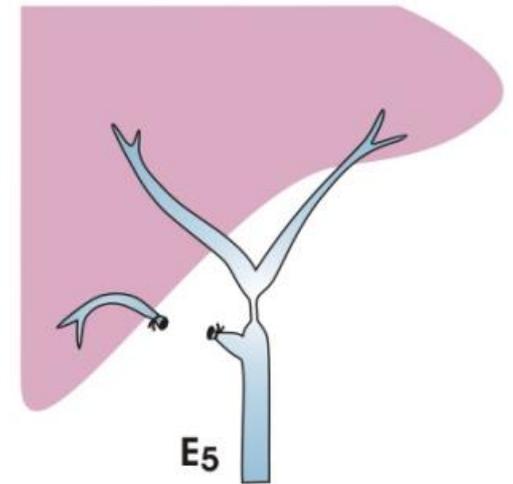
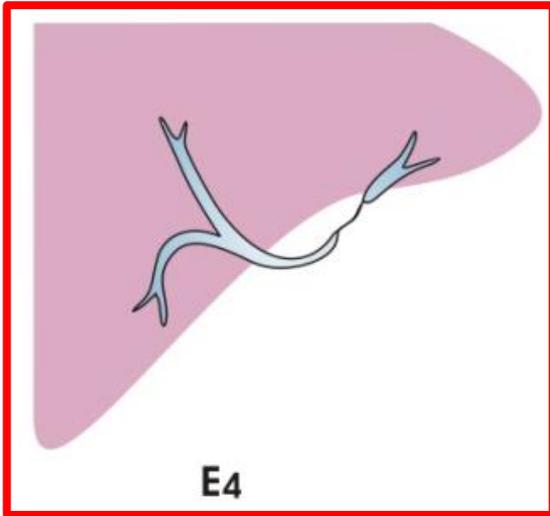
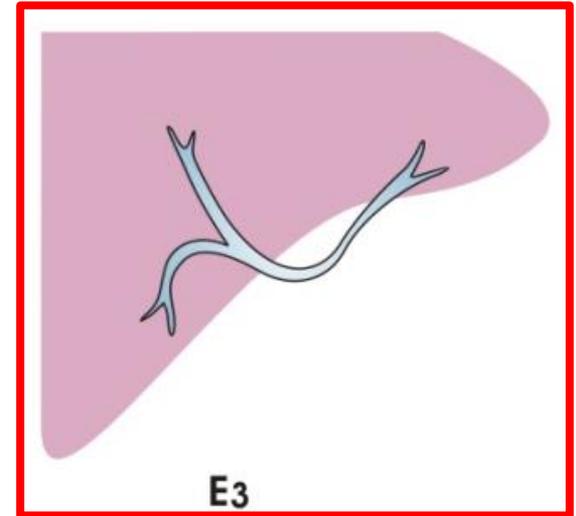
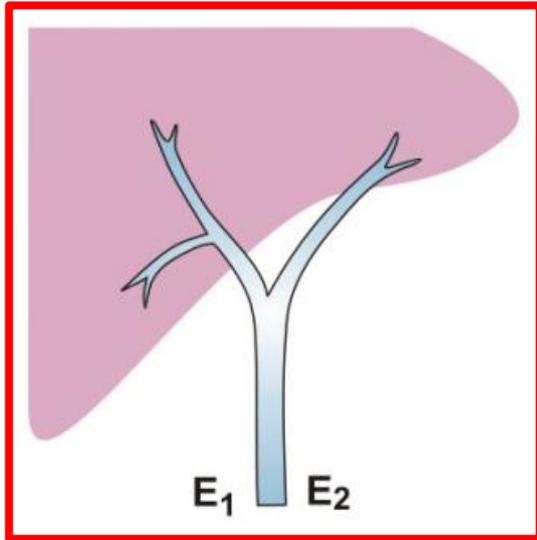


CLASSIFICAR A LESÃO



POUCOS CASOS SÃO CIRÚRGICOS

CLASSIFICAR A LESÃO

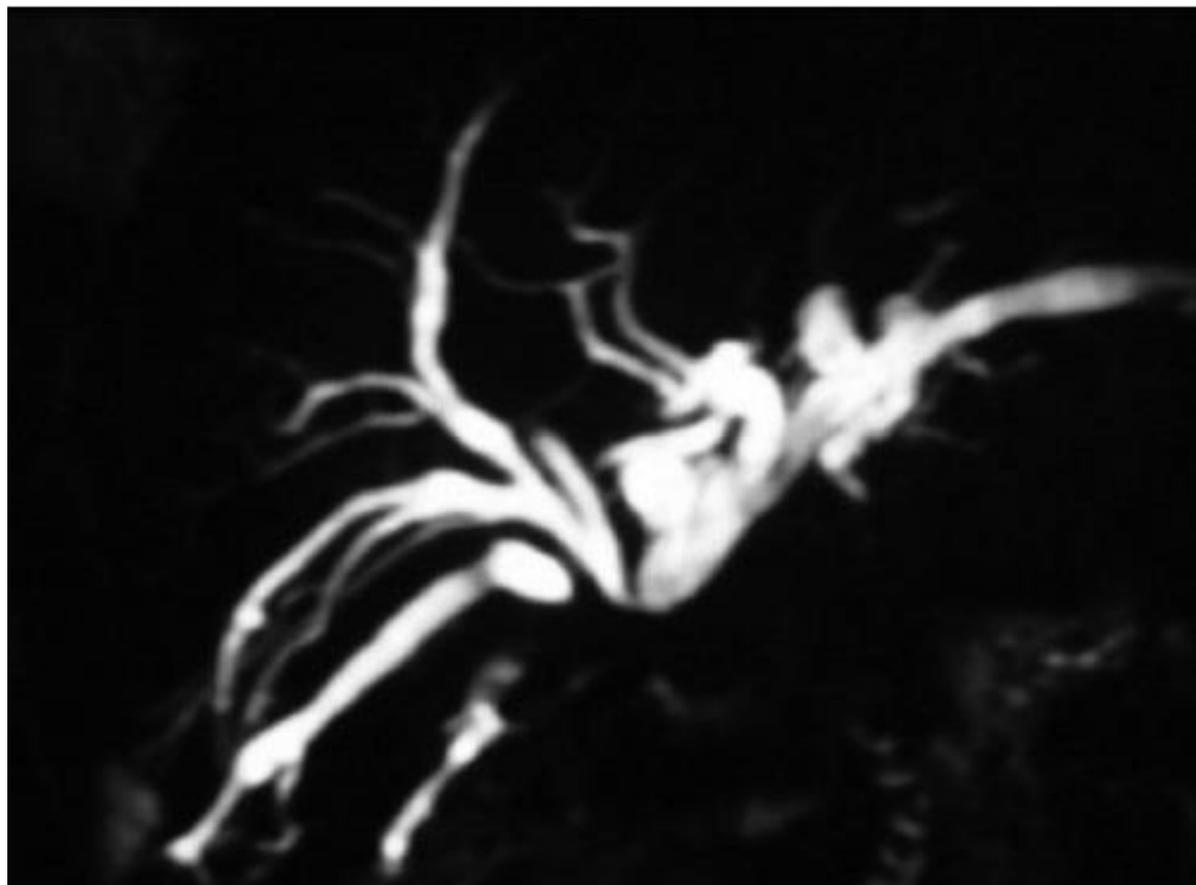
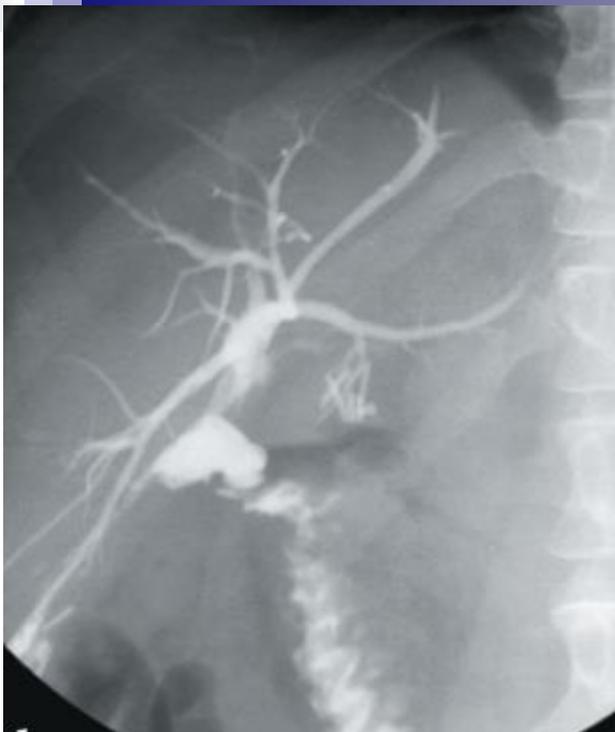


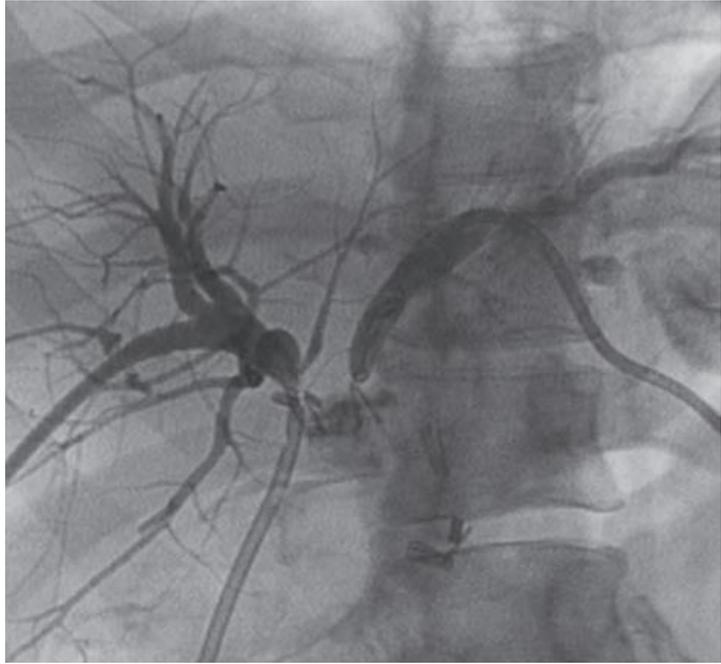


E2

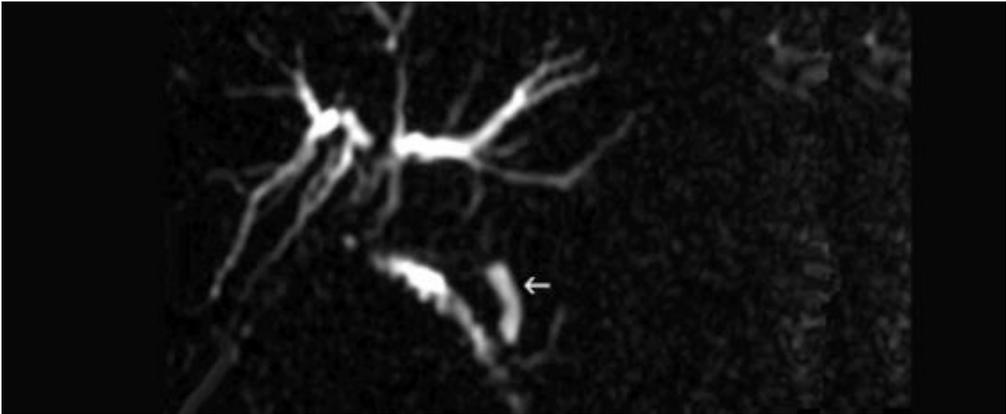
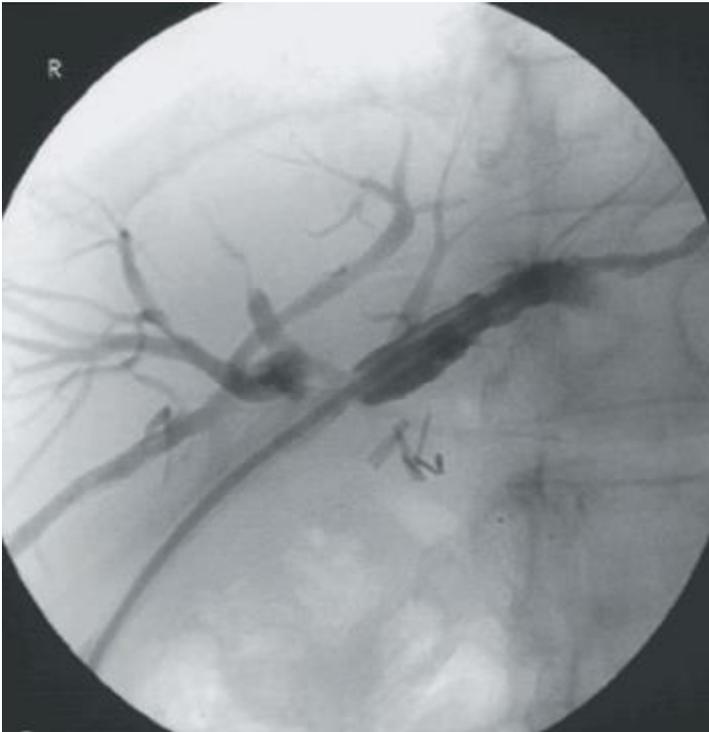


E3





E4



TRATAMIENTO CIRÚRGICO

Table 3: Bile duct injuries followed up and treated at ANTRH

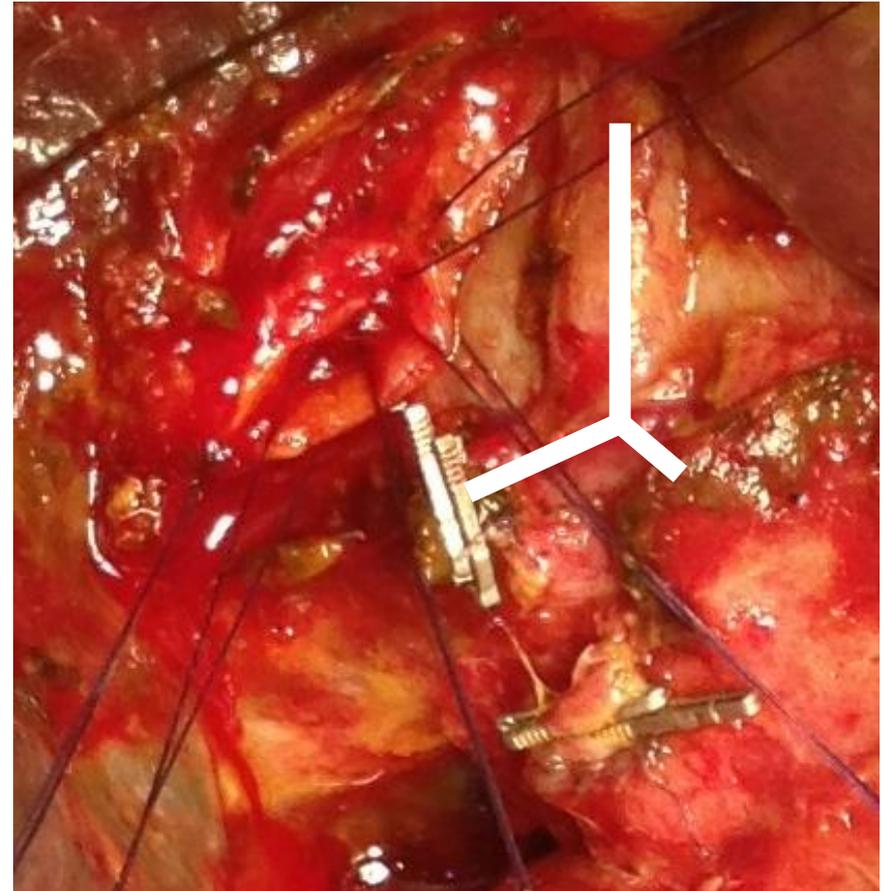
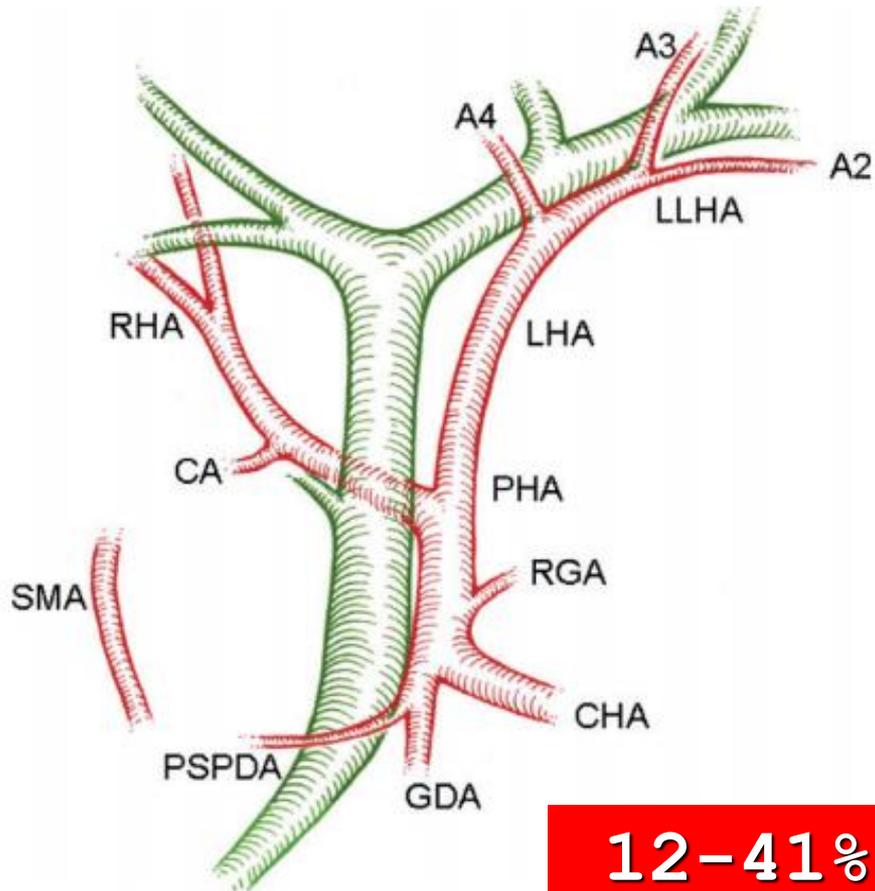
Type of injury	ANTRH (%)	Preoperative diagnosis	Postoperative diagnosis	Outer center (%)	Total (%)	Medical treatment (%)	Endoscopic treatment (%)	Surgical treatment (%)	Total (%)
A	28 (60.8)	2	26	20 (54)	48 (57.8)	4 (4.8)	42 (50.6)	2 (2.4)	48 (57.8)
B	1 (2.2)	1	–	–	1 (1.2)	–	–	1 (1.2)	1 (1.2)
C	4 (8.8)	–	4	4 (10.8)	8 (9.6)	–	7 (8.4)	1 (2.4)	8 (9.6)
D	6 (13)	4	2	5 (13.5)	11 (13.3)	–	3 (3.6)	8 (9.6)	11 (13.3)
E1	3 (6.5)	2	1	2 (5.4)	5 (6.1)	–	–	5 (6)	5 (6.1)
E2	4 (8.7)	3	1	3 (8.1)	7 (8.4)	–	–	7 (8.4)	7 (8.4)
E3	–	–	–	2 (5.4)	2 (2.4)	–	–	2 (2.4)	2 (2.4)
E4	–	–	–	1 (2.7)	1 (1.2)	–	–	1 (1.2)	1 (1.2)
E5	–	–	–	–	–	–	–	–	–
Total	46 (100)	12 (26)	34 (74)	37 (100)	83 (100)	4 (4.8)	52 (62.6)	27 (32.6)	83 (100)

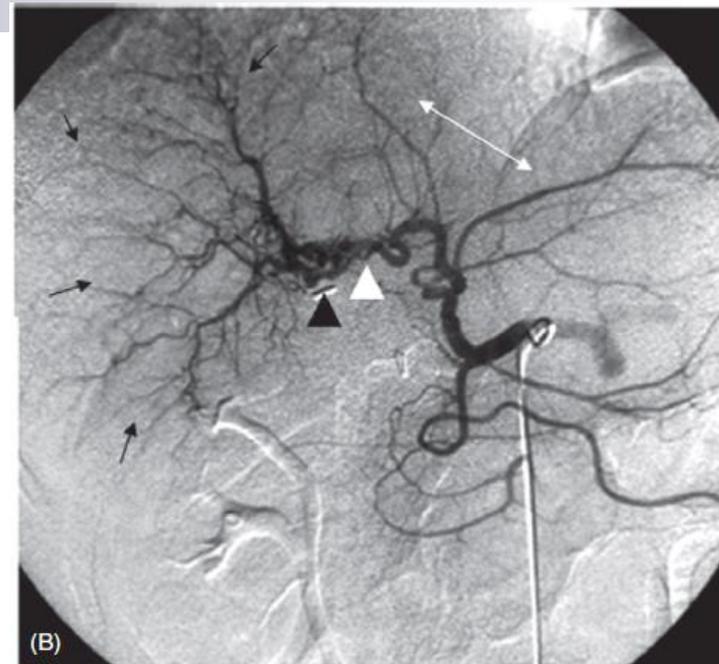
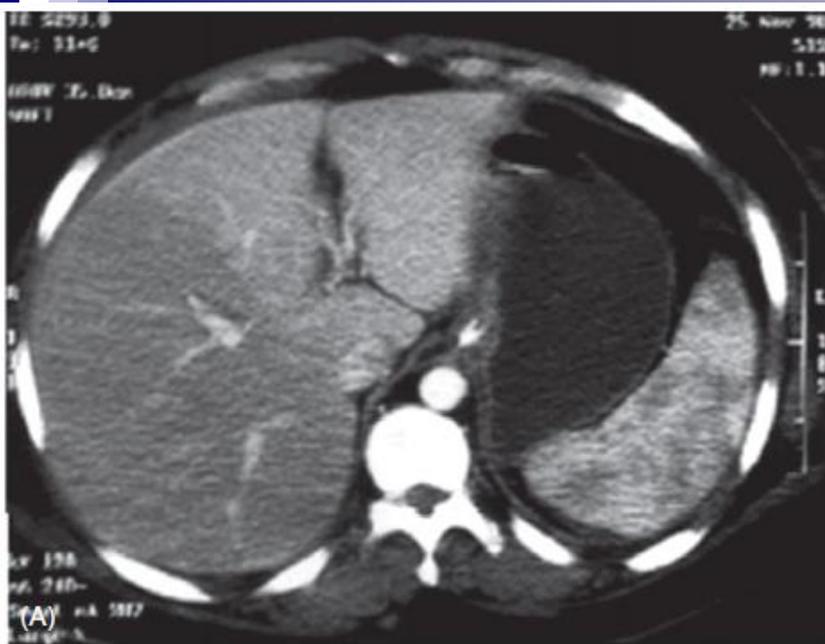
ANTRH, Ankara Numune Training and Research Hospital

CIRURGIA 32,6%

ENVOLVIMENTO VASCULAR

- ☐ Angiotomografia
- ☐ Arteriografia





- Bilioma
- Abscesso hepático
- Cirrose

- Radiointervenção
- Cirurgia
- Transplante

PREPARO PRÉ-OPERATÓRIO

- ❑ **Drenar coleções**
 - Tomografia/US
 - Laparoscopia/laparotomia
- ❑ **Controlar infecção**
 - Antibióticos
- ❑ **Suporte nutricional**
 - Oral/enteral/parenteral

LESÕES D

	Early Day 0–7 (n = 339)	Intermediate Day 8–42 (n = 261)	Late Day 43–183 (n = 313)	p
Time from cholecystectomy (days)	1 (0–3)	15 (11–26)	91 (70–121)	*
Clavien 3 & 4 within 90 d after HJ	74 (22)	40 (15)	54 (17)	0.102
Mortality within 90 days (Clavien 5)	8 (2.4)	7 (2.7)	2 (0.64)	0.137
Biliary intervention after 90 d	42 (12)	22 (8.4)	37 (12)	0.269
Revision HJ	12 (3.5)	14 (5.4)	9 (2.9)	0.284
Overall mortality	40 (12)	24 (9.2)	21 (6.7)	0.111

- Precoce (até 7 dias)
- Intermediário (8–42 dias)
- Tardia (acima de 42 dias)

IGUAIS

LESÕES D

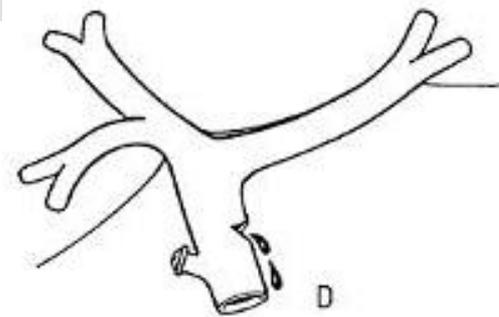


Table 3: Bile duct injuries followed up and treated at ANTRH

Type of injury	ANTRH (%)	Preoperative diagnosis	Postoperative diagnosis	Outer center (%)	Total (%)	Medical treatment (%)	Endoscopic treatment (%)	Surgical treatment (%)	Total (%)
A	28 (60.8)	2	26	20 (54)	48 (57.8)	4 (4.8)	42 (50.6)	2 (2.4)	48 (57.8)
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D	6 (13)	4	2	5 (13.5)	11 (13.3)	–	3 (3.6)	8 (9.6)	11 (13.3)
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E3	–	–	–	2 (5.4)	2 (2.4)	–	–	2 (2.4)	2 (2.4)
E4	–	–	–	1 (2.7)	1 (1.2)	–	–	1 (1.2)	1 (1.2)
E5	–	–	–	–	–	–	–	–	–
Total	46 (100)	12 (26)	34 (74)	37 (100)	83 (100)	4 (4.8)	52 (62.6)	27 (32.6)	83 (100)

ANTRH, Ankara Numune Training and Research Hospital

CIRURGIA 9,6%

LESÕES D

□ Laparoscopia

Não converter

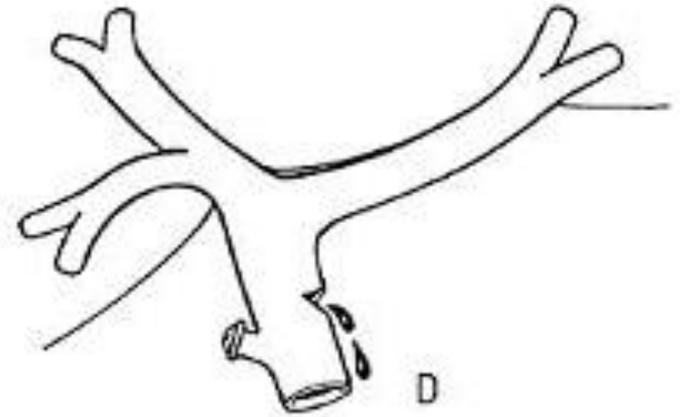
Drenar a cavidade

Endoscopia terapêutica

□ Laparotomia

Rafia primária

Dreno em T

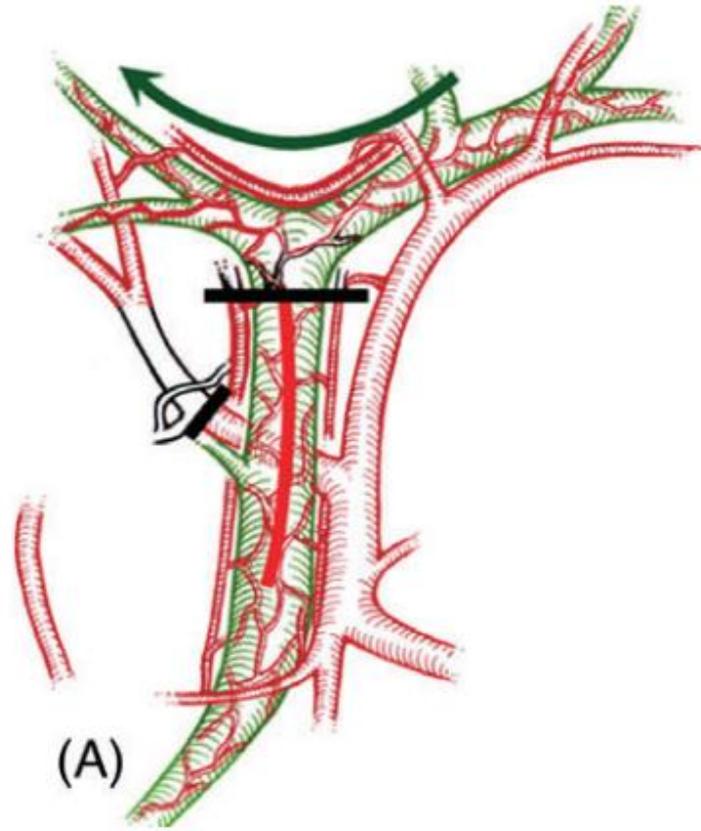
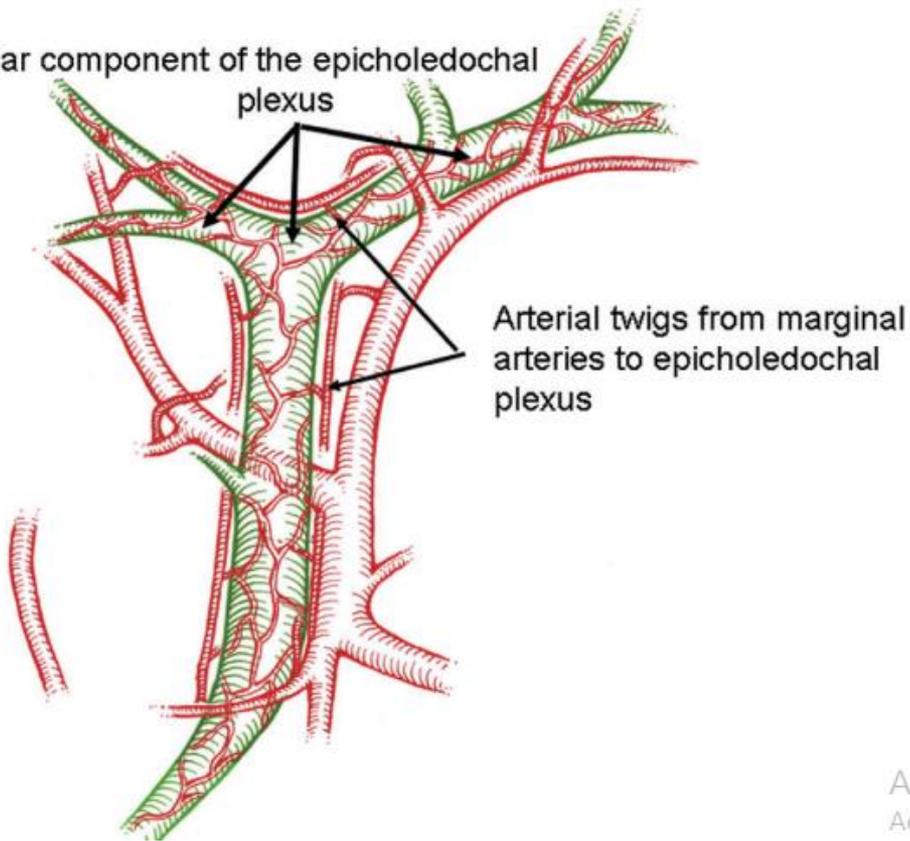


ANASTOMOSE TÉRMINO-TERMINAL

- Lesões parciais (com ou sem dreno em T)
- Maioria trata com endoscopia
- Pode ser tratada por radiointervenção
- Procedimento adicional > 80%
- Estenose em até 90% (em 28 meses)
- Hepaticojejunosomia > 40%
- Hepatopatia crônica > 35%
- Transplante

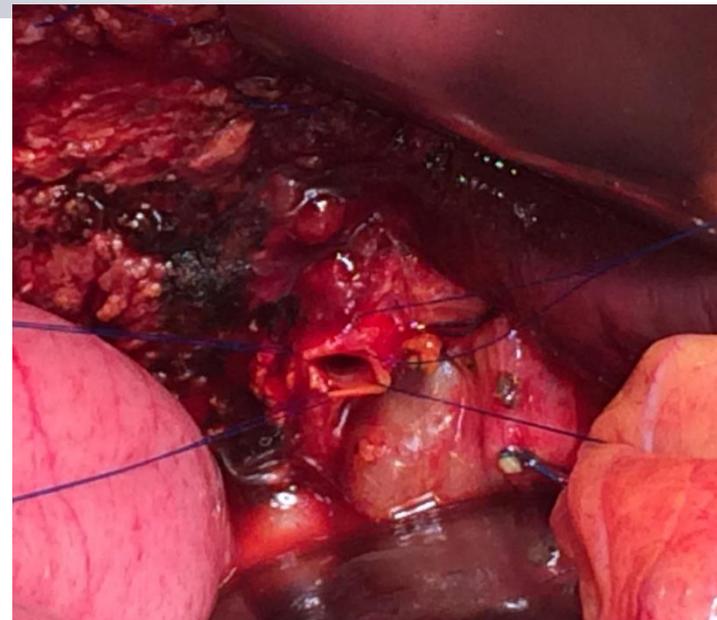
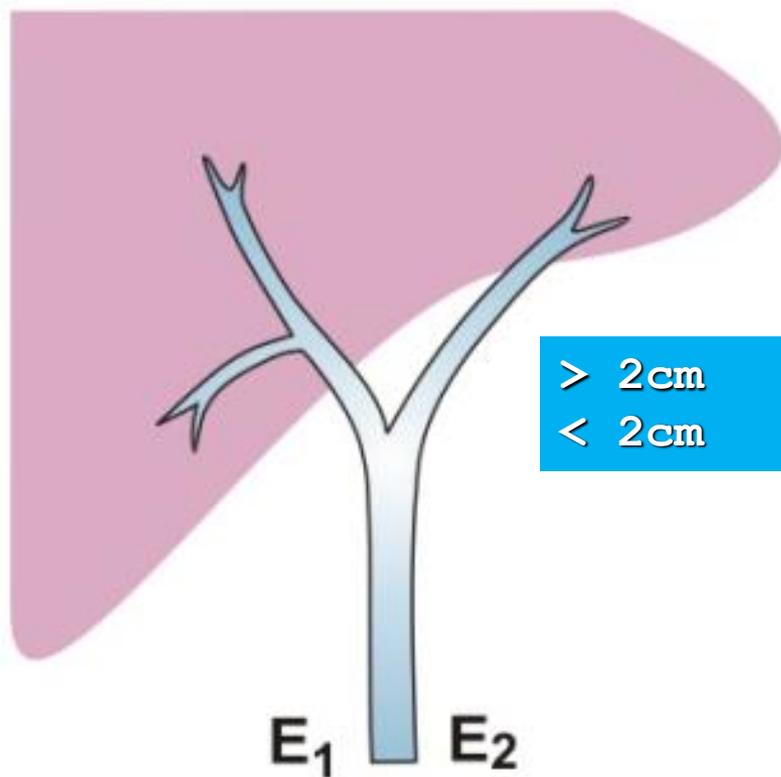
NÃO

Hilar component of the epicholedochal plexus



At
Acc

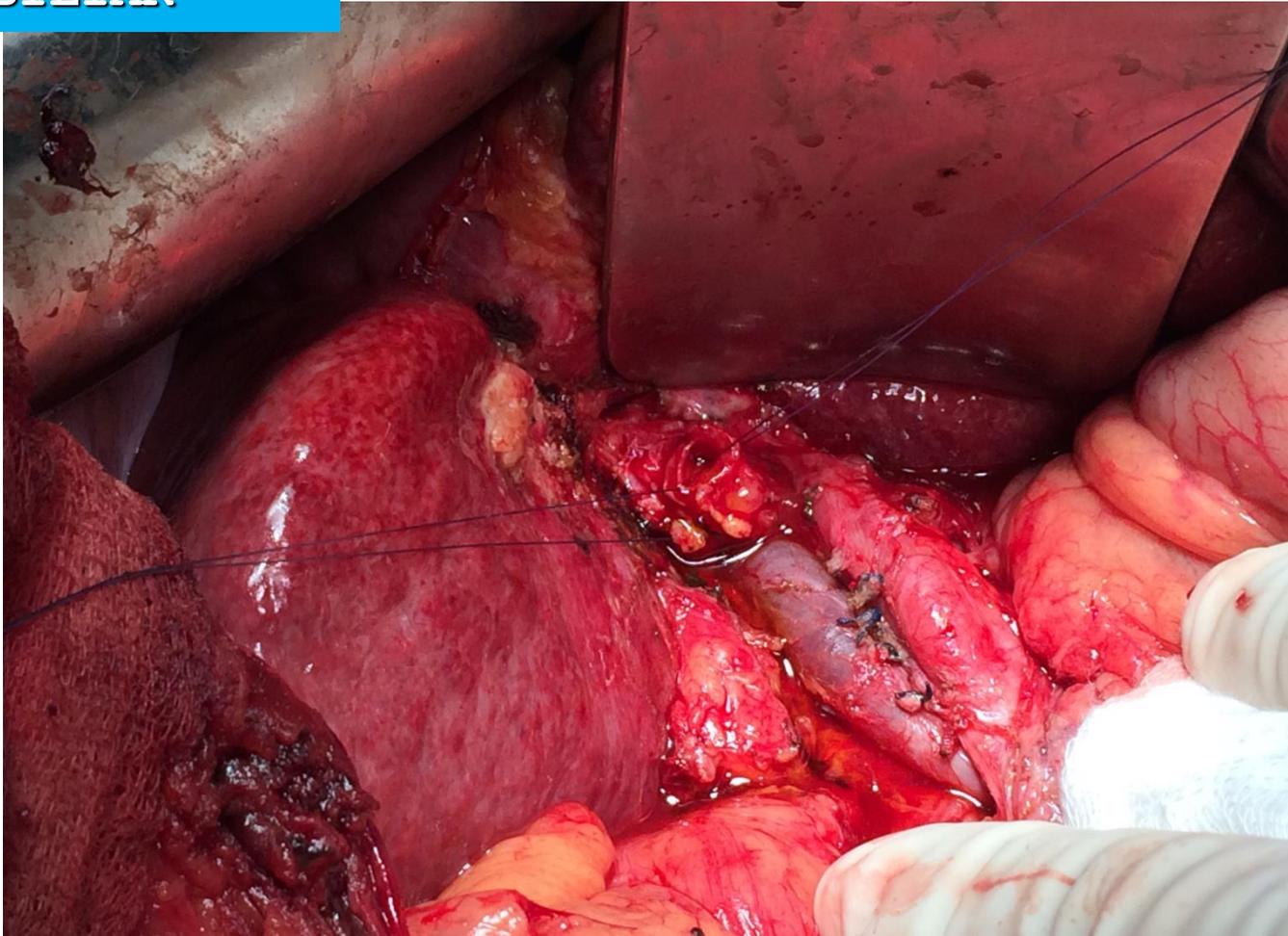
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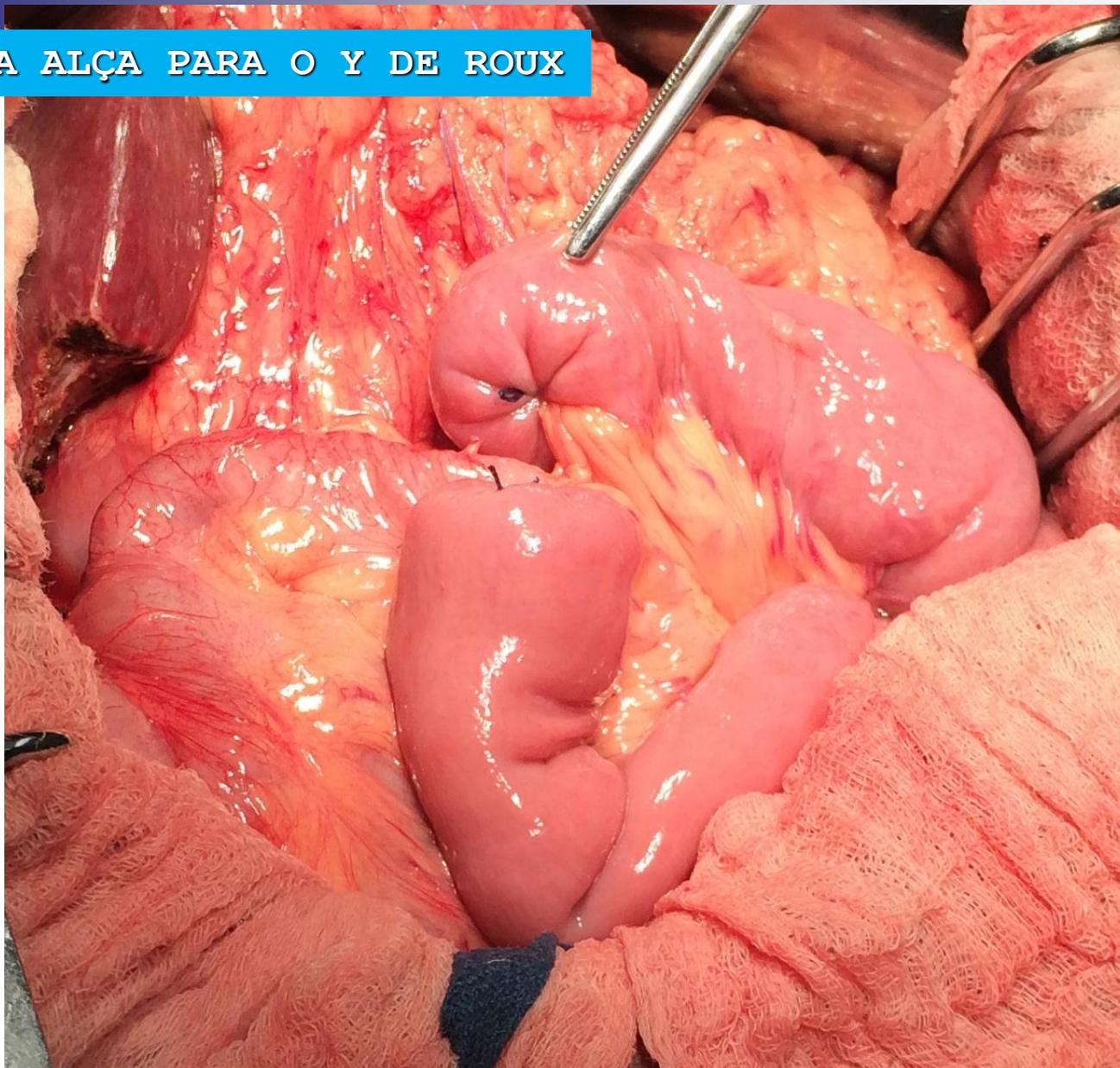
Hepaticojejunoanostomia:

- Y de Roux
- Via biliar vascularizada
- < 2 cm da confluência
- Ducto-mucosa
- Pontos separados
- Sustentação

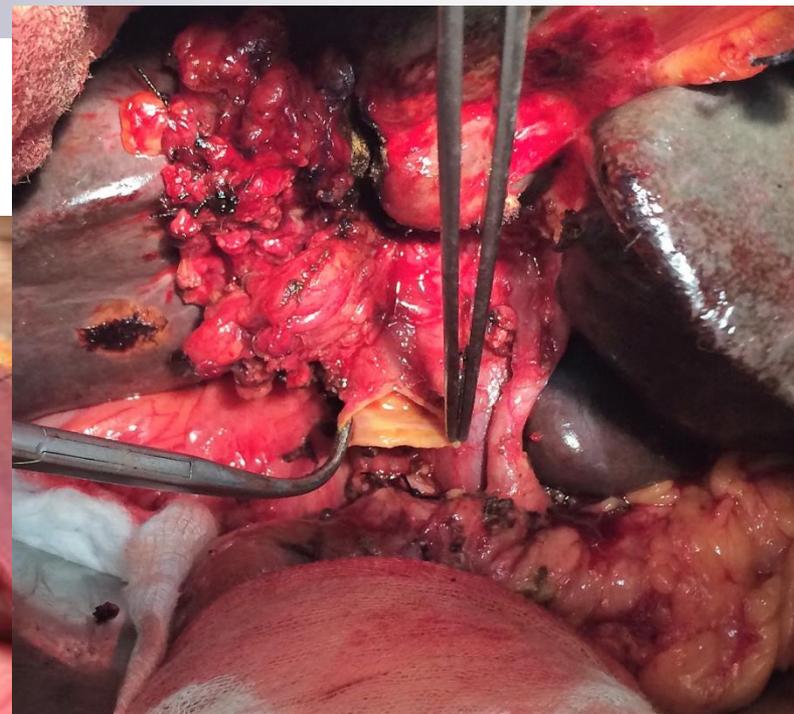
IDENTIFICAÇÃO DA VIA BILIAR



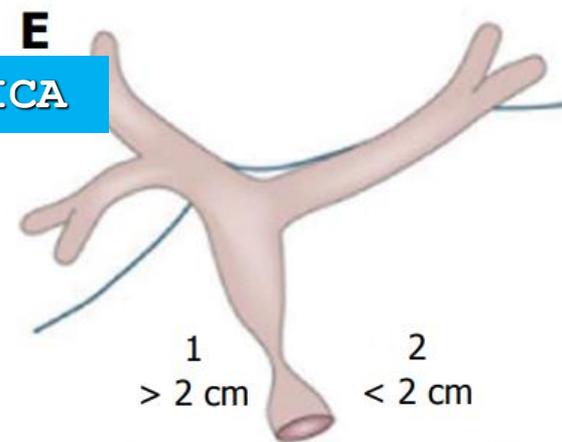
PREPARO DA ALÇA PARA O Y DE ROUX



CABO DE GUARDA-CHUVA
PARA ESQUERDA

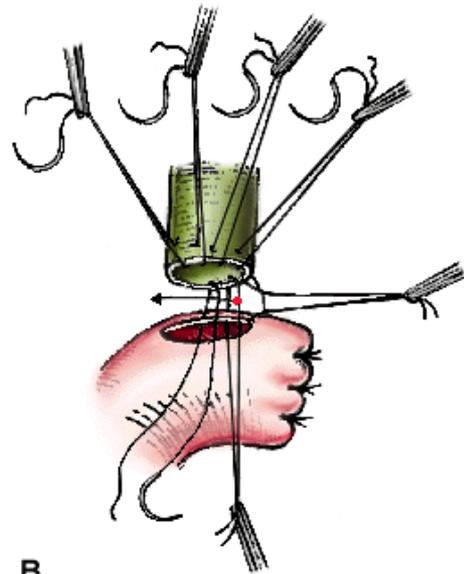


TRANSME SOCÓLICA

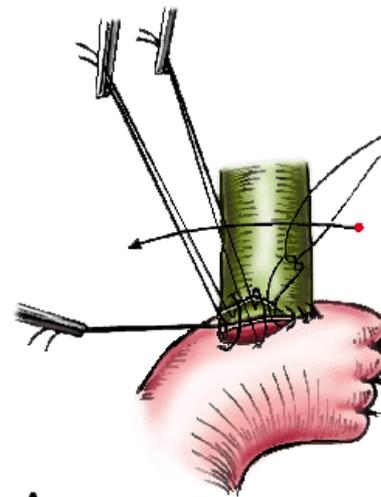
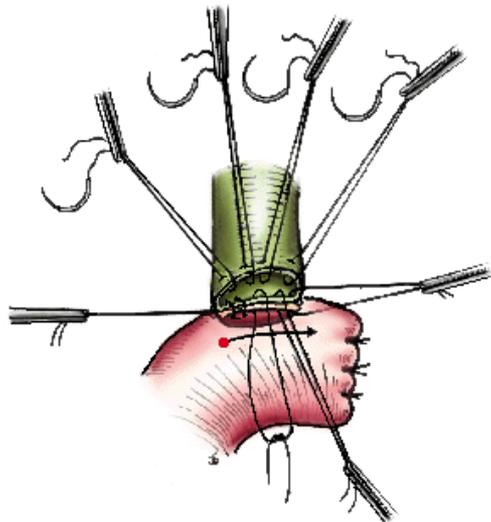
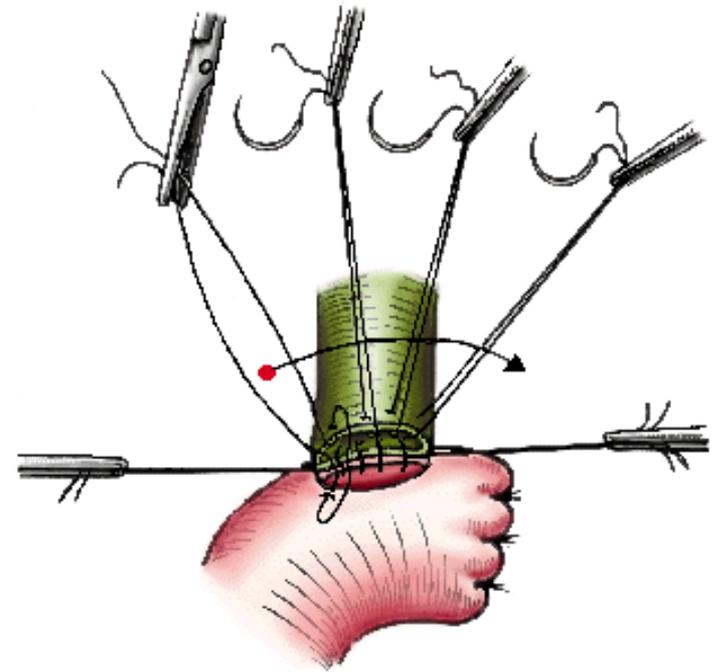




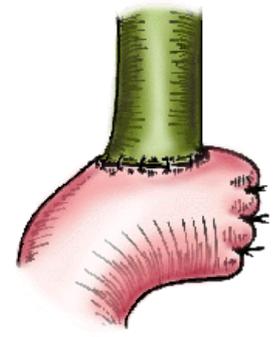
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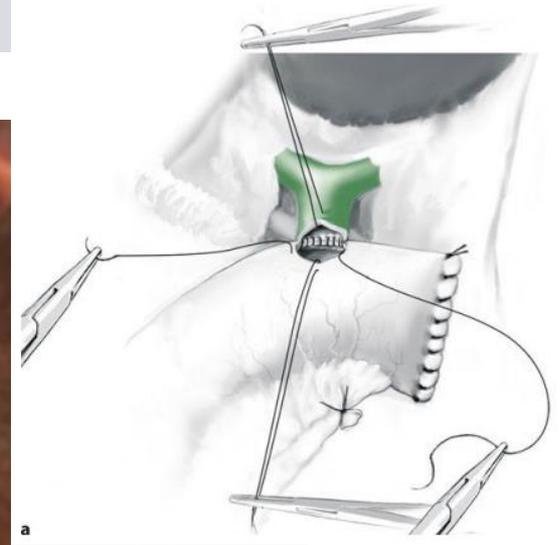
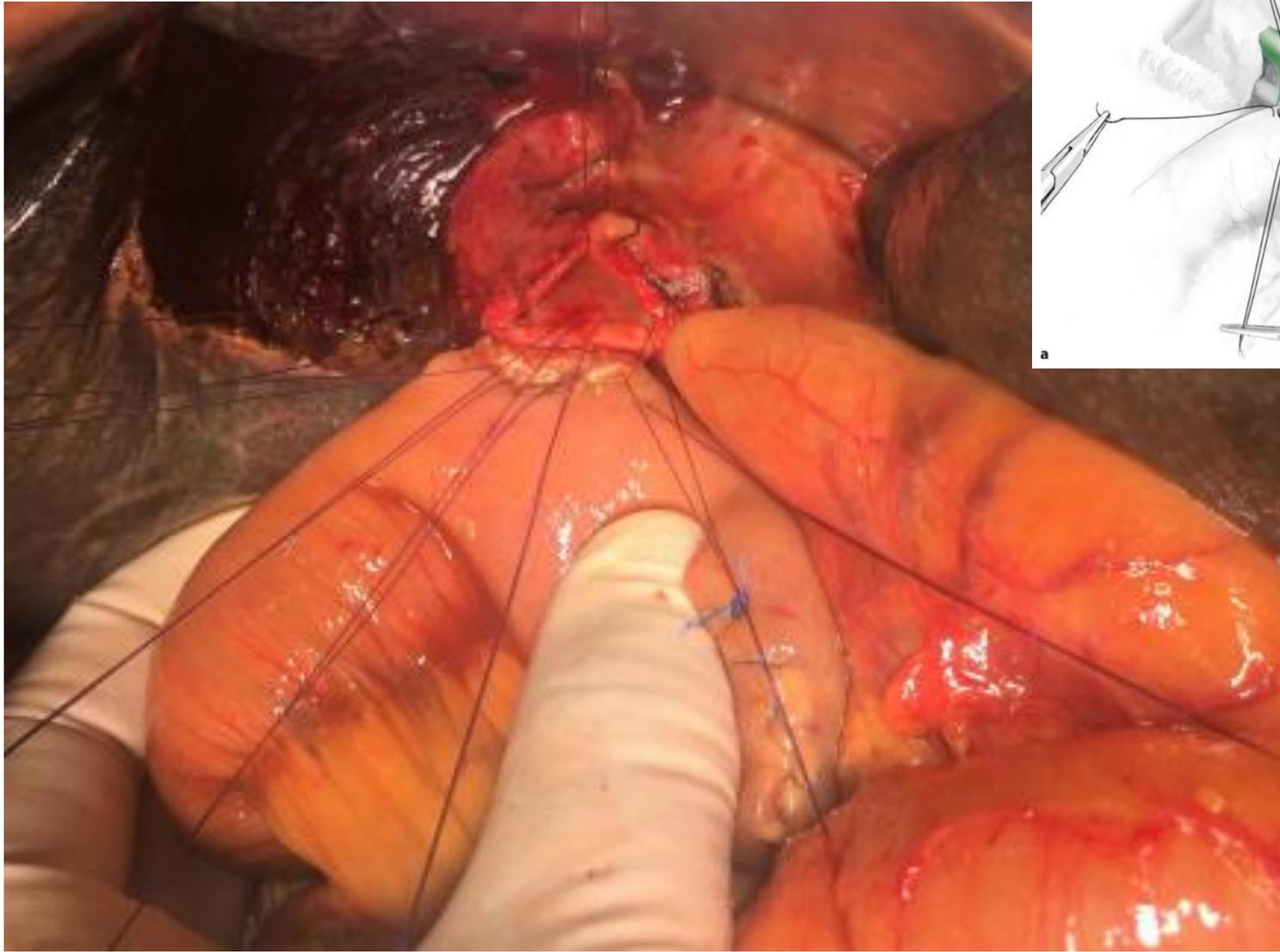
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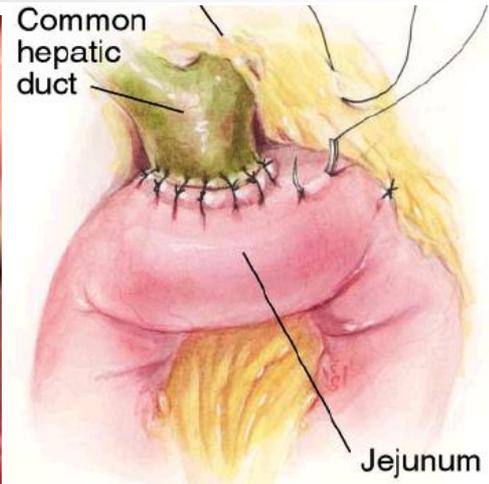
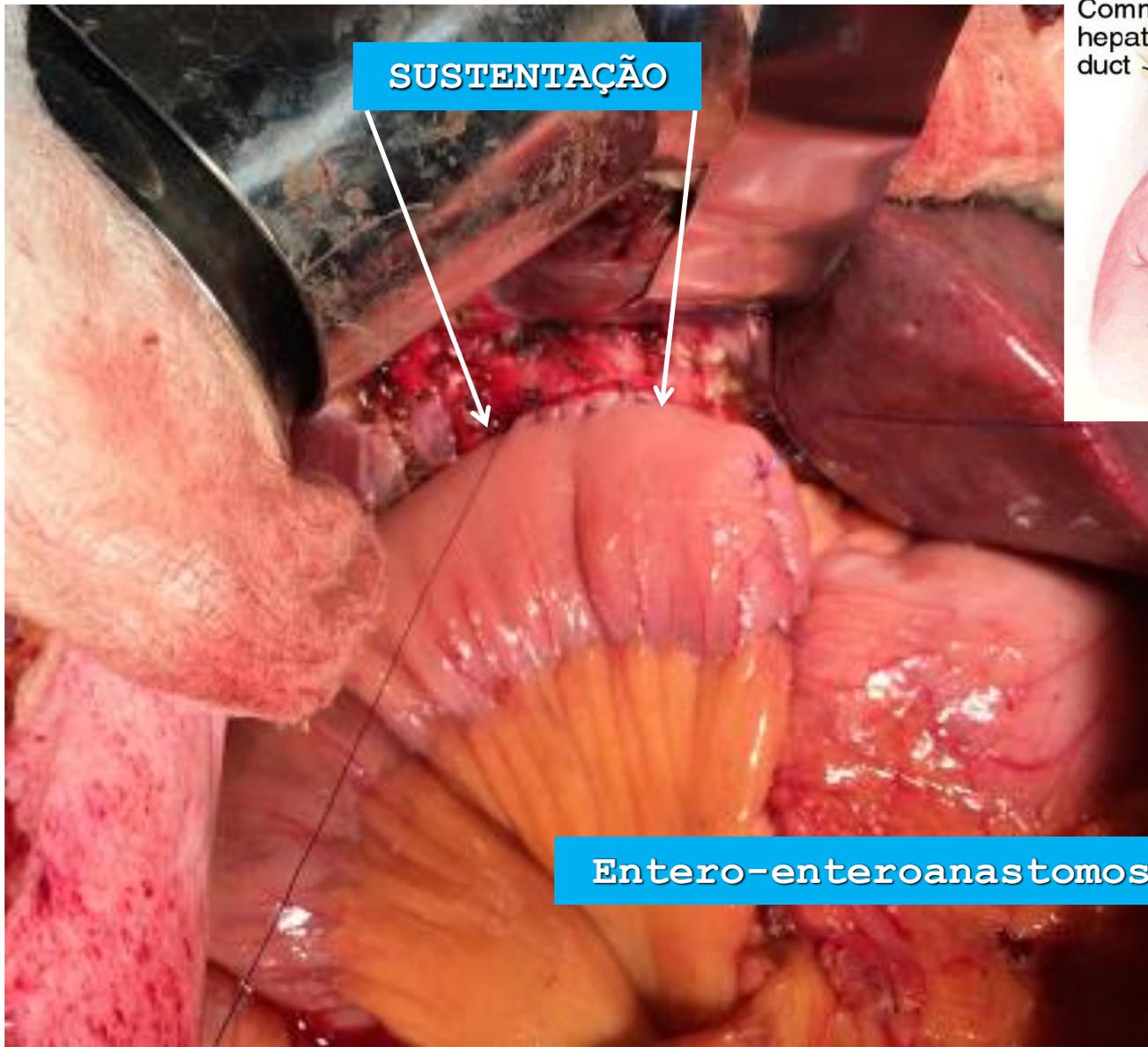


A



B

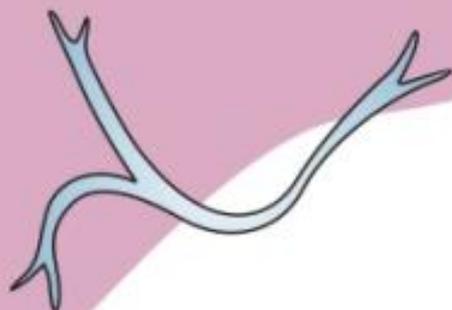
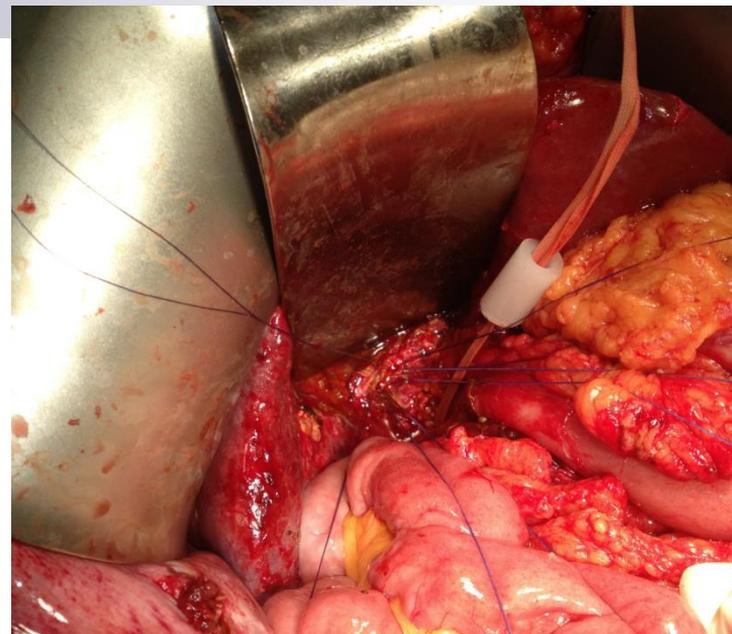




Entero-enteroanastomose a 50-60cm



LESÕES E3



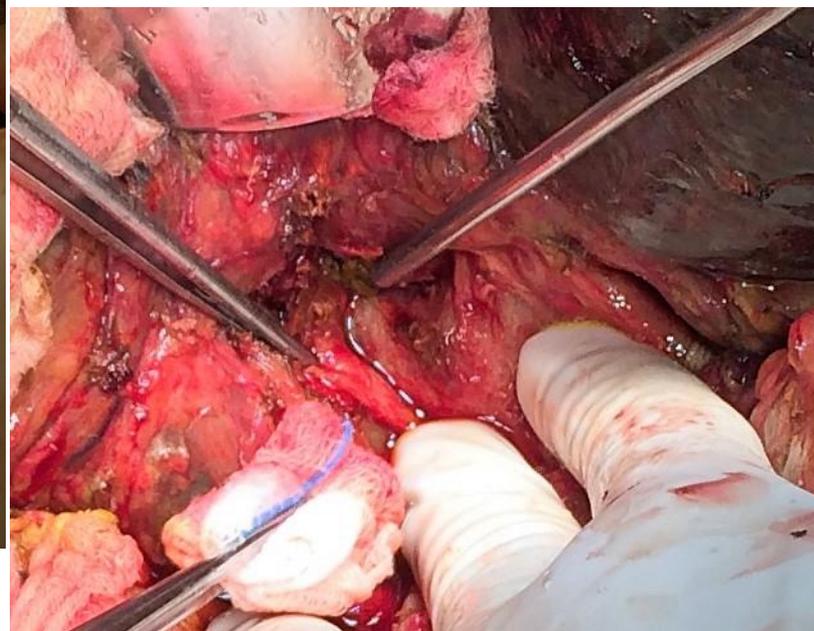
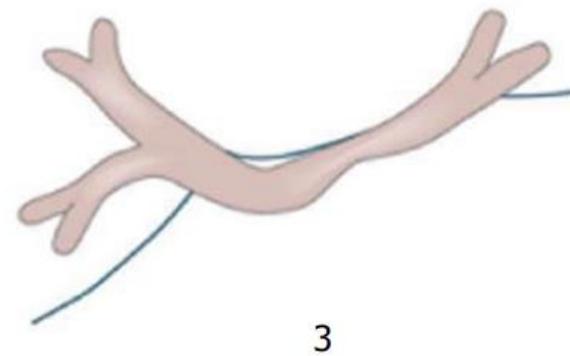
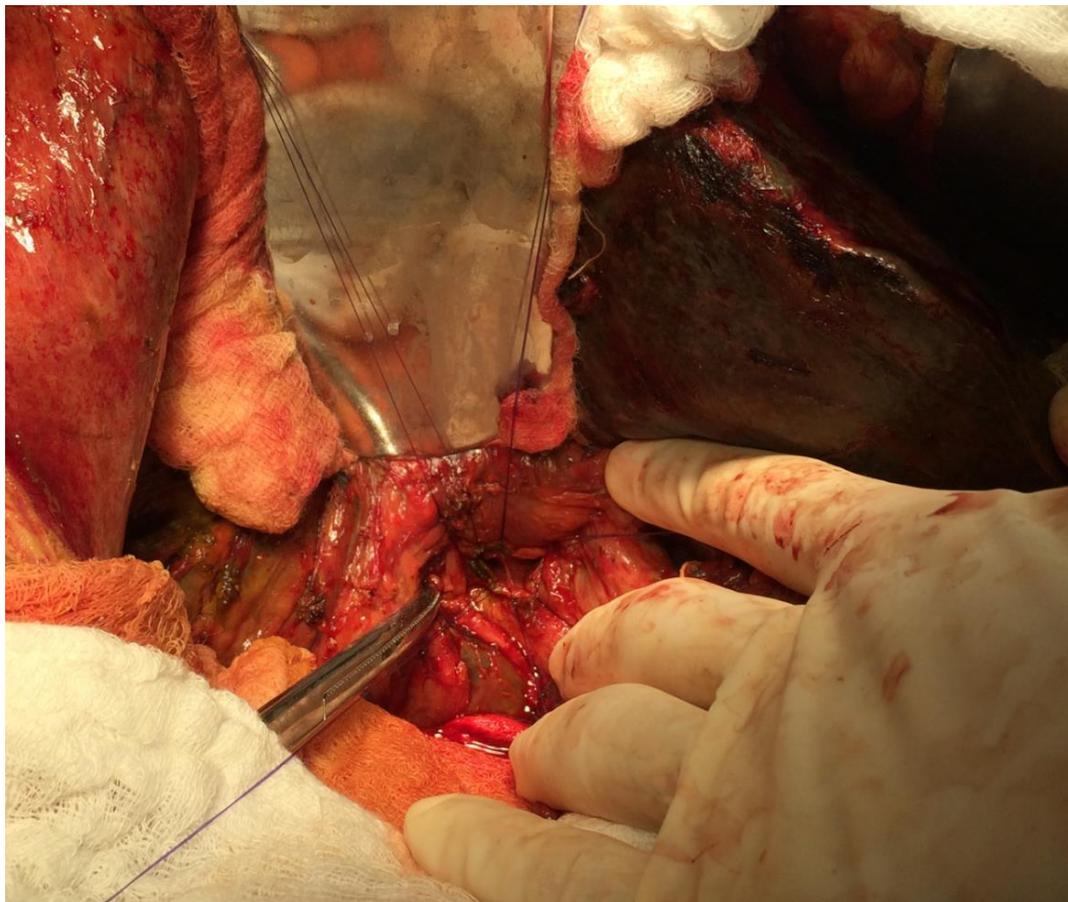
Confluência íntegra

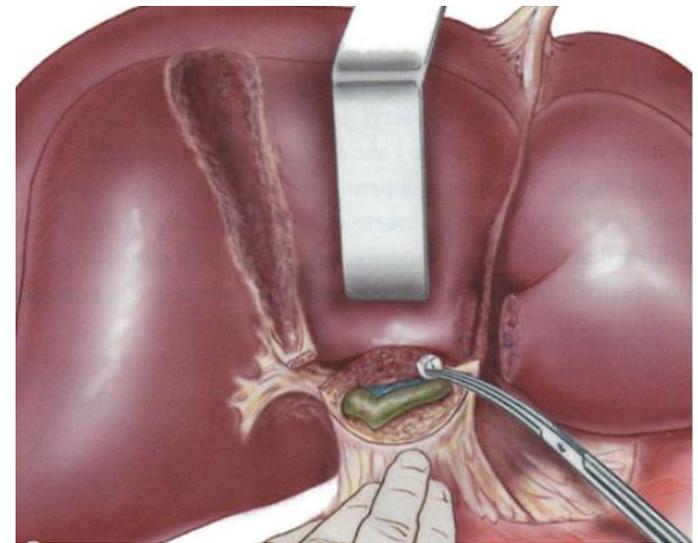
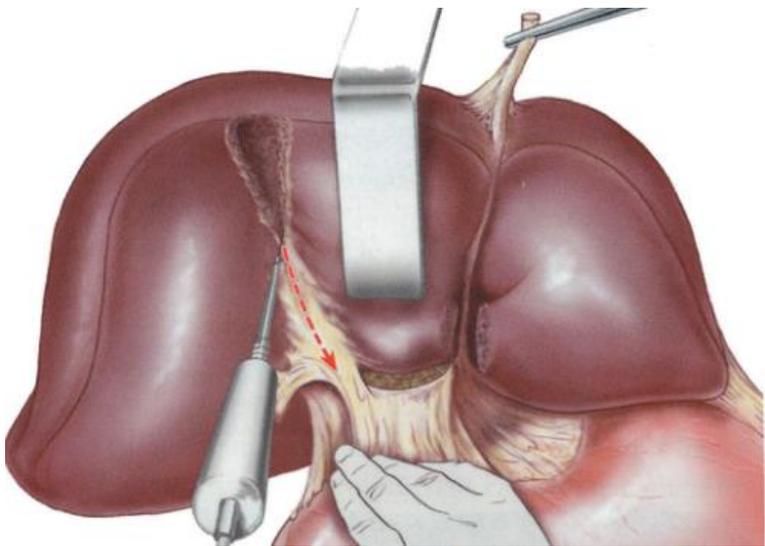
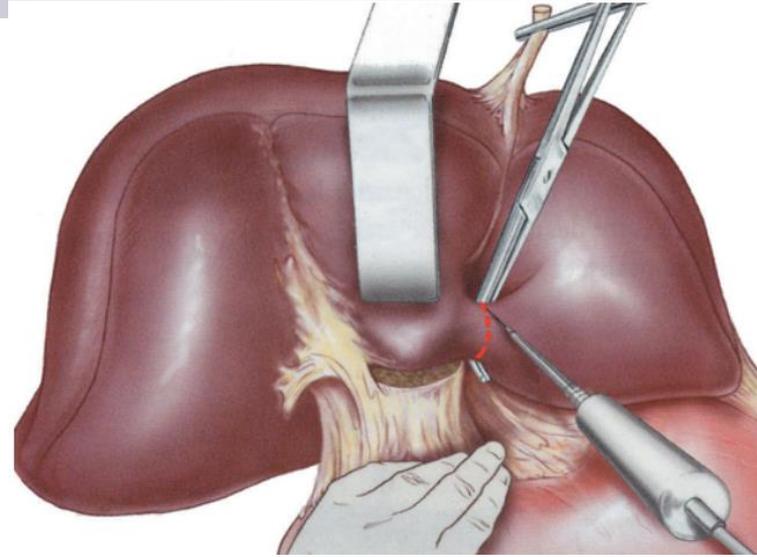
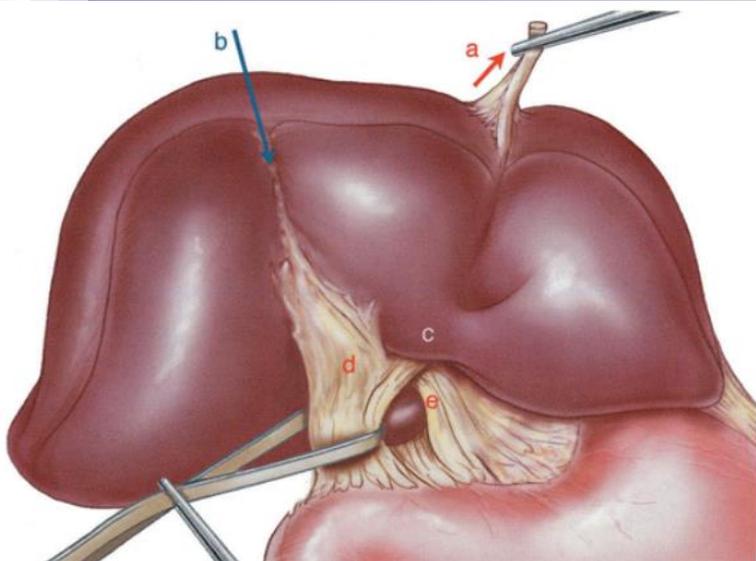
E3

Hepaticojejunosostomia:

- Y de Roux
- Rebaixamento da placa hilar
- Ducto hepático esquerdo
- Ducto-mucosa
- Pontos separados
- Sustentação

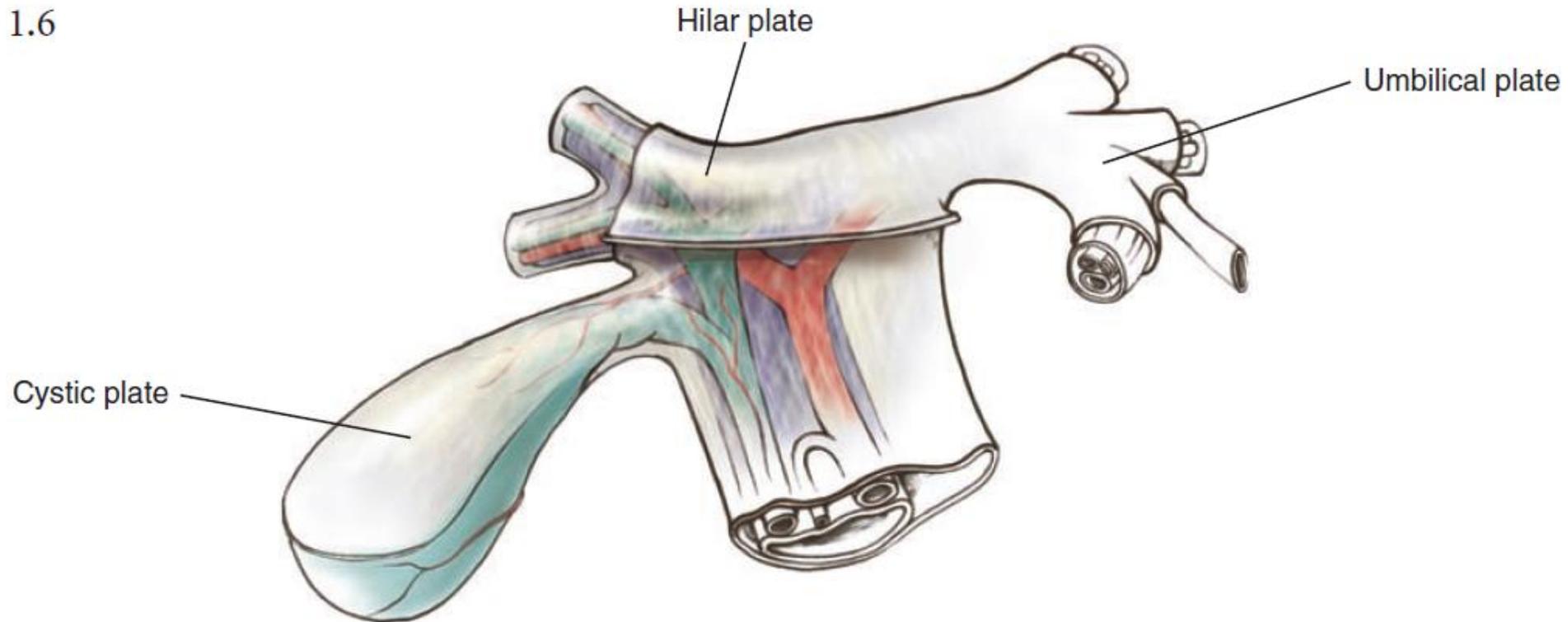
REBAIXAMENTO DA PLACA HILAR



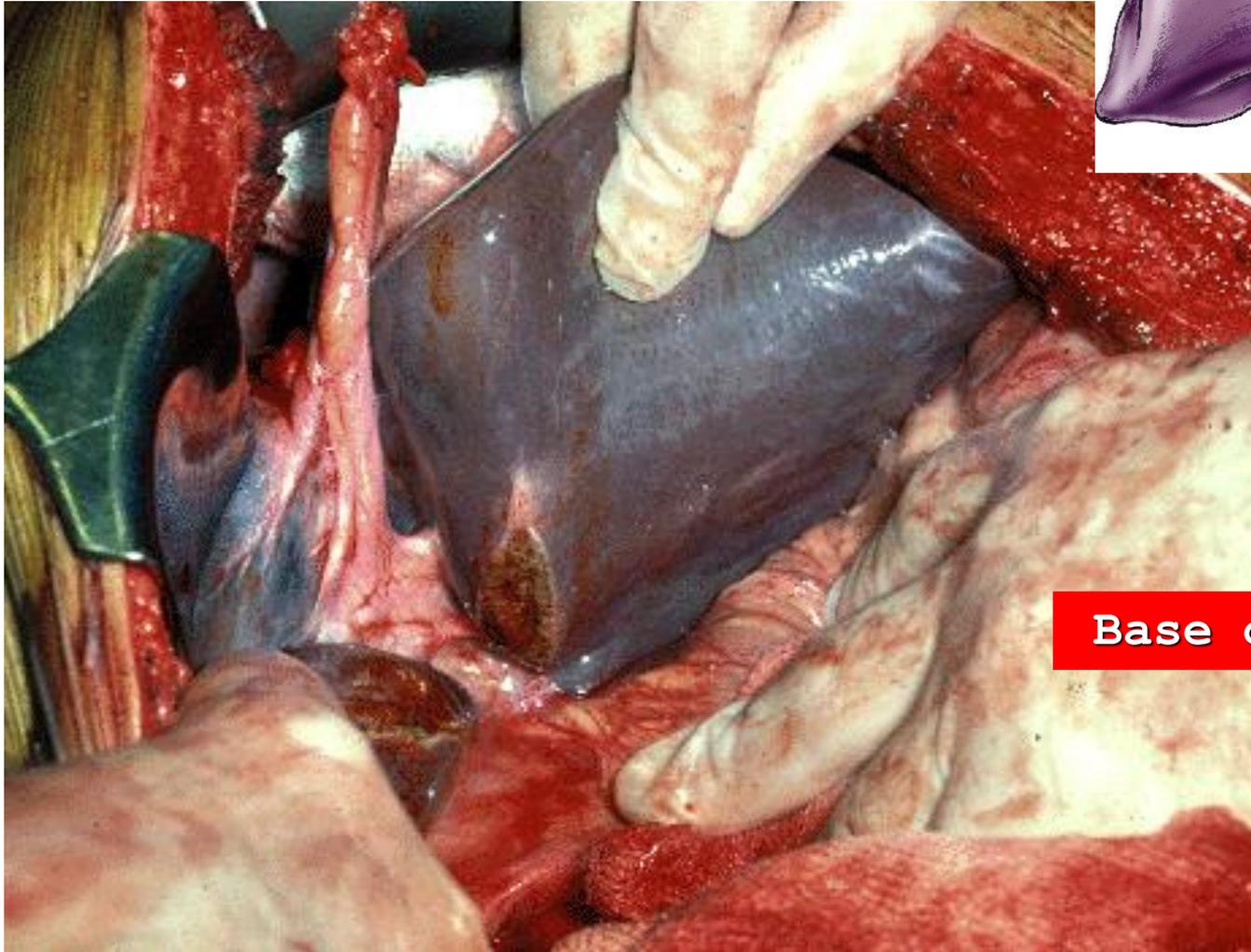
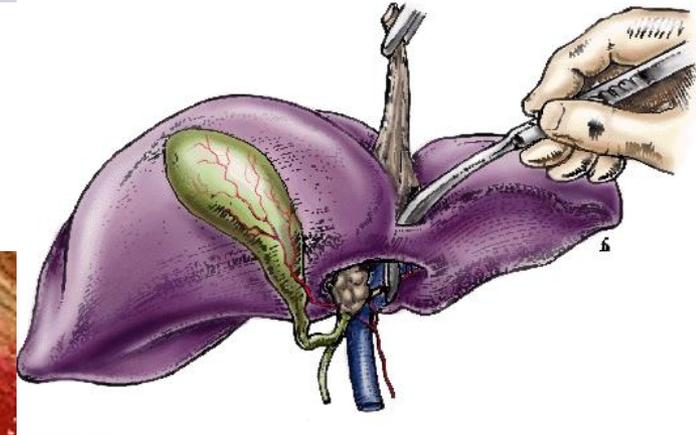


CONTROLE DO HILO

1.6

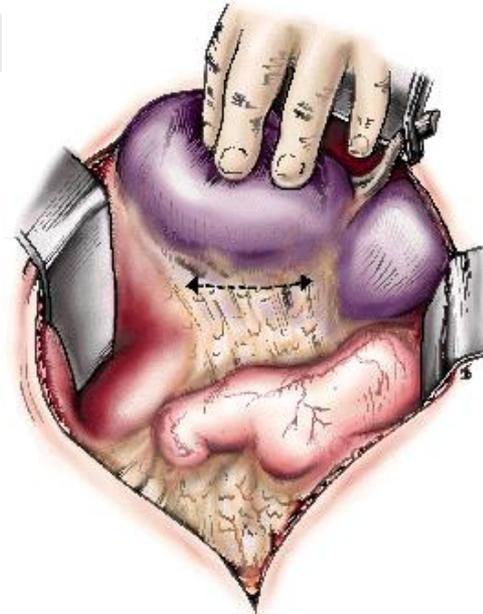
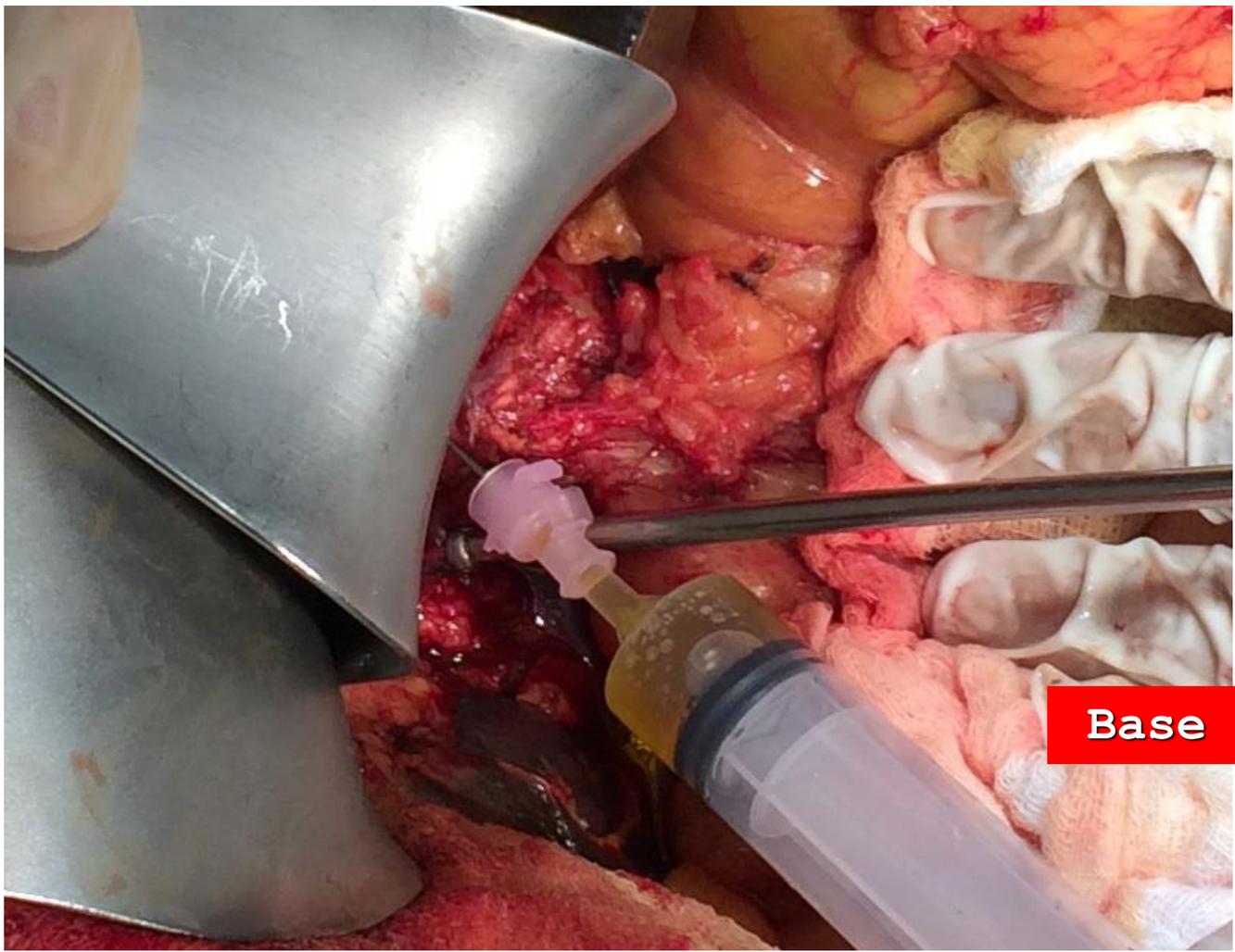


REBAIXAMENTO DA PLACA HILAR



Base do segmento IV

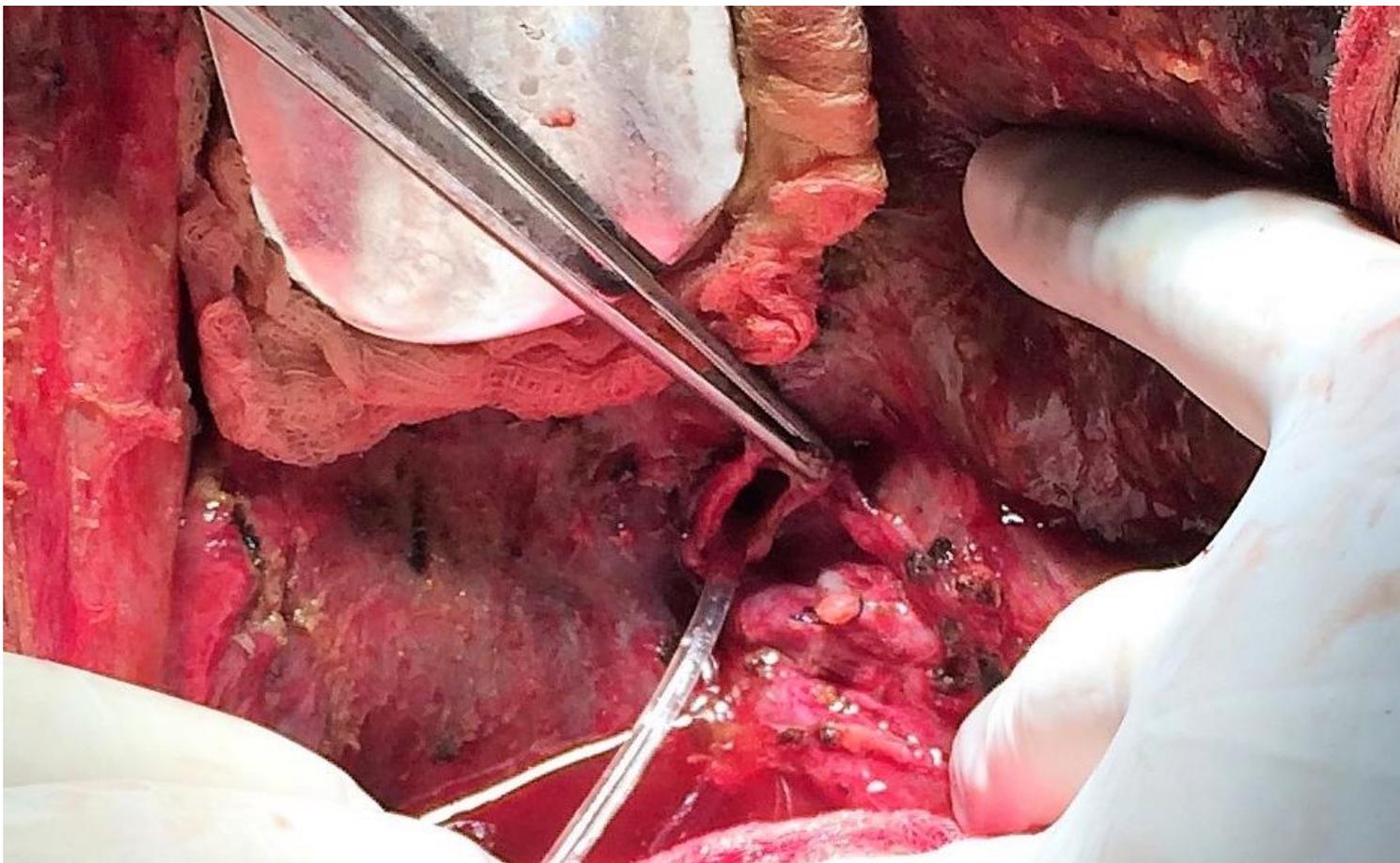
IDENTIFICAÇÃO DA VIA BILIAR

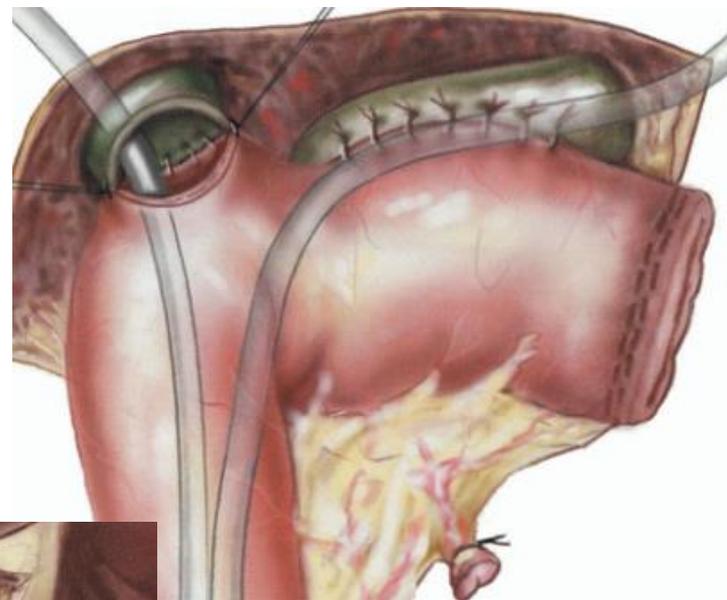
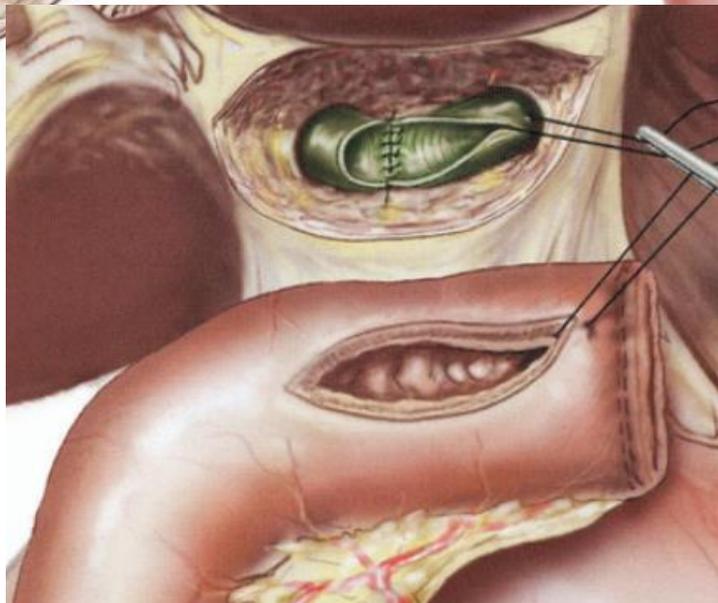
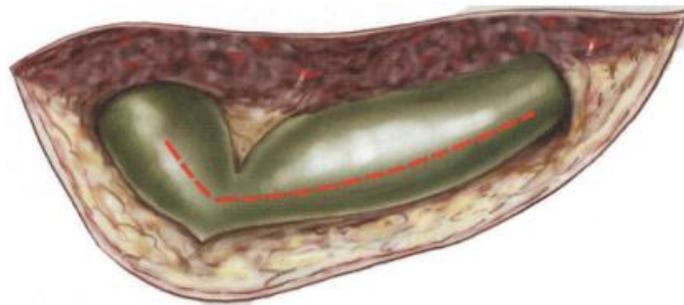


Base do segmento IV

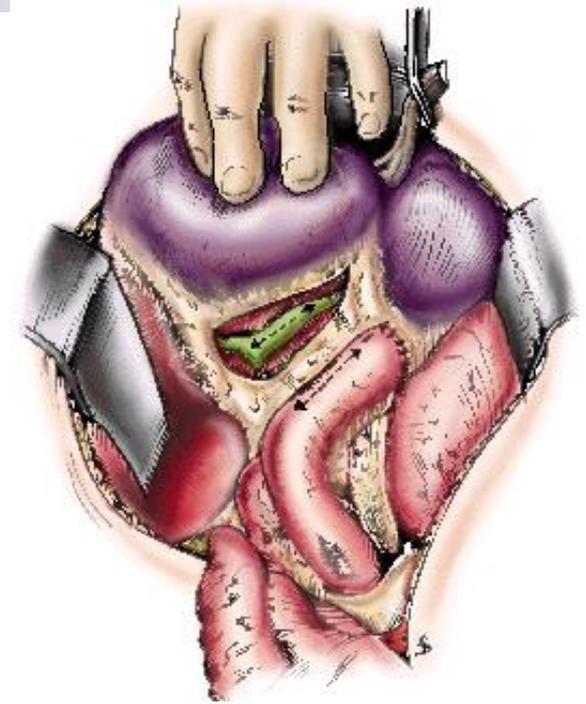


IDENTIFICAÇÃO DA VIA BILIAR





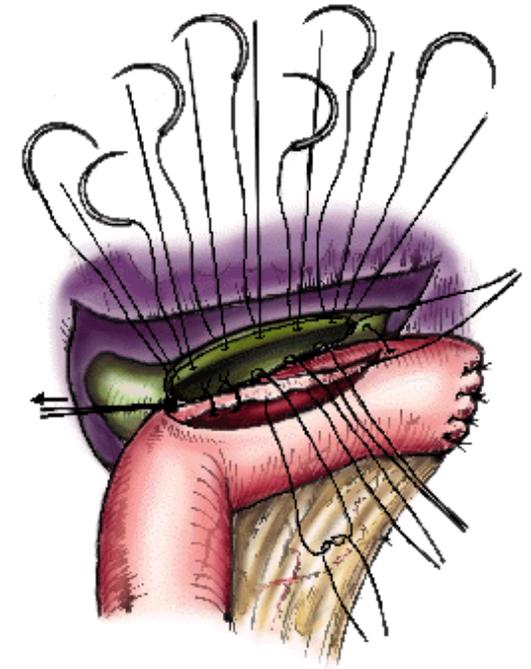
DUCTO HEPÁTICO ESQUERDO



Hepp-Couinaud

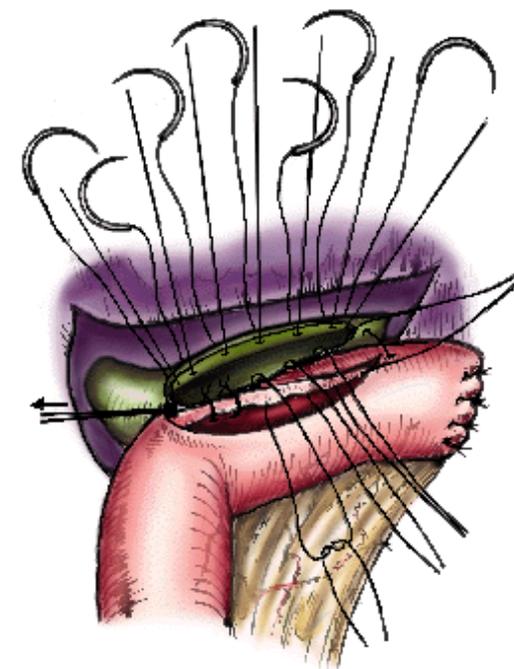


DUCTO HEPÁTICO ESQUERDO



Hepp-Couinaud

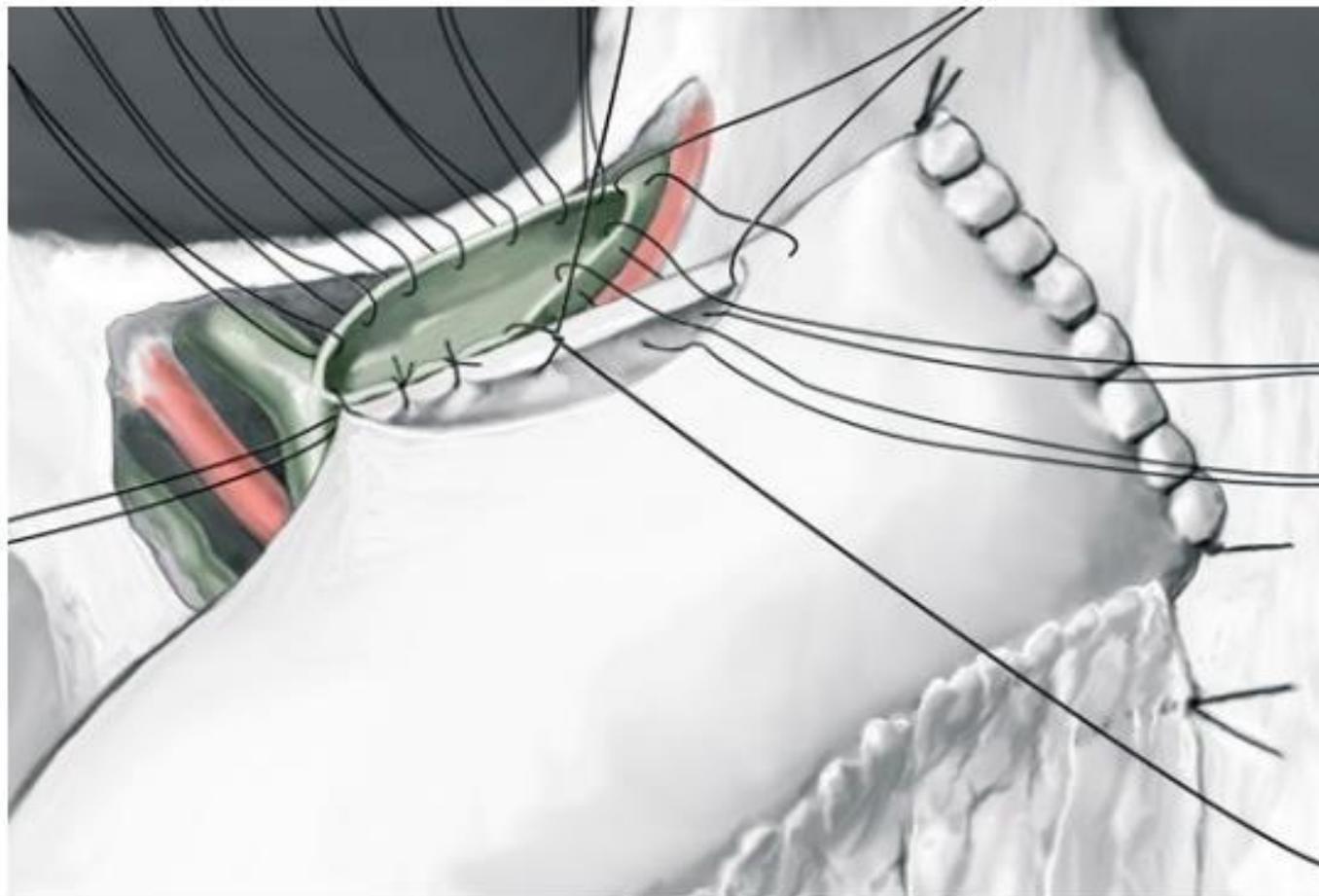
DUCTO HEPÁTICO ESQUERDO



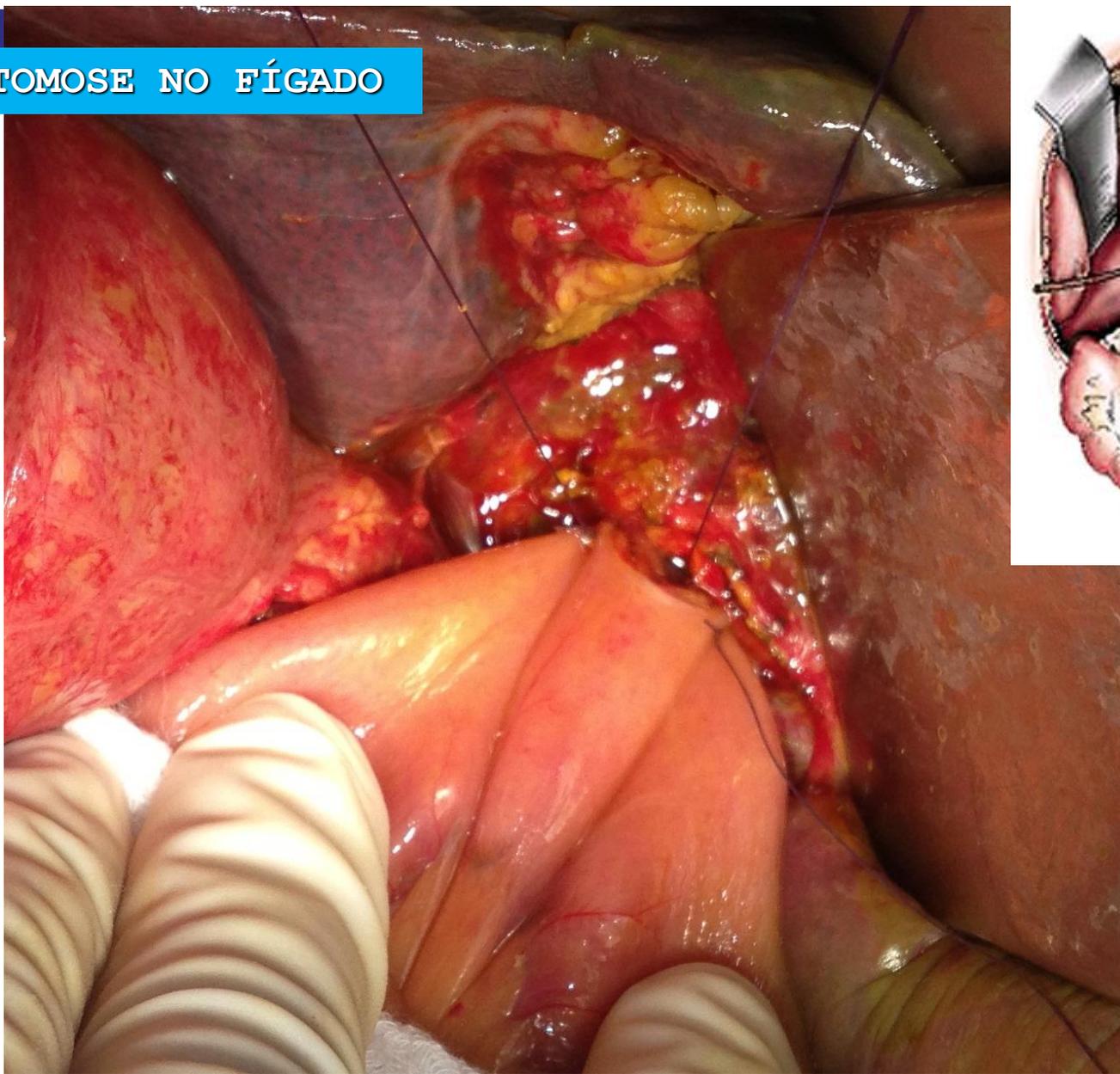
Hepp-Couinaud



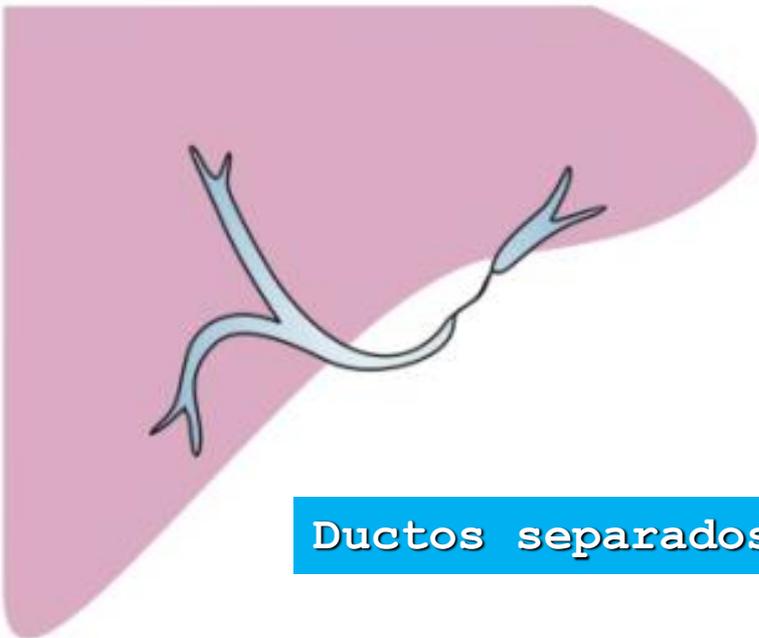
ANASTOMOSE COM O DUCTO ESQUERDO



ANASTOMOSE NO FÍGADO

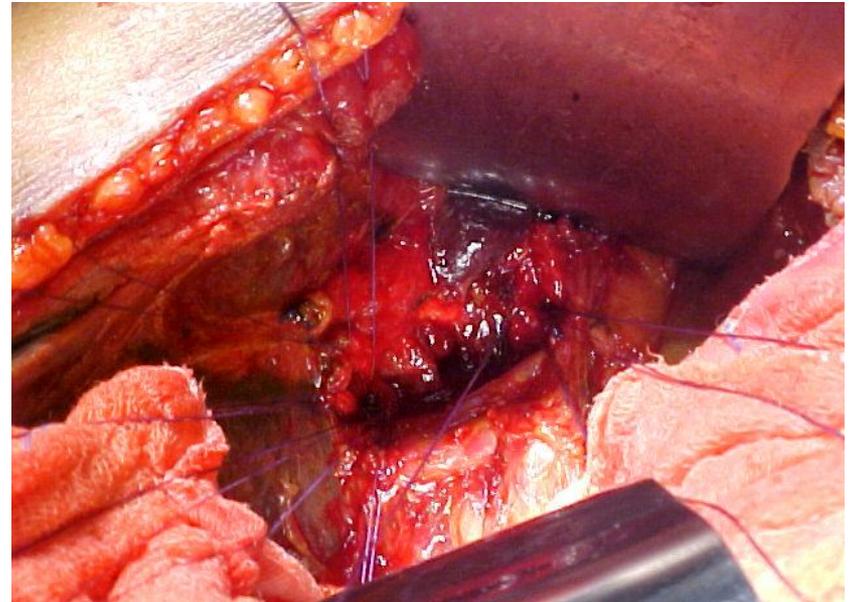


LESÕES E4



Ductos separados

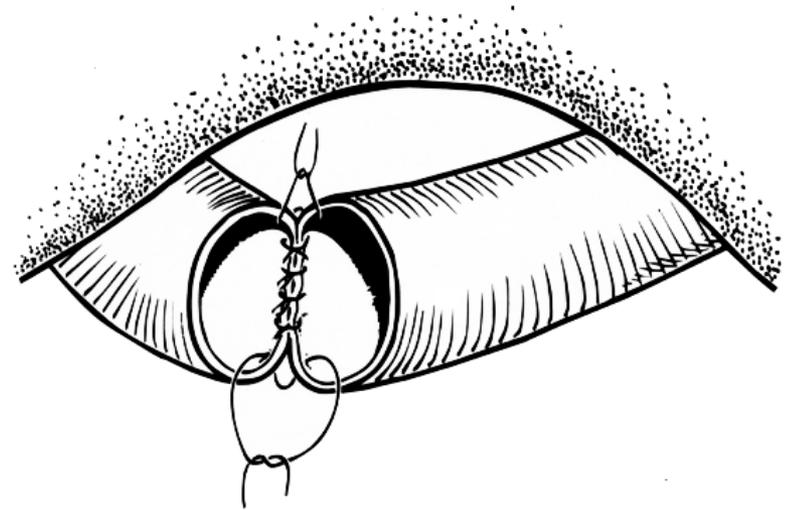
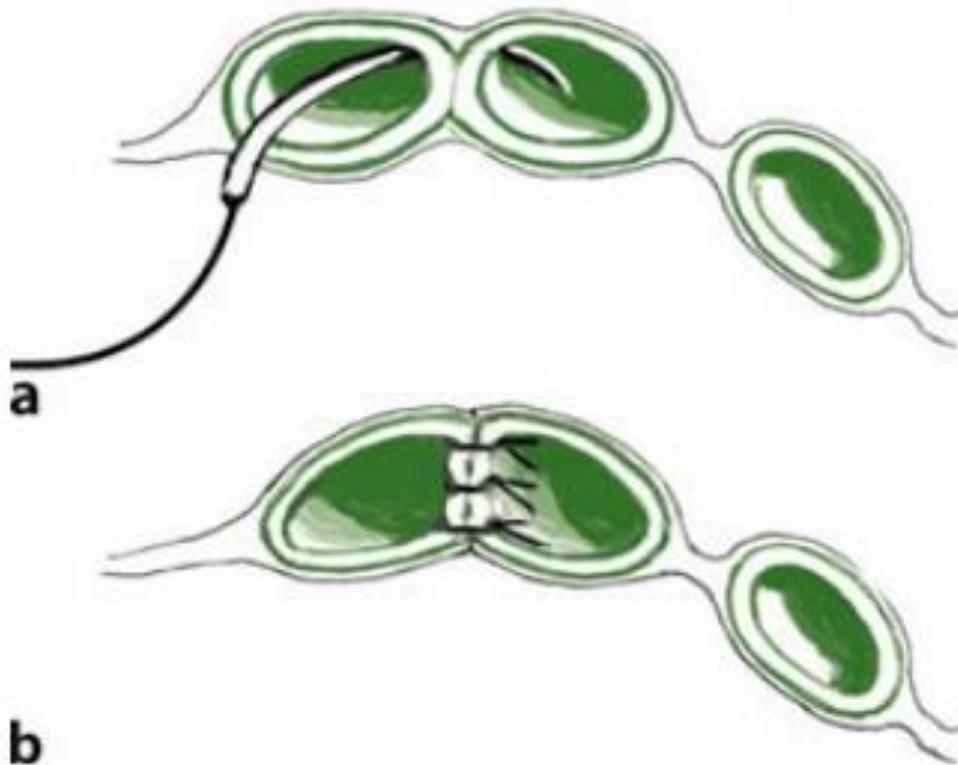
E4



Hepaticojejunostomia:

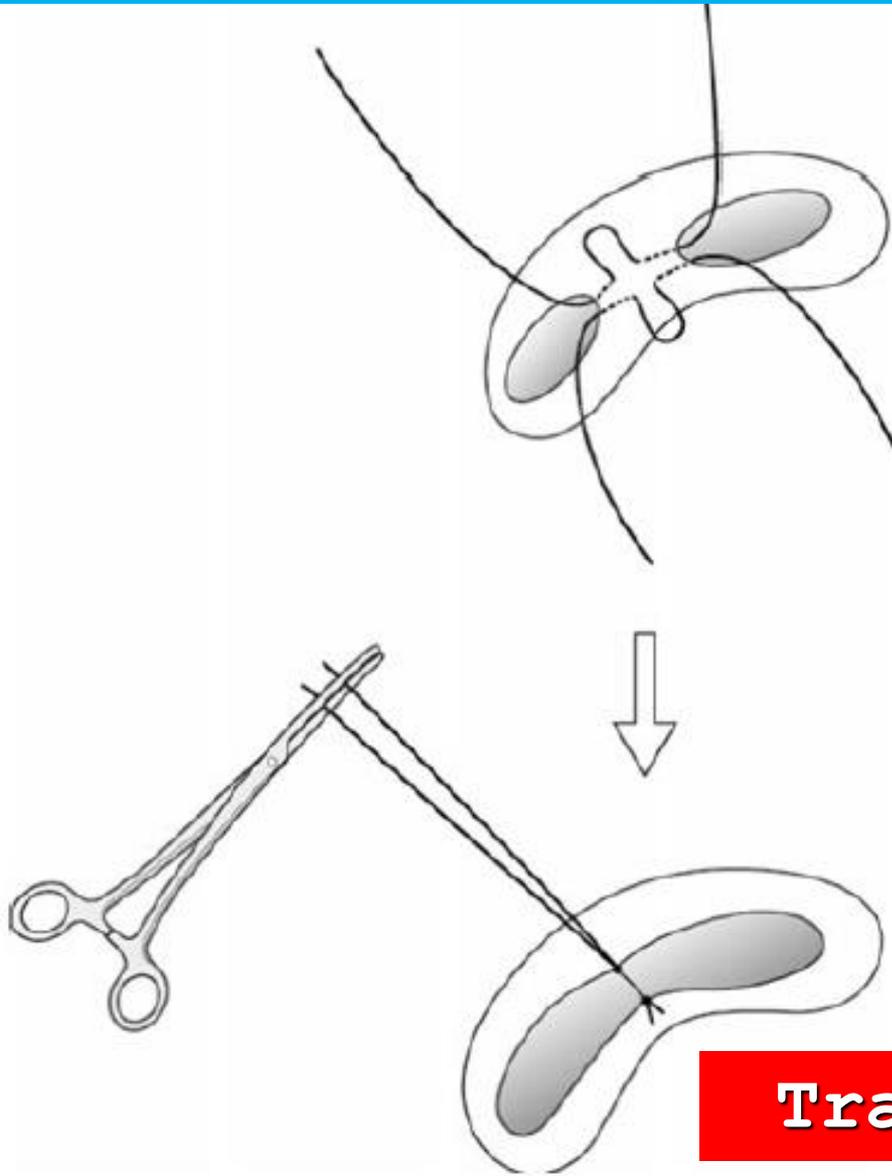
- Ductos próximos
- Ductos afastados

DUCTOS PRÓXIMOS

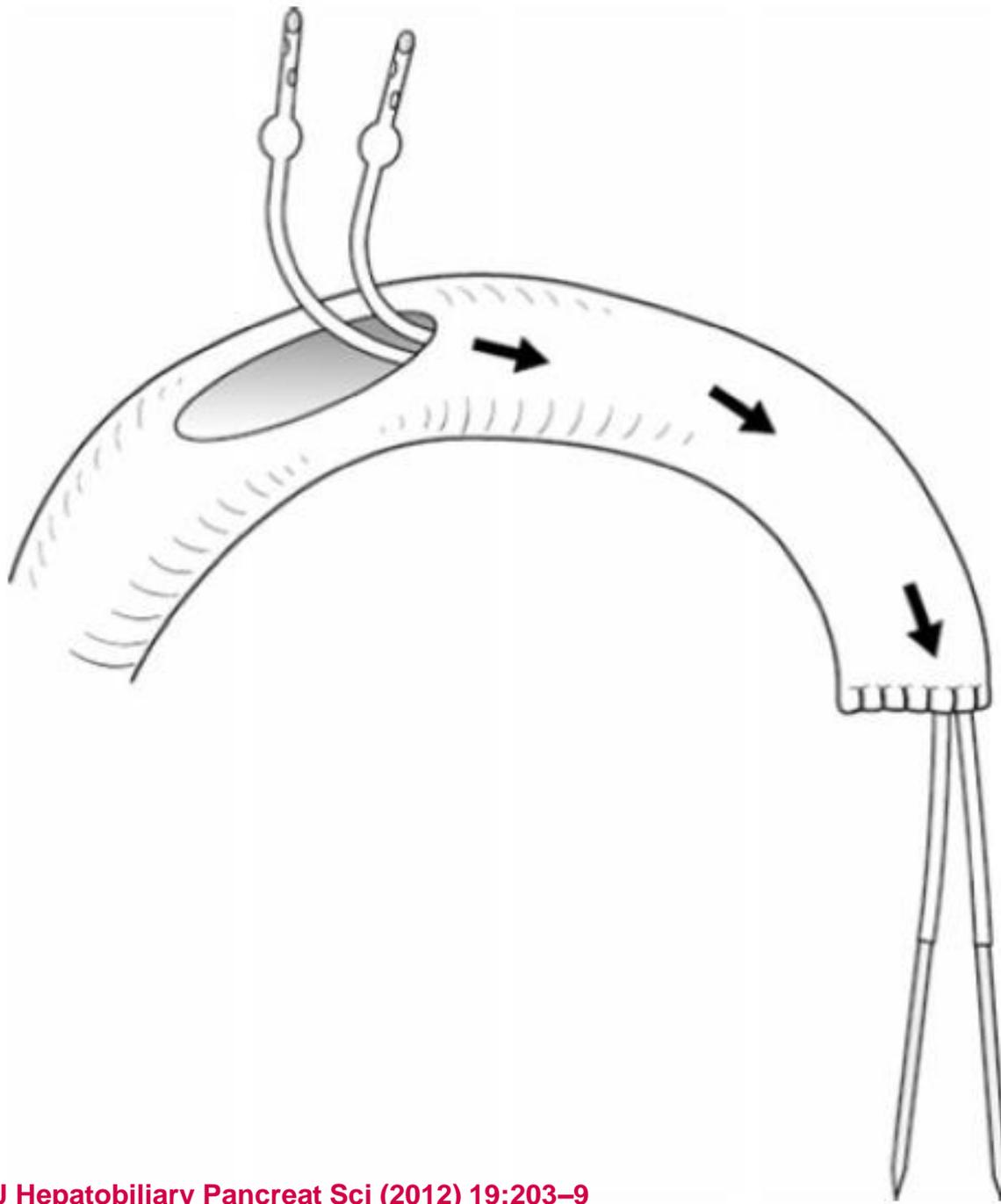


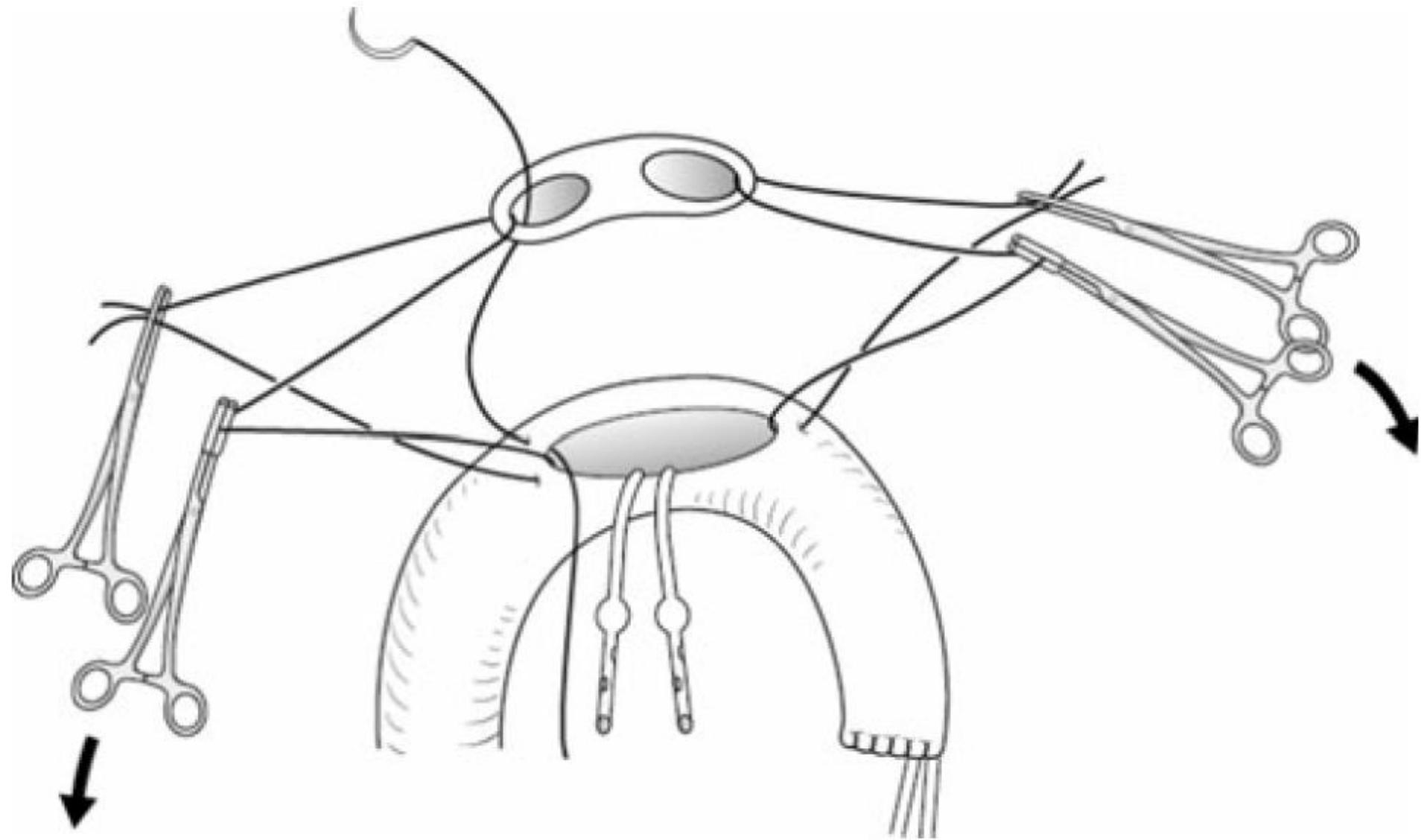
Ductoplastia

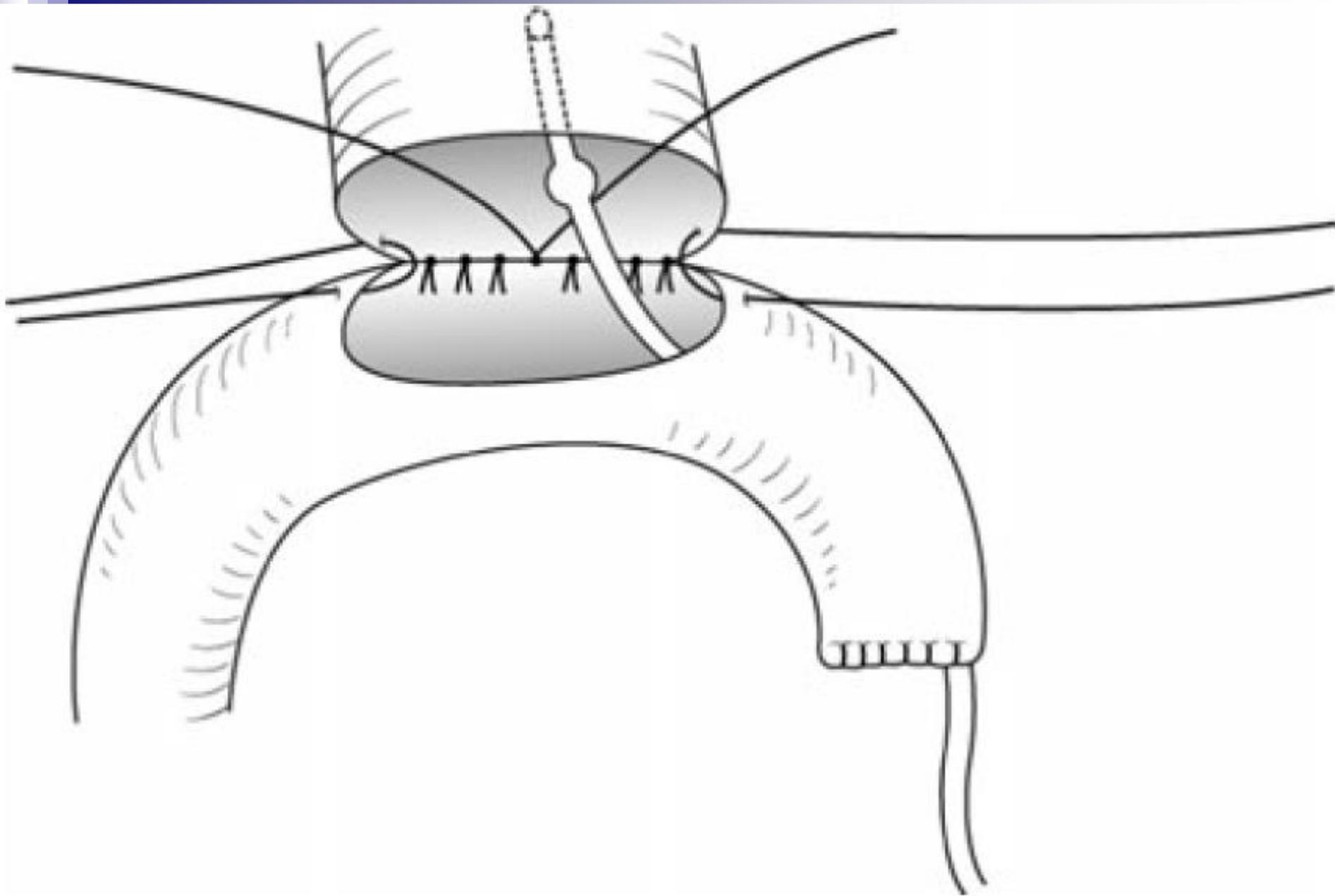
VIA BILIAR SEPARADA



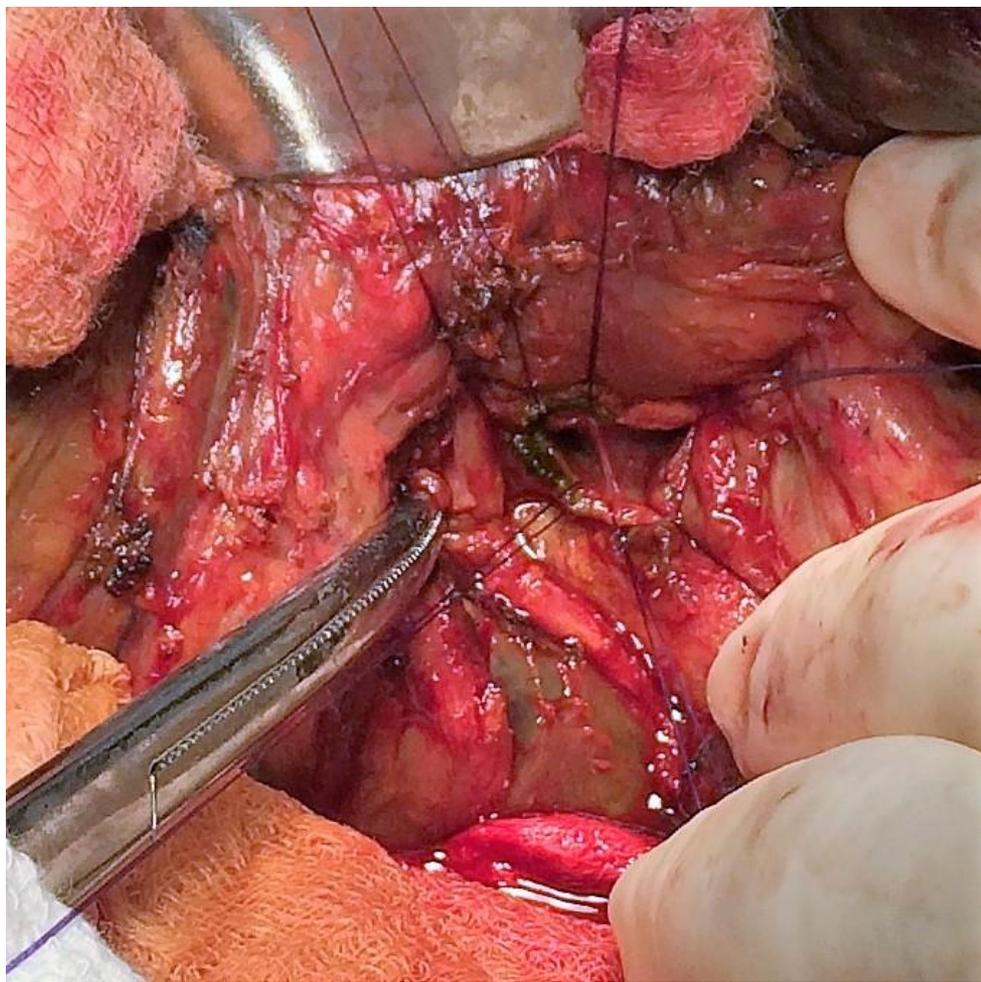
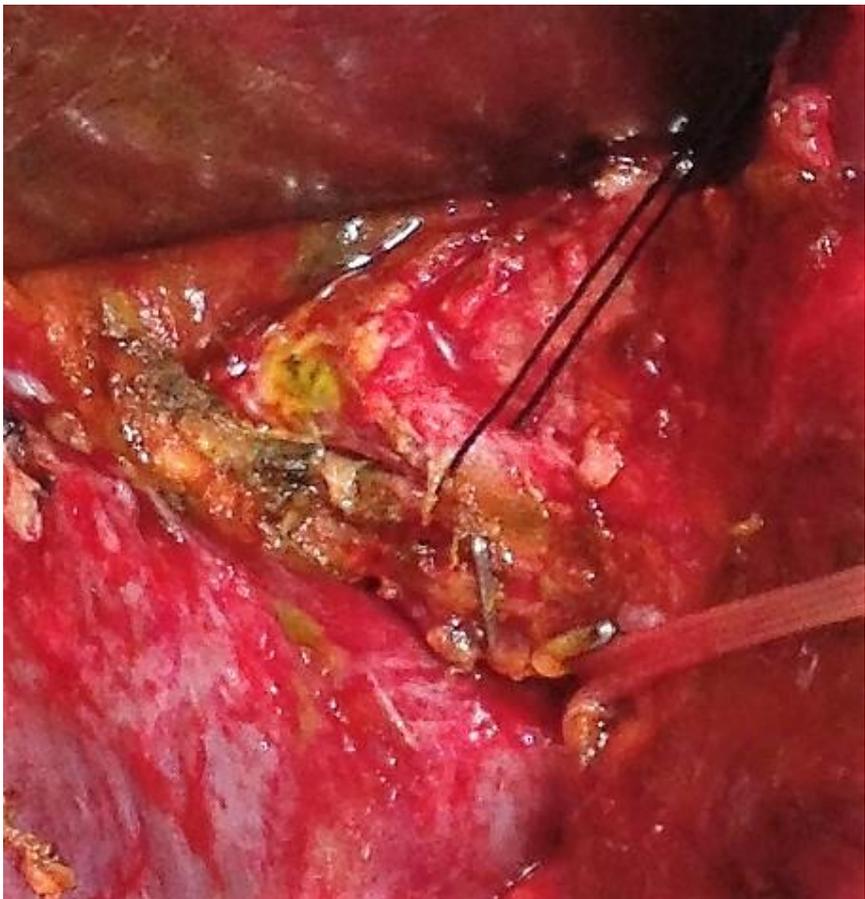
Transformar em única



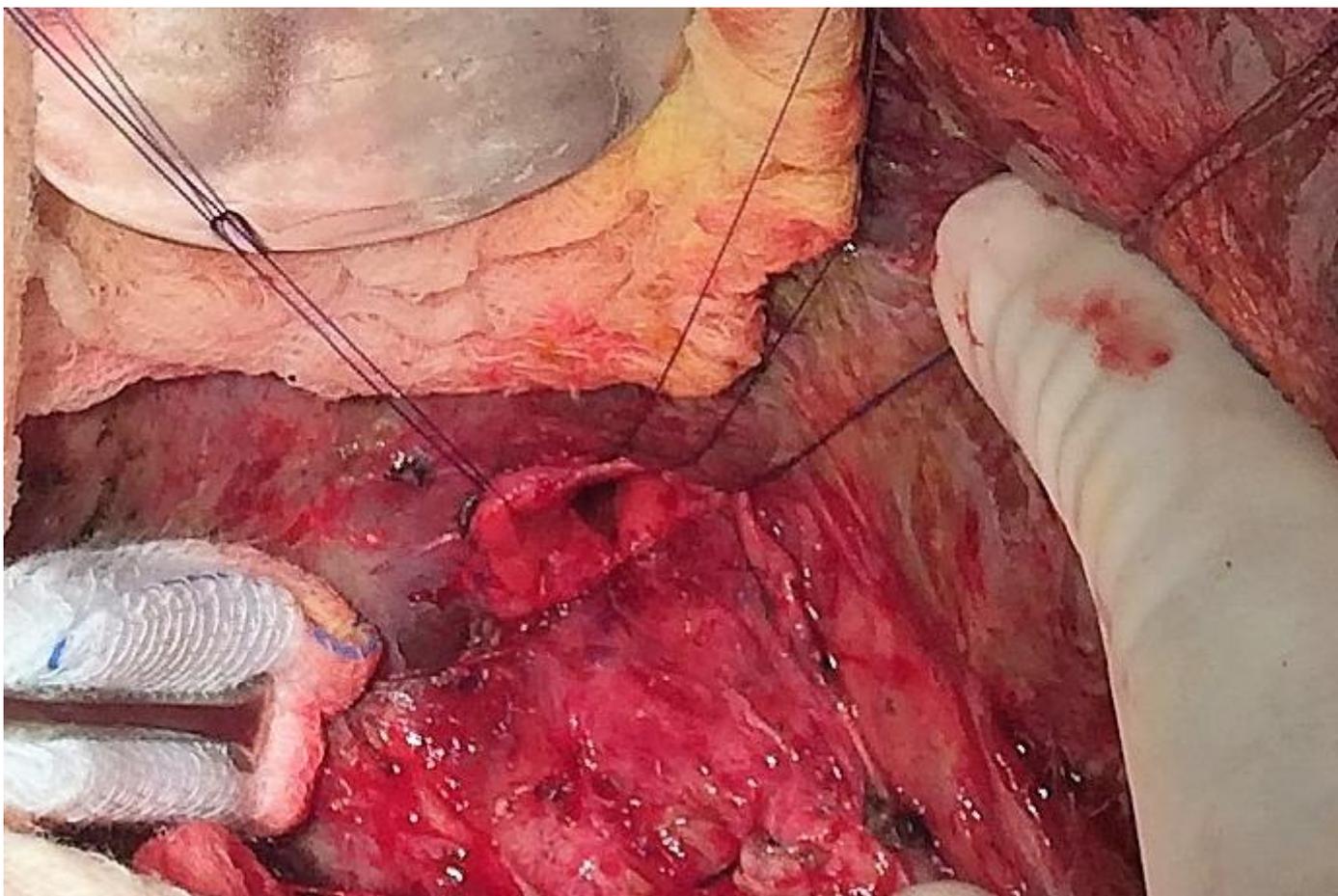




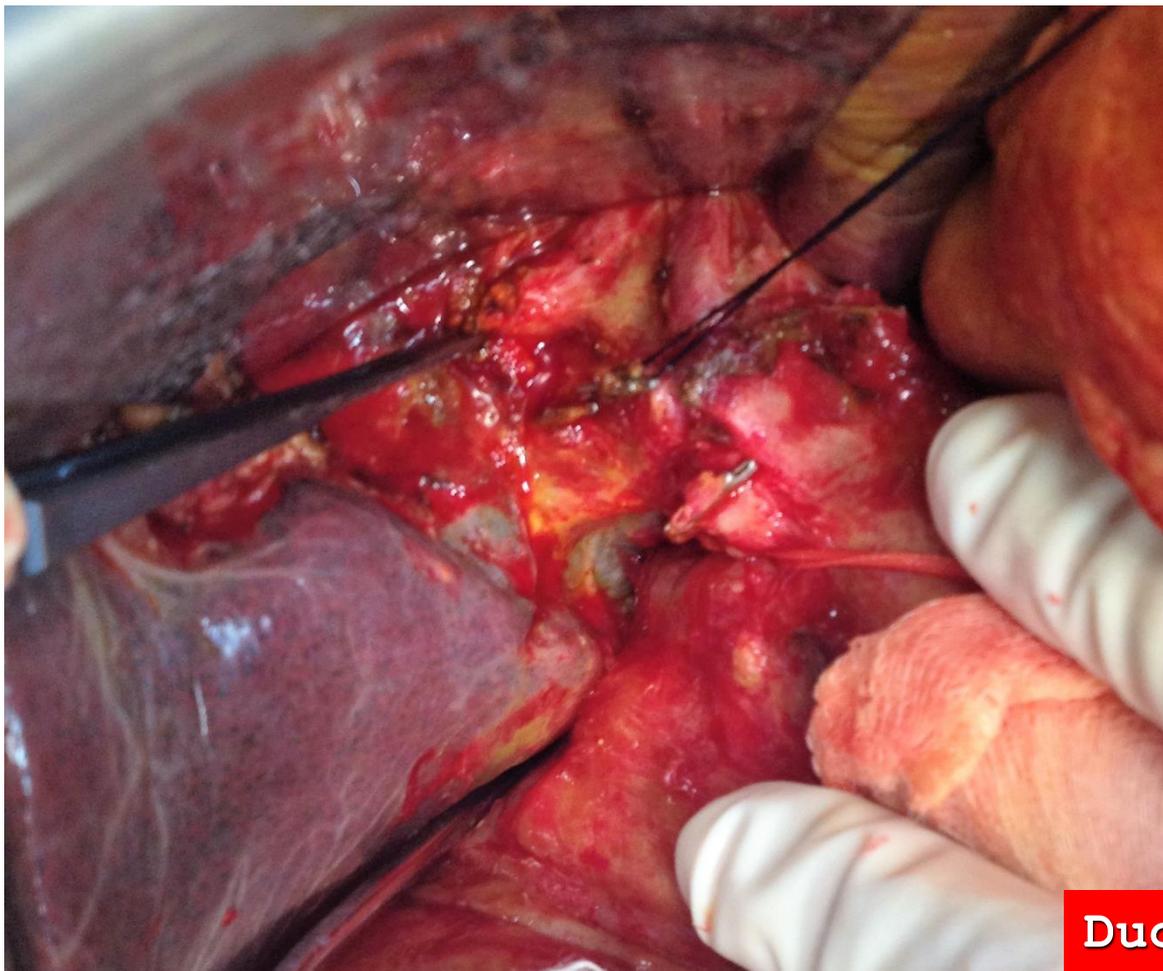
IDENTIFICAÇÃO DA VIA BILIAR



IDENTIFICAÇÃO DA VIA BILIAR

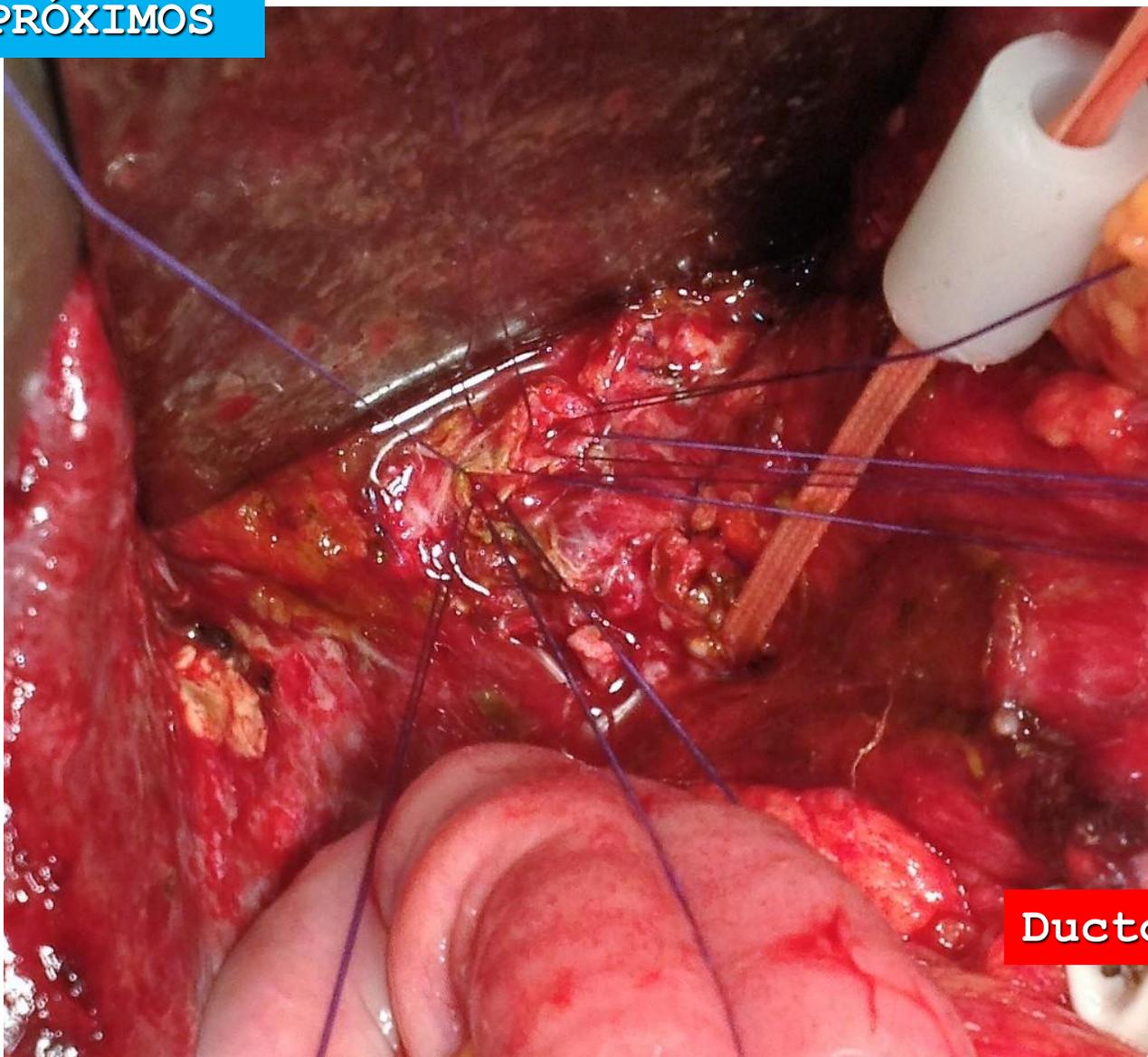


DUCTOS PRÓXIMOS



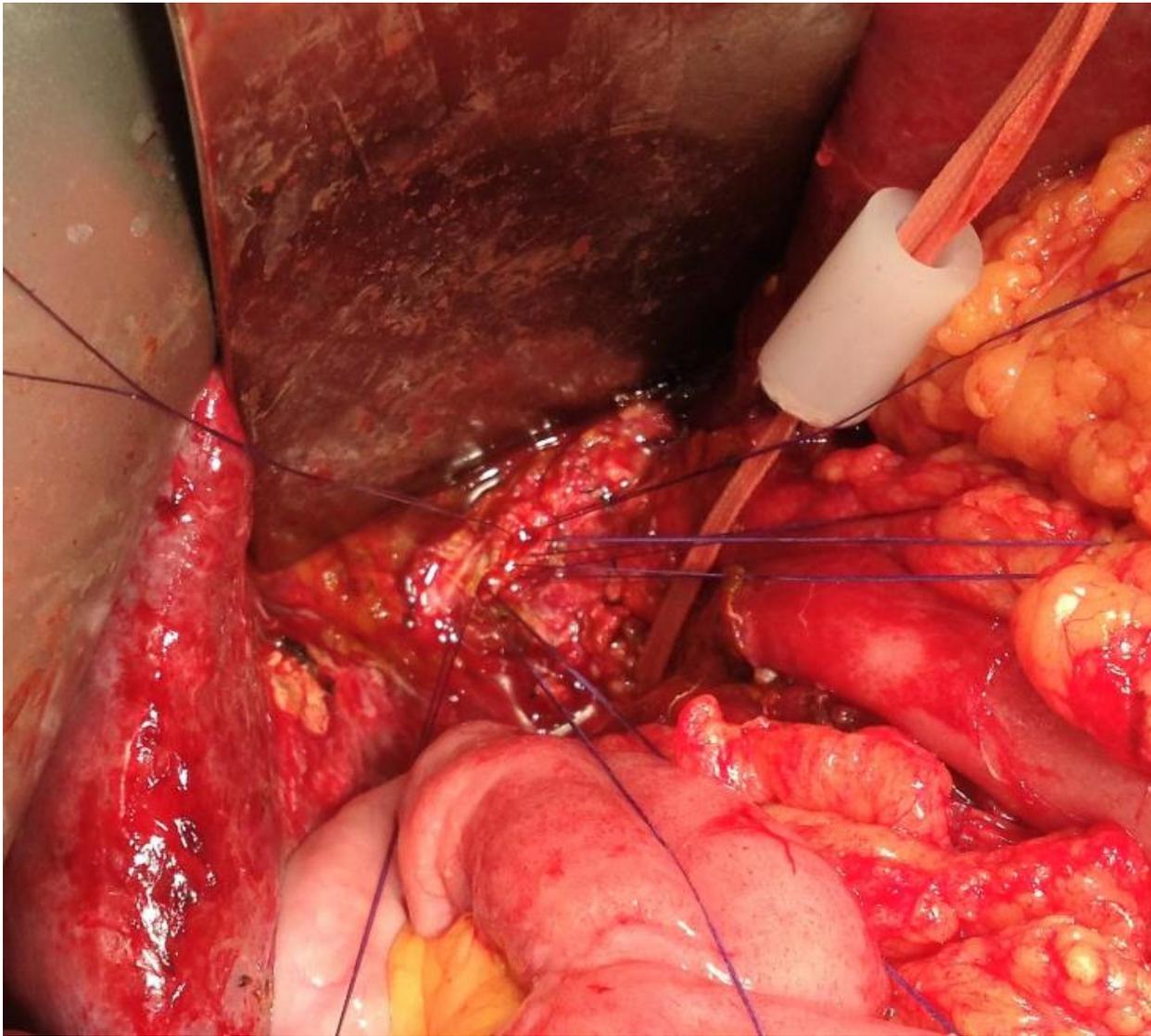
Ductoplastia

DUCTOS PRÓXIMOS

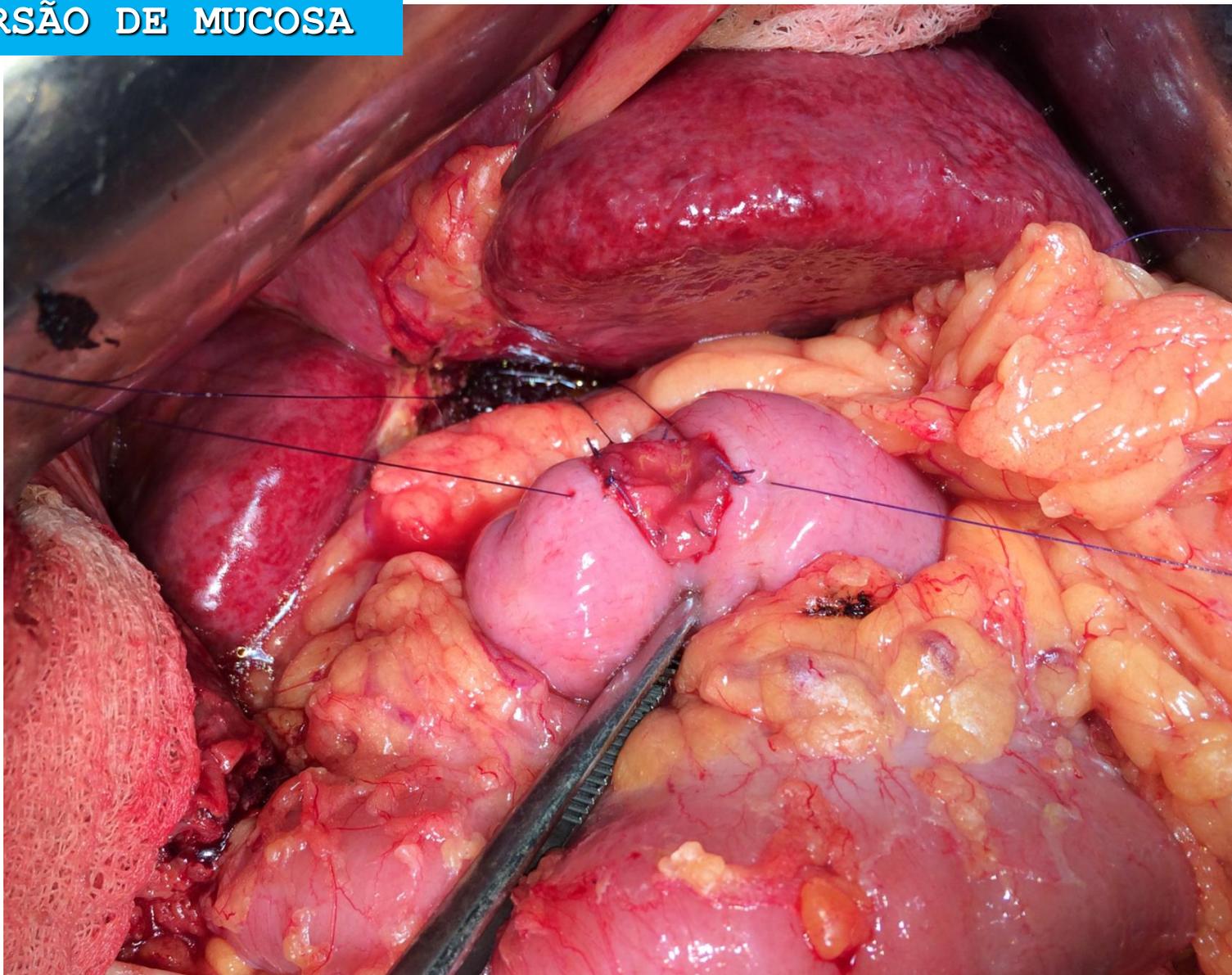


Ductoplastia

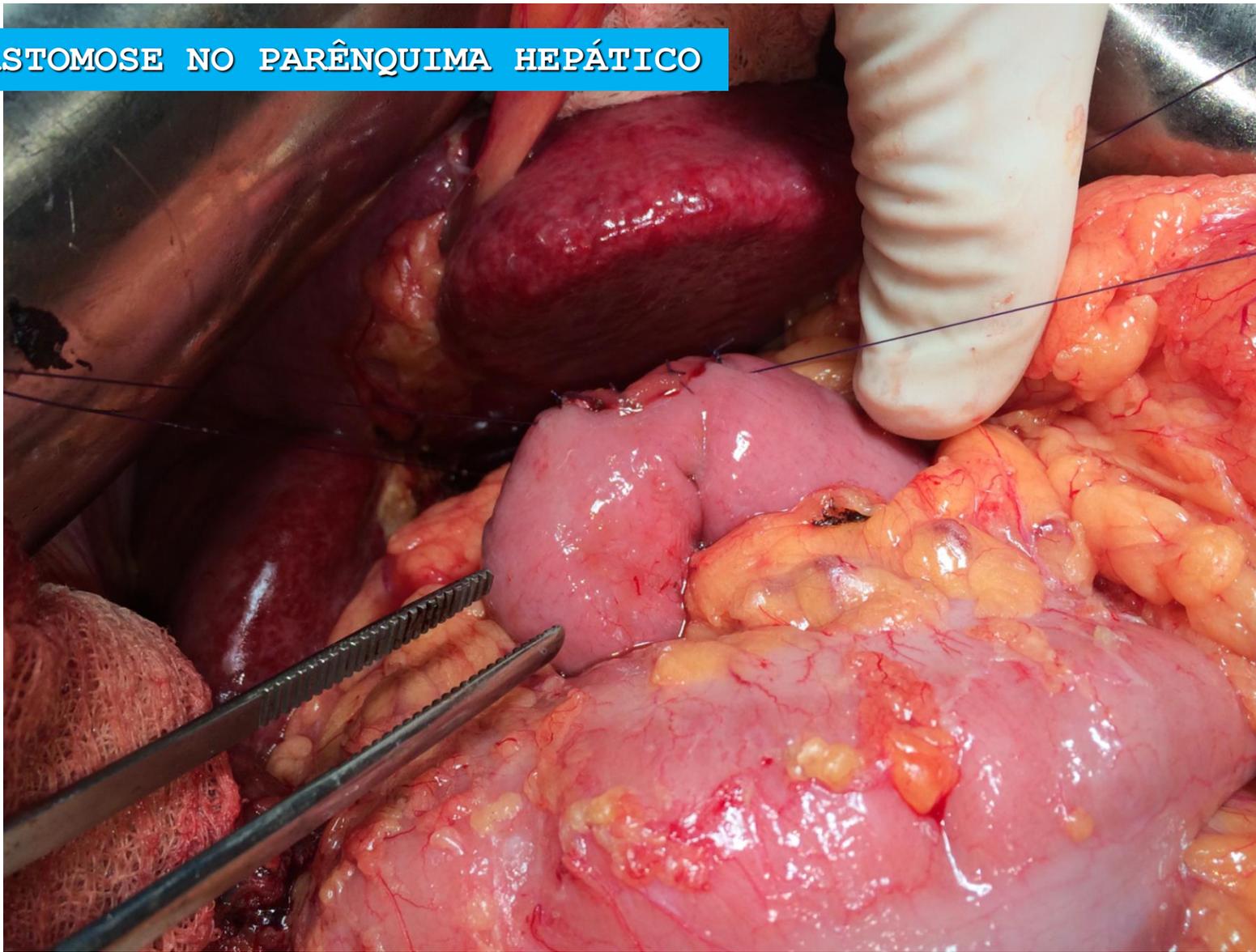




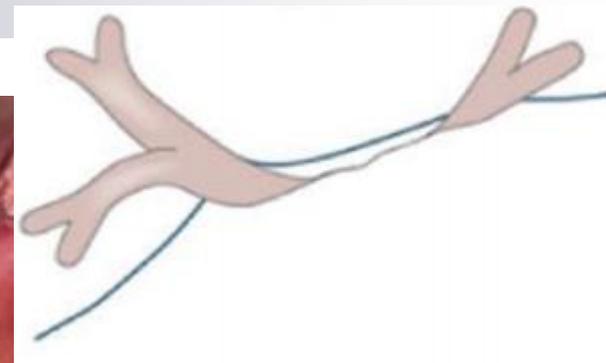
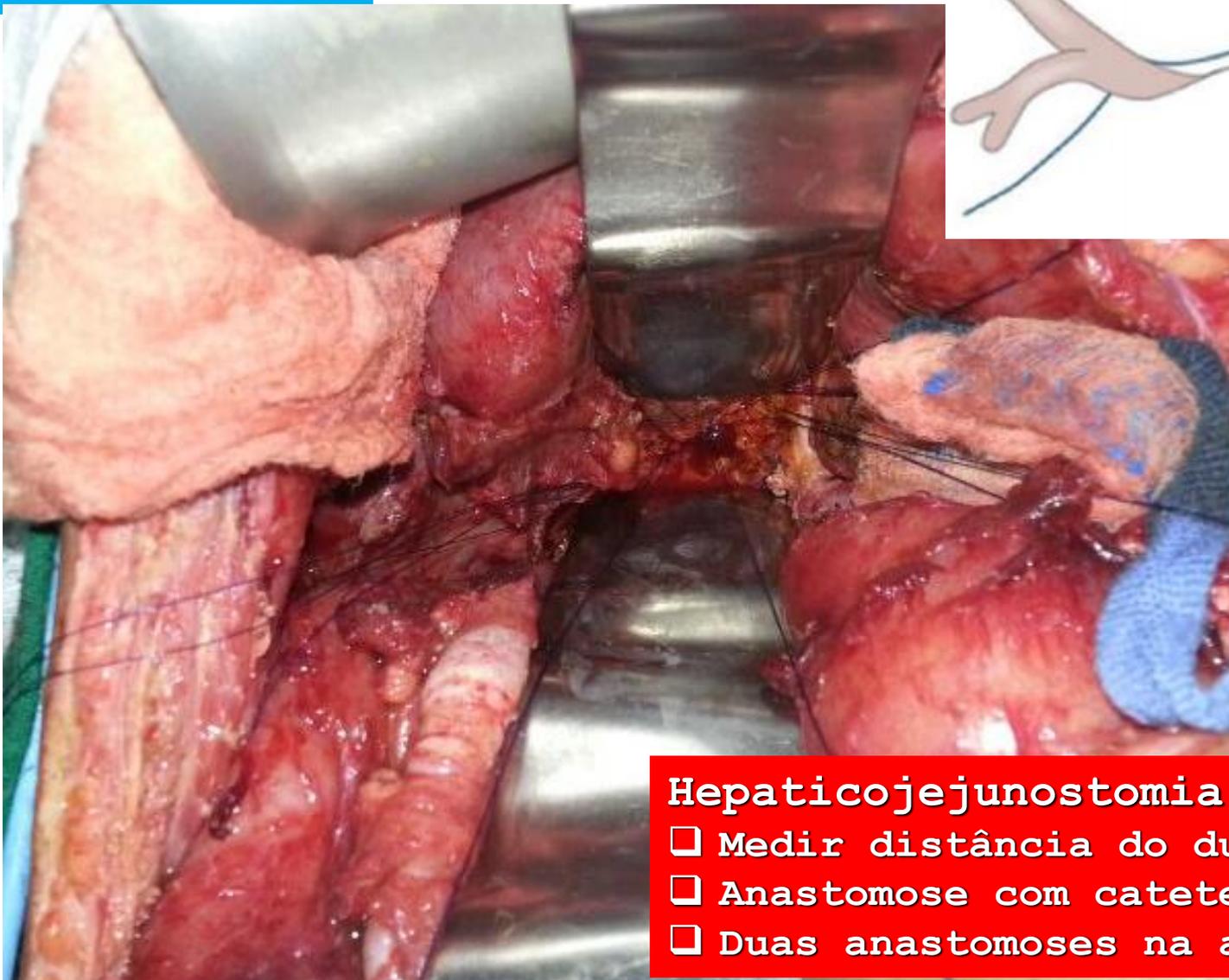
EVERSÃO DE MUCOSA



ANASTOMOSE NO PARÊNQUIMA HEPÁTICO



DUCTOS AFASTADOS

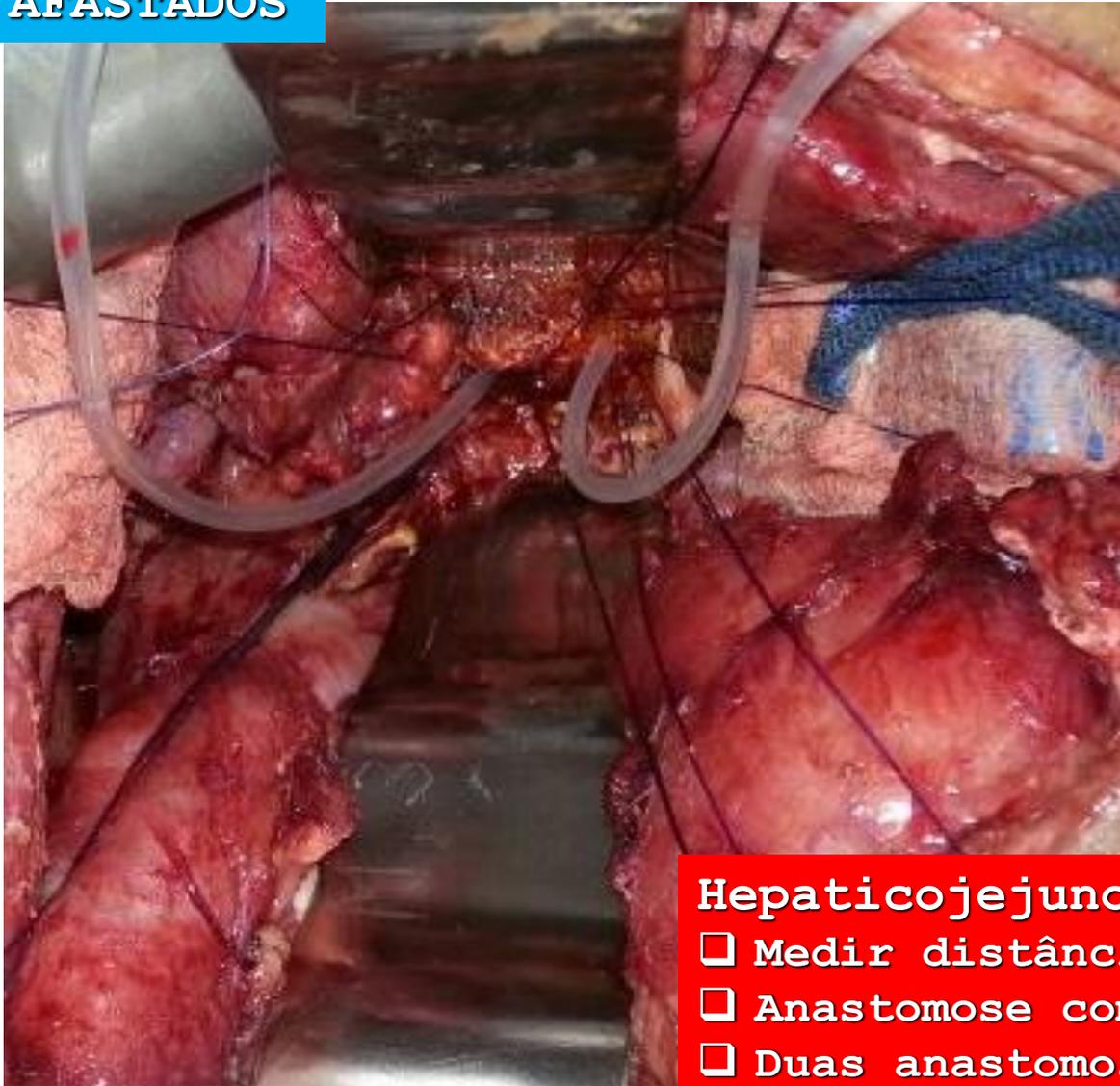


Hepaticojejunostomia:

- Medir distância do ducto
- Anastomose com cateter
- Duas anastomoses na alça



DUCTOS AFASTADOS

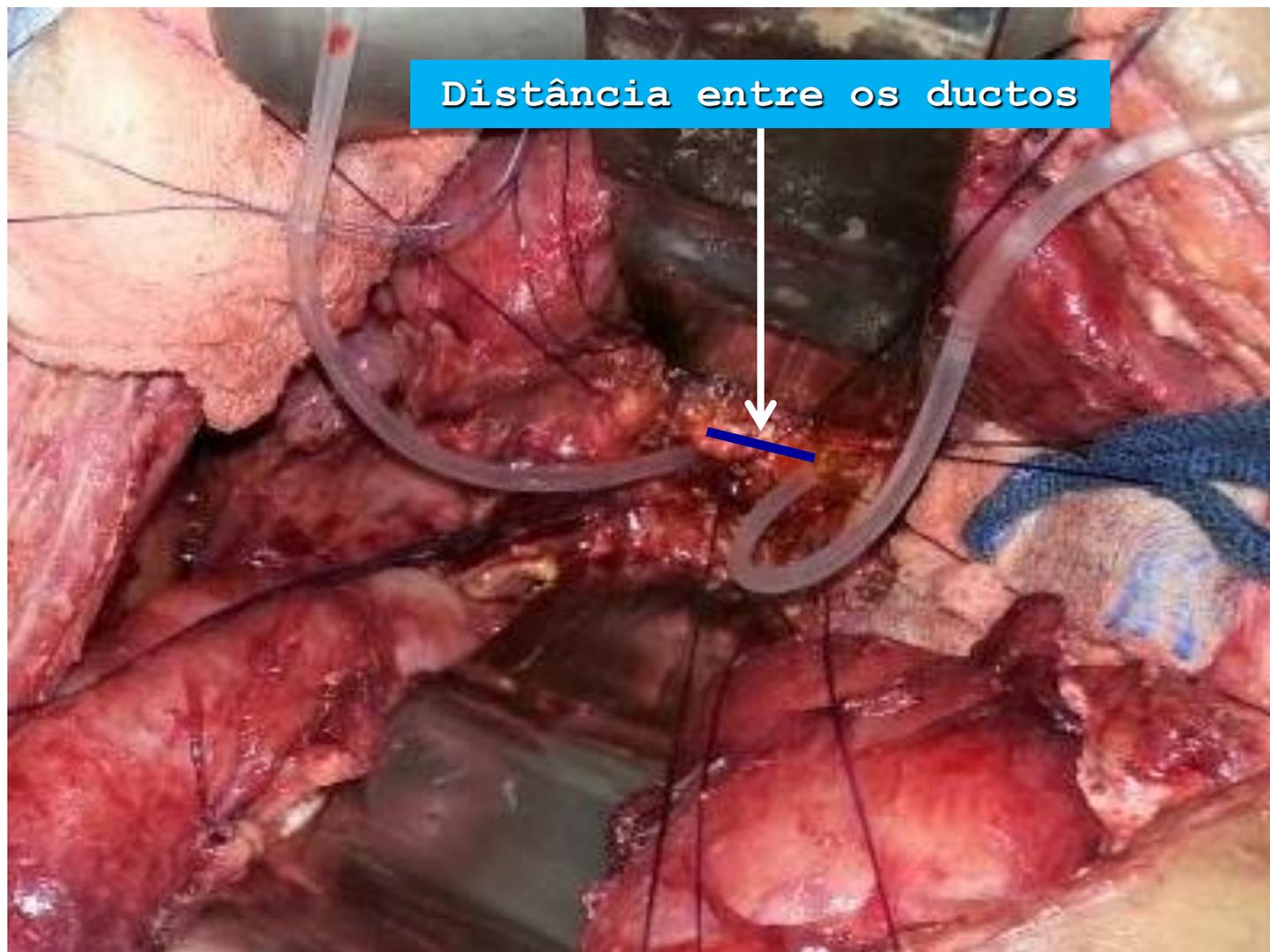


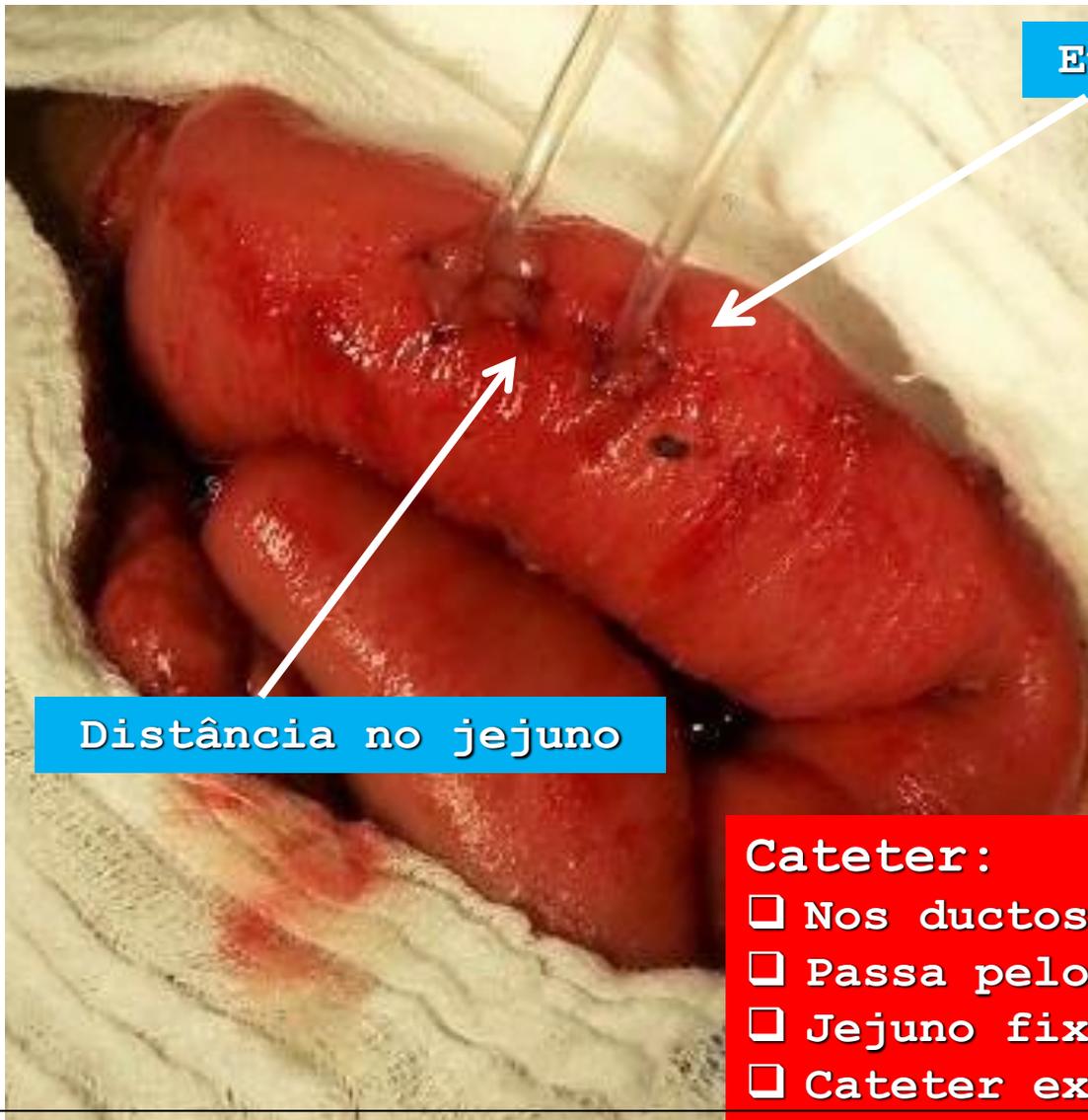
Hepaticojejunostomia:

- Medir distância do ducto
- Anastomose com cateter
- Duas anastomoses na alça



DUCTOS AFASTADOS





Eversão de mucosa

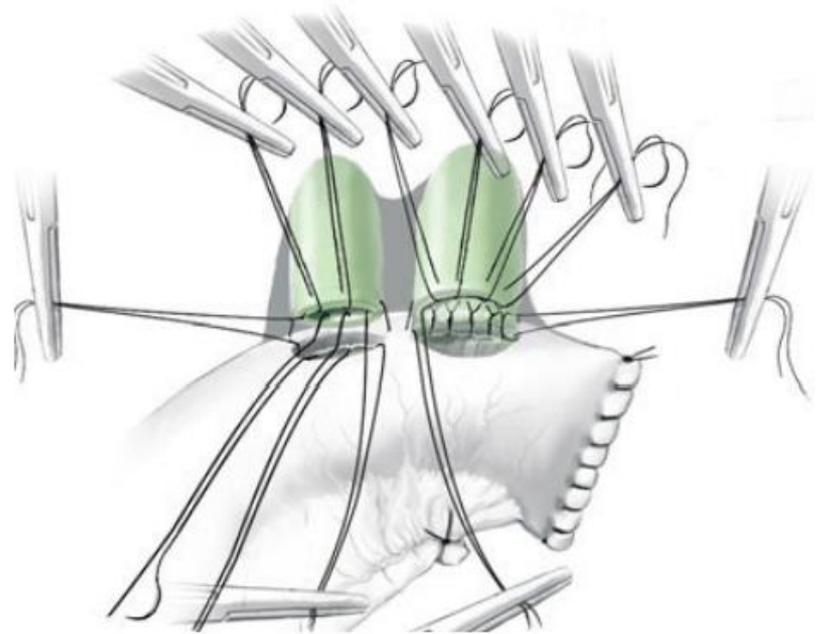
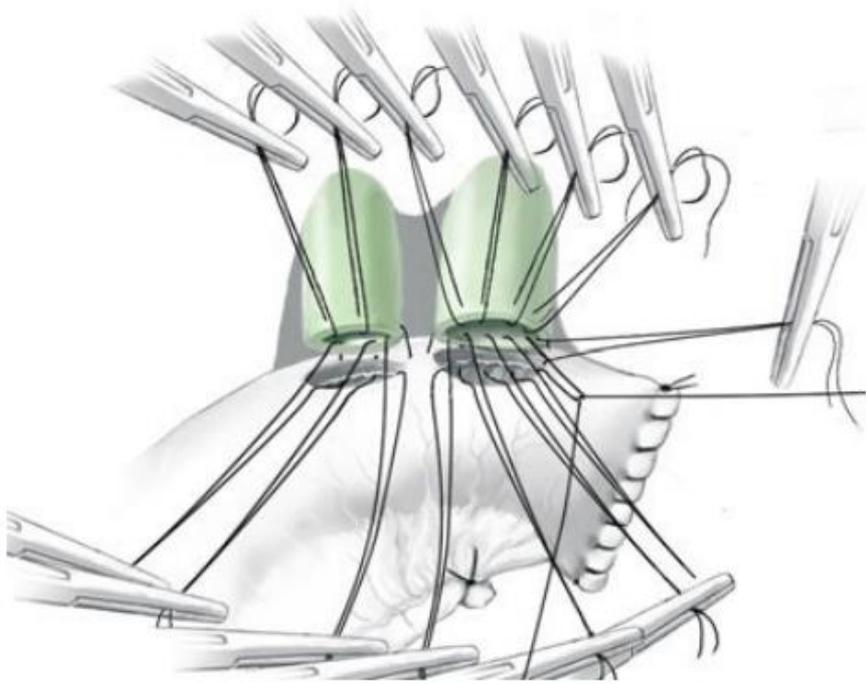
Distância no jejunum

Cateter:

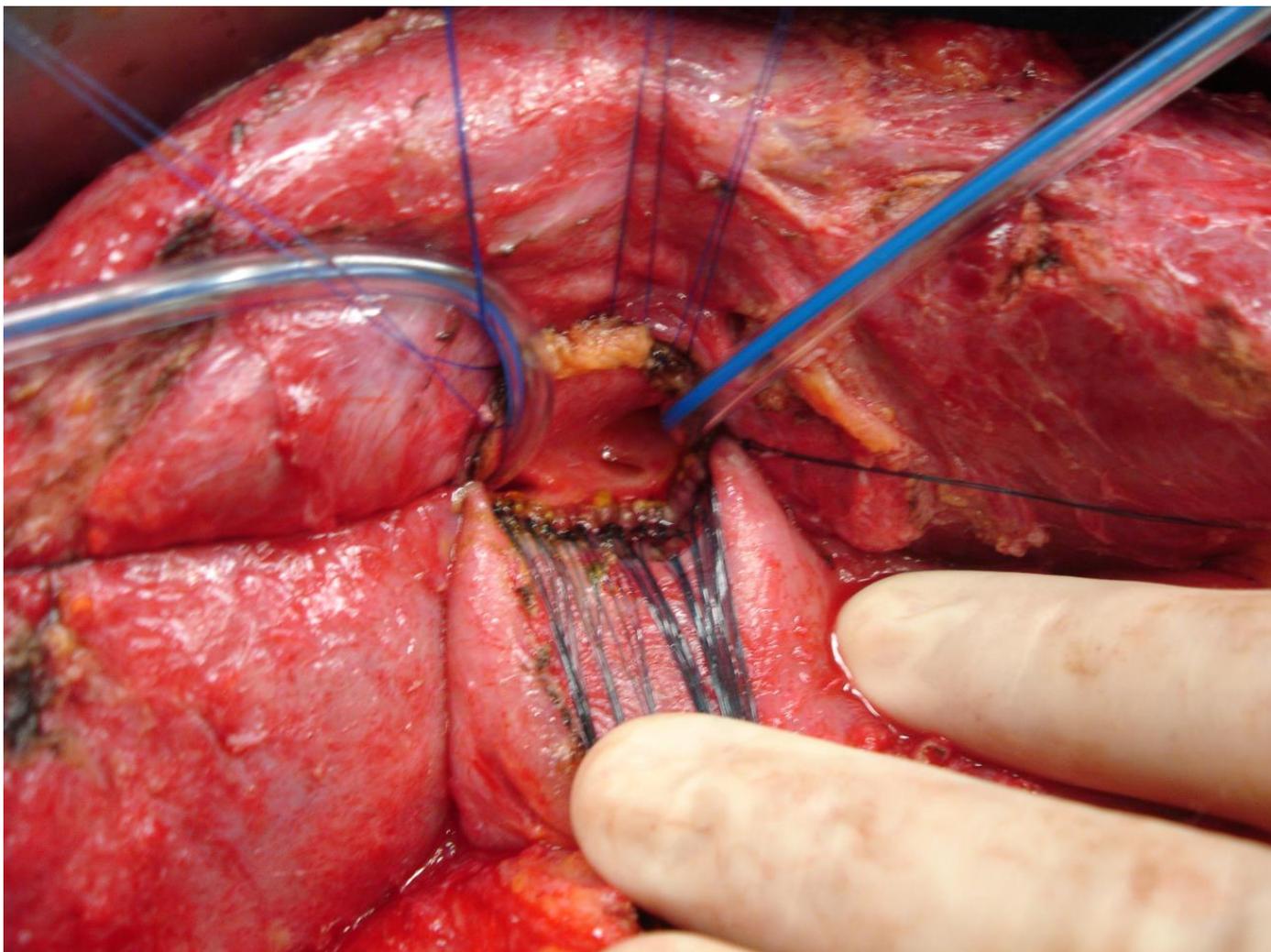
- Nos ductos separados
- Passa pelo jejunum (dois pontos)
- Jejunum fixado na parede
- Cateter exteriorizado



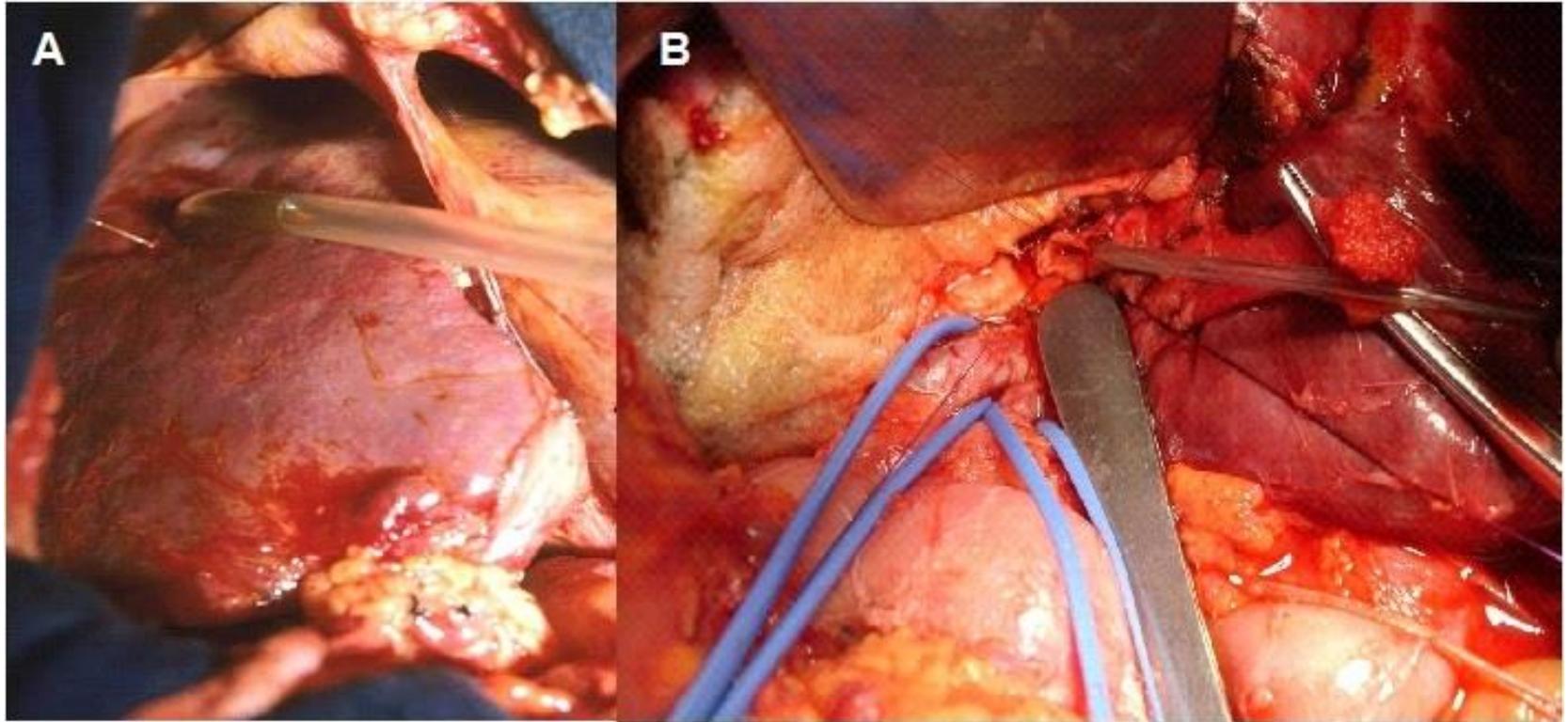
DUCTOS SEPARADOS (AFASTADOS)



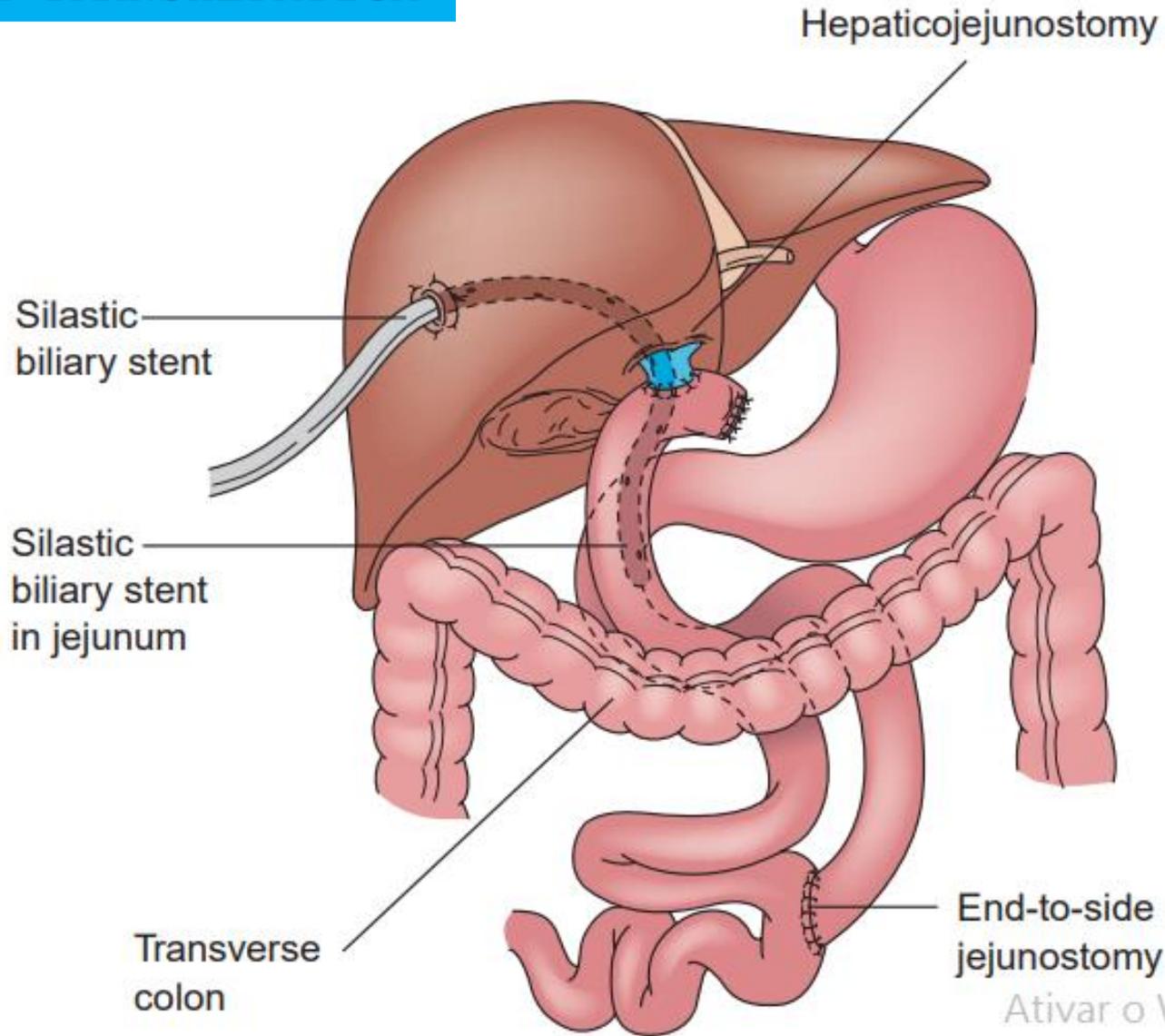
INTUBAÇÃO TRANS-HEPÁTICA



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