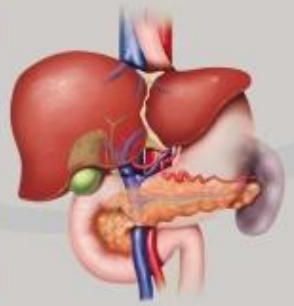
WEBINAR | 06 DE AGOSTO ÀS 18H00



1º SIMPÓSIO VIRTUAL DE CIRURGIA HEPATO PANCREATO BILIAR DE IMPERATRIZ

1º VIRTUAL OUTREACH MISSION

COLECISTECTOMIA SEGURA E REPARO DA LESÃO DA VIA BILIAR

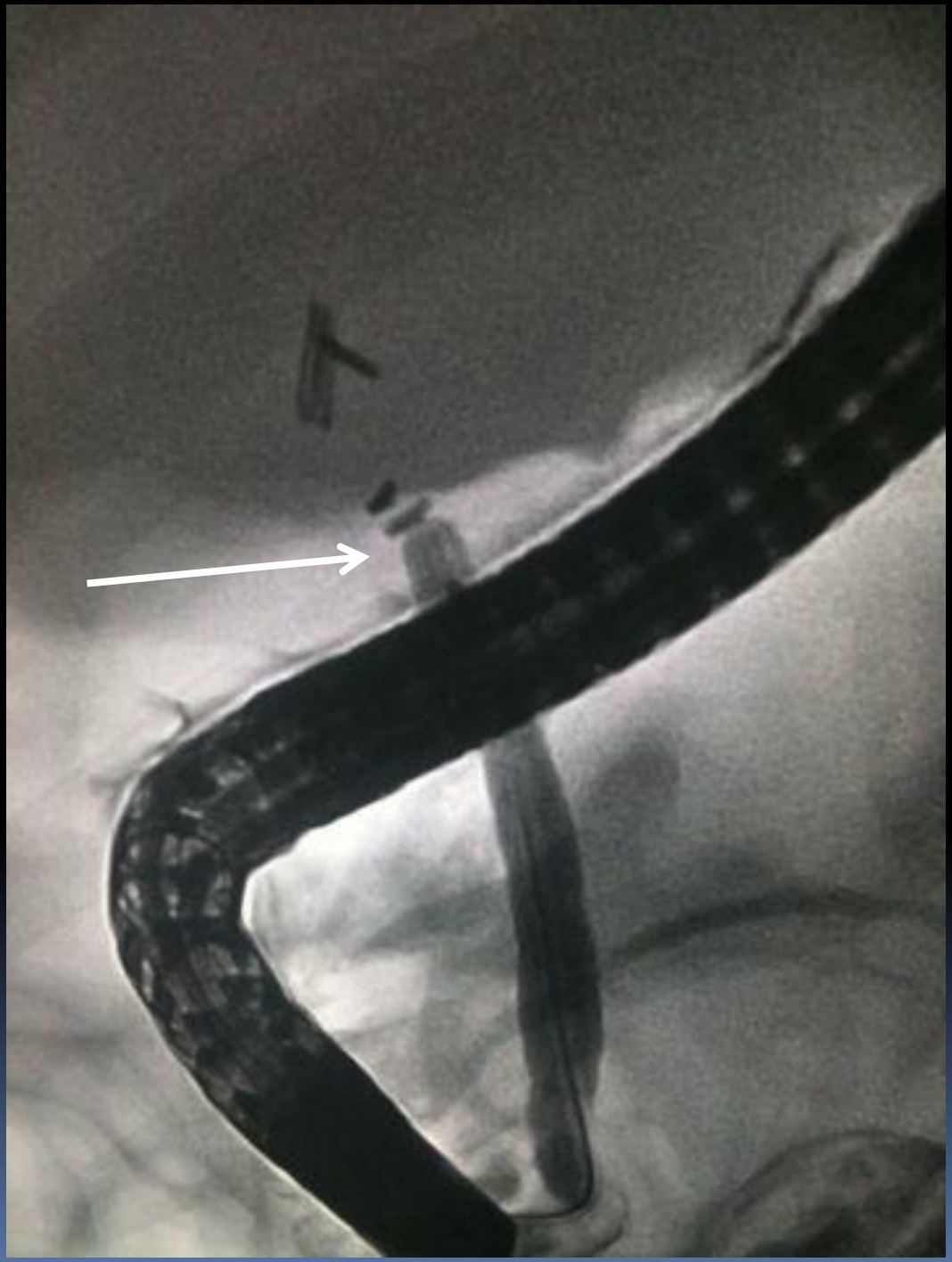
Orlando Jorge M. Torres
Full Professor and Chairman
Department of Gastrointestinal Surgery
Hepatopancreatobiliary Unit
Federal University of Maranhão - Brazil

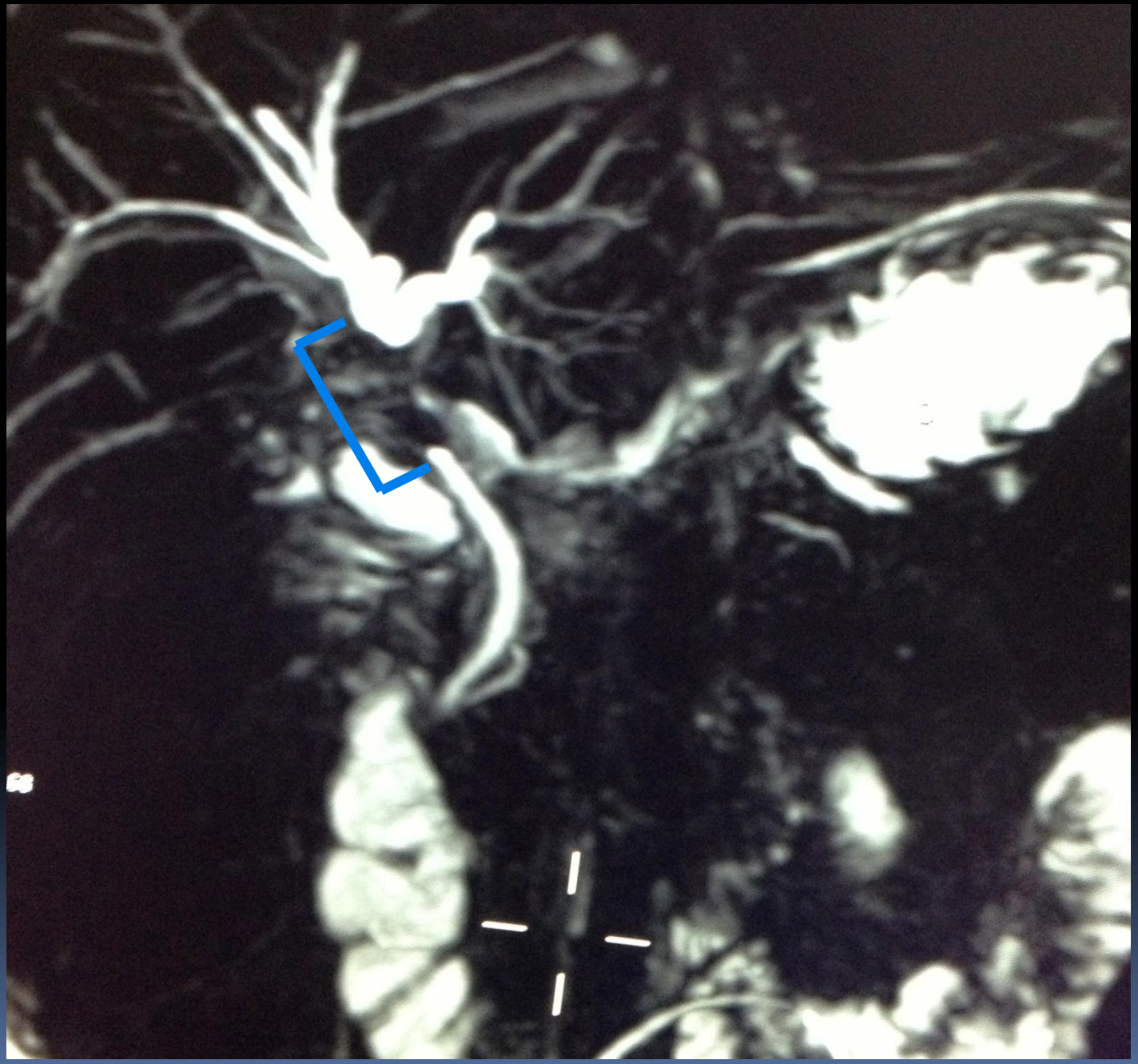
Organização: Apoio: AHPBA CBCHPB ABLAC

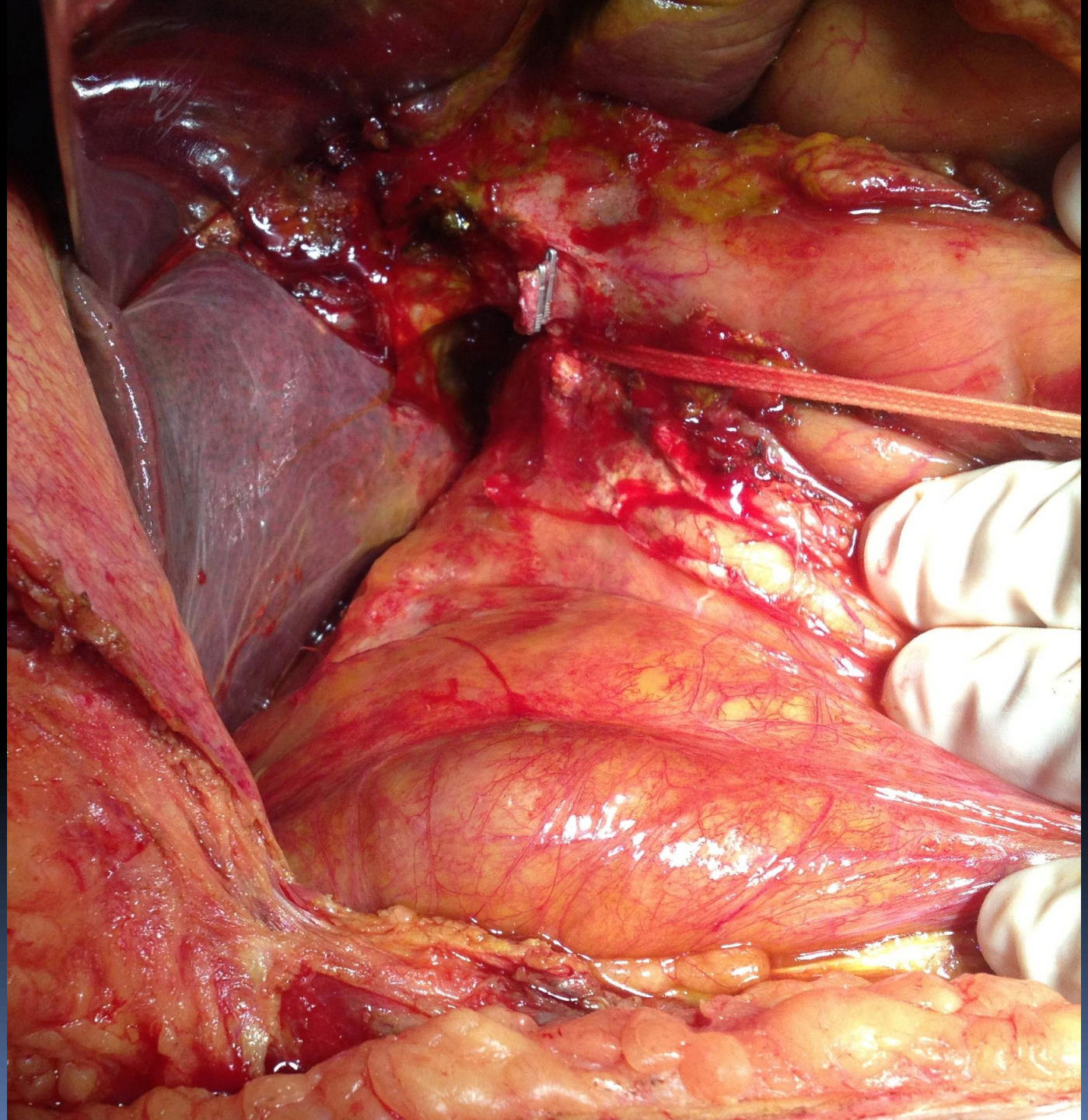
Acesse e se inscreva:
https://www.even3.com.br/sihepabitz

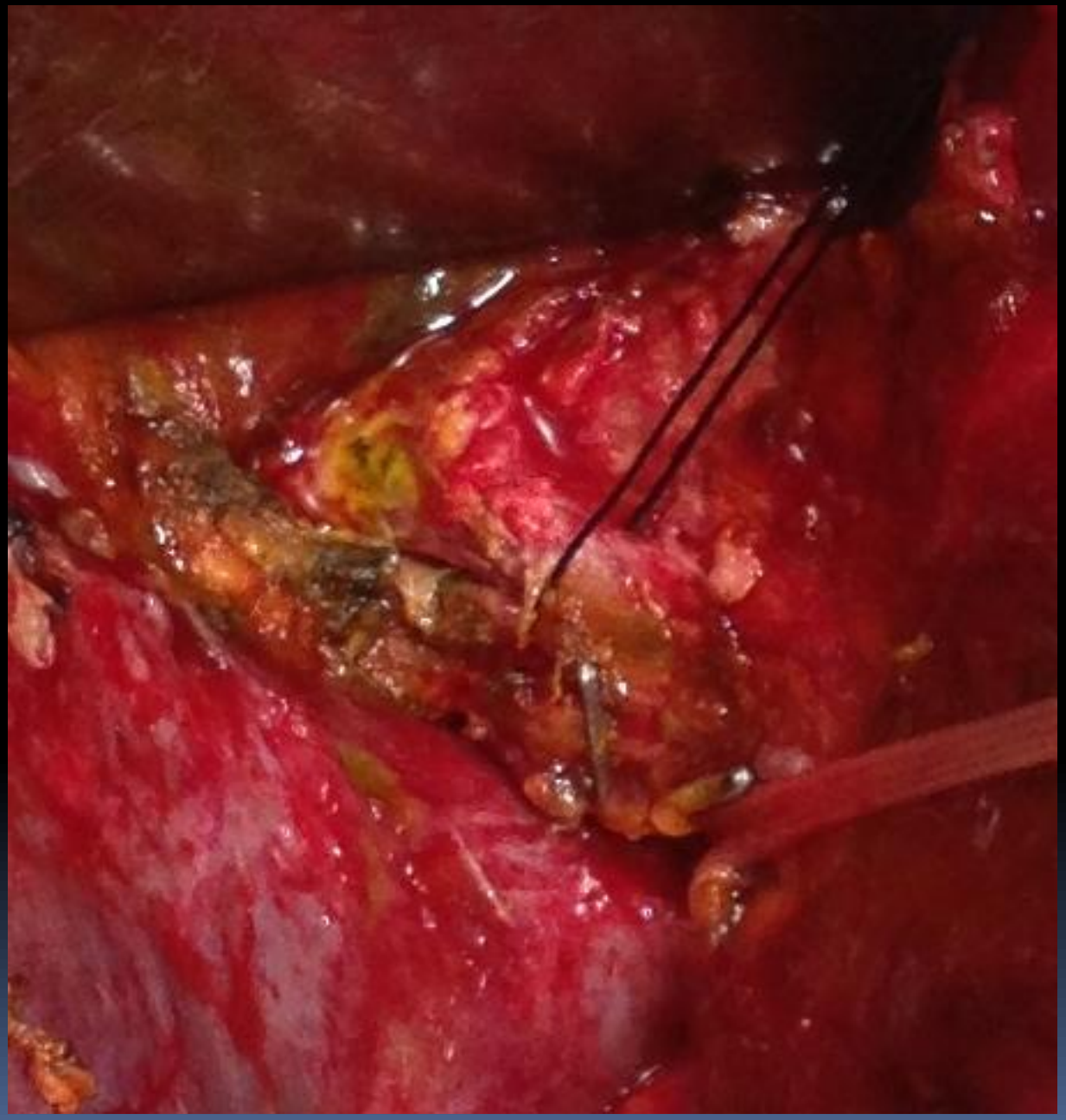
Caso clínico

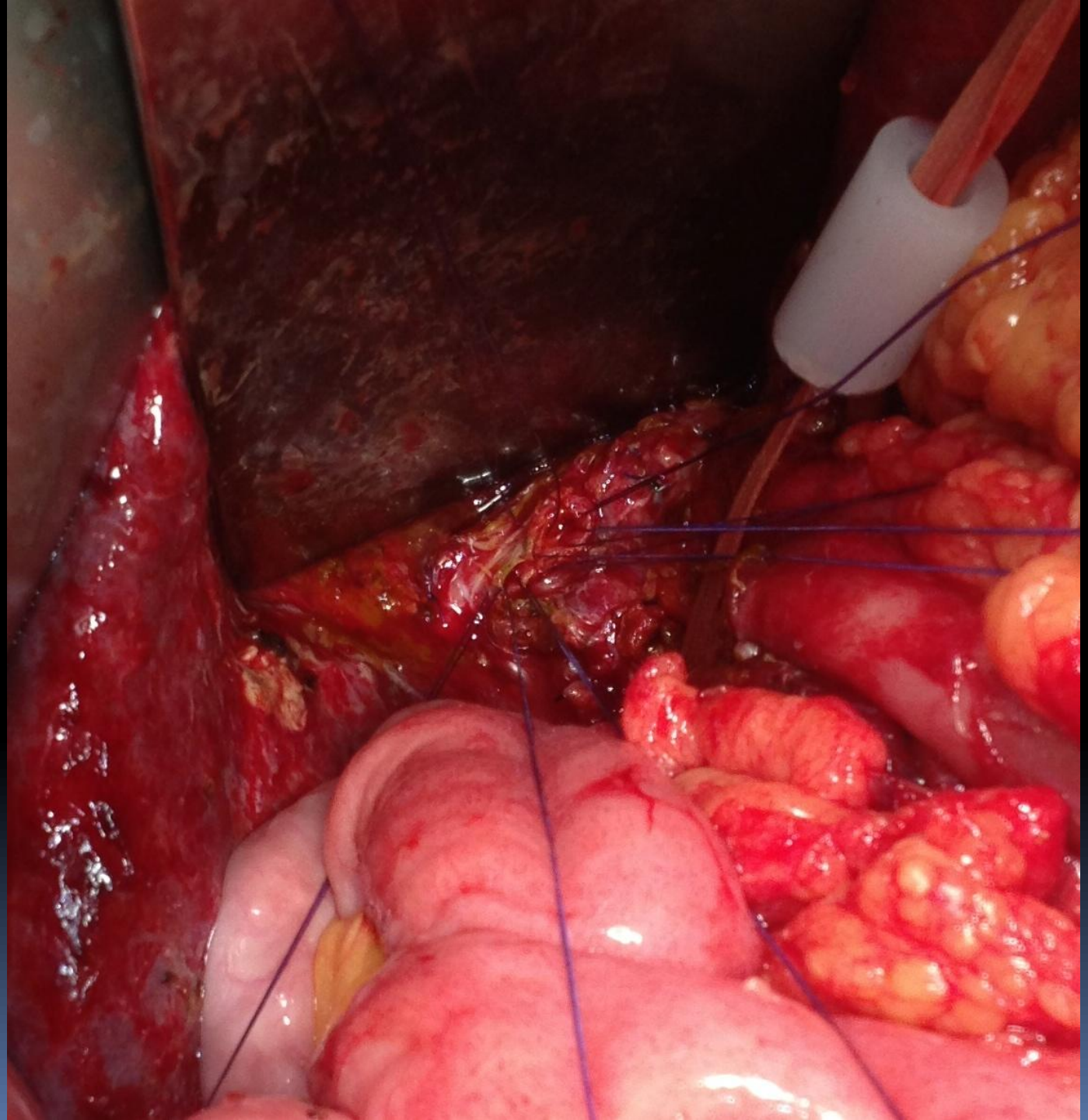
AKLM,feminino,29 anos
Colelitíase
Colecistectomia VL
Icterícia no 2° DPO
Médico: cálculo residual
CPRE

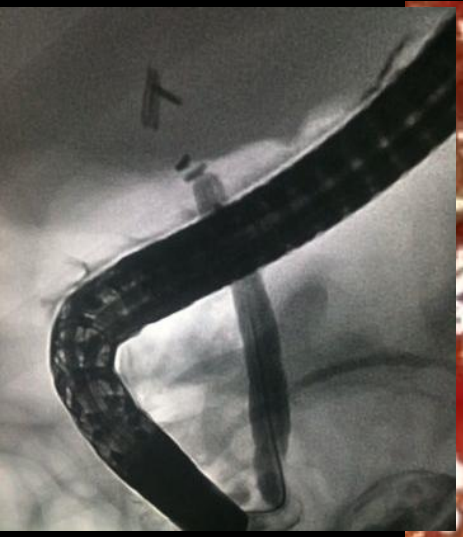


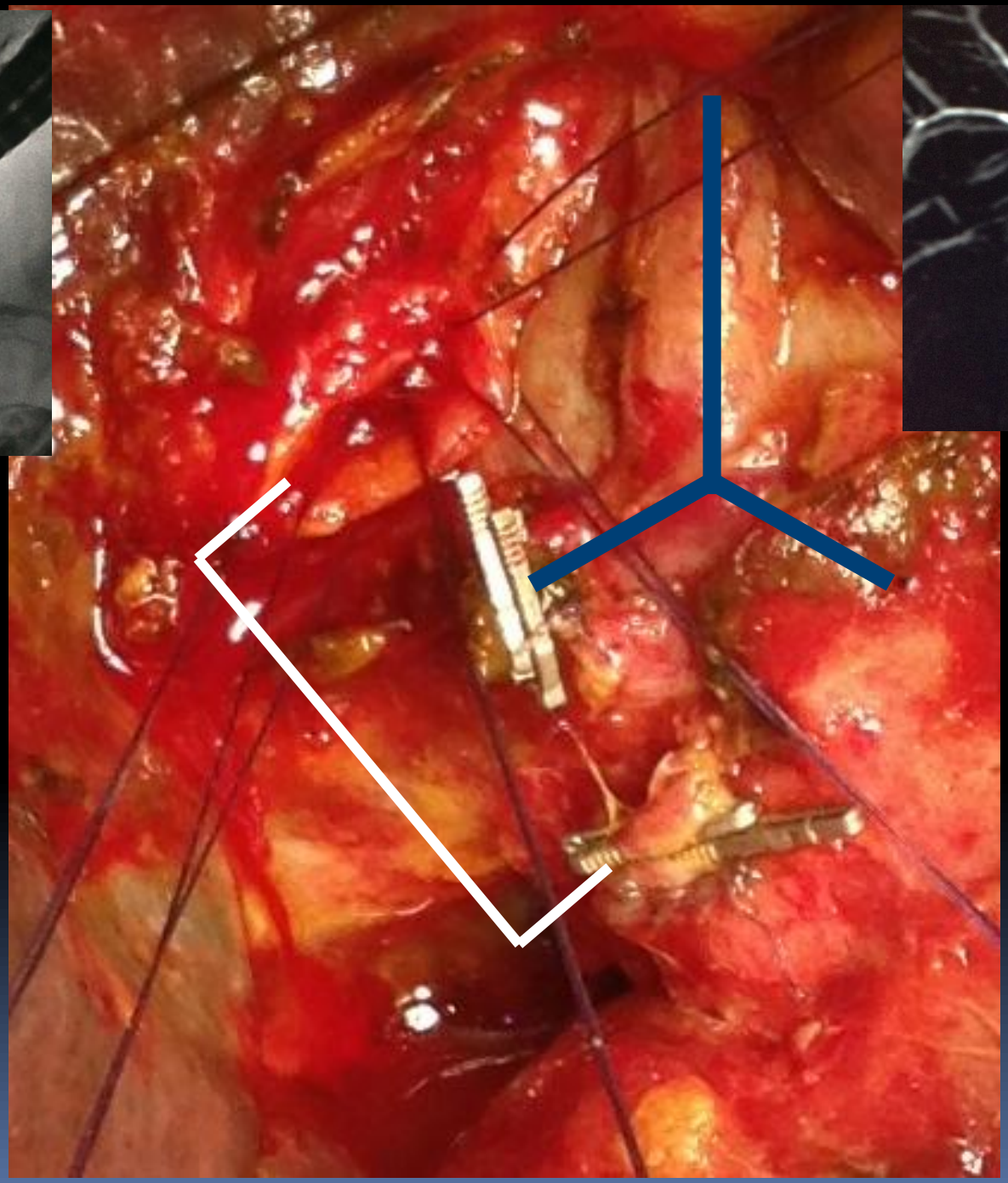


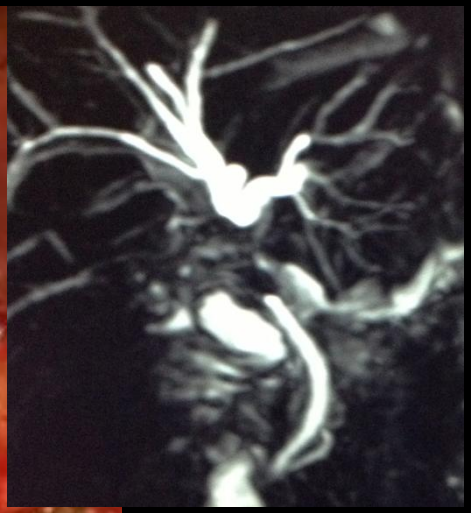












JSCR
Journal of Surgical Case Reports

Journal of Surgical Case Reports, 2018;7, 1–3

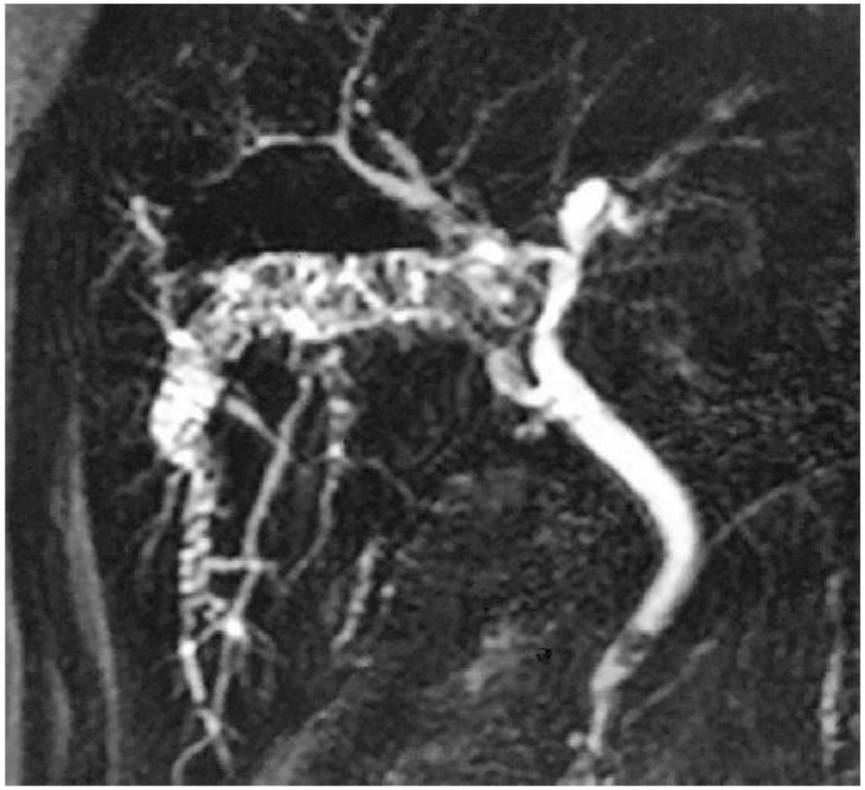
doi: 10.1093/jscr/rjy176
Case Report

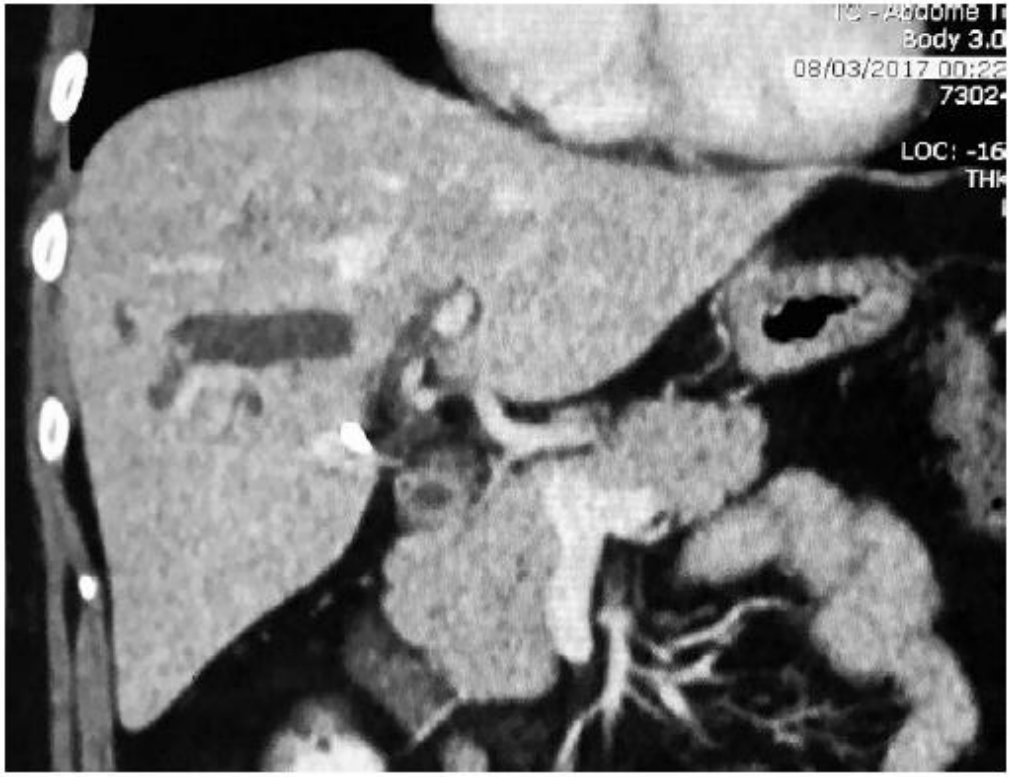
CASE REPORT

Right hepatectomy due to hepatolithiasis caused by endoclip migration after laparoscopic cholecystectomy: a case report

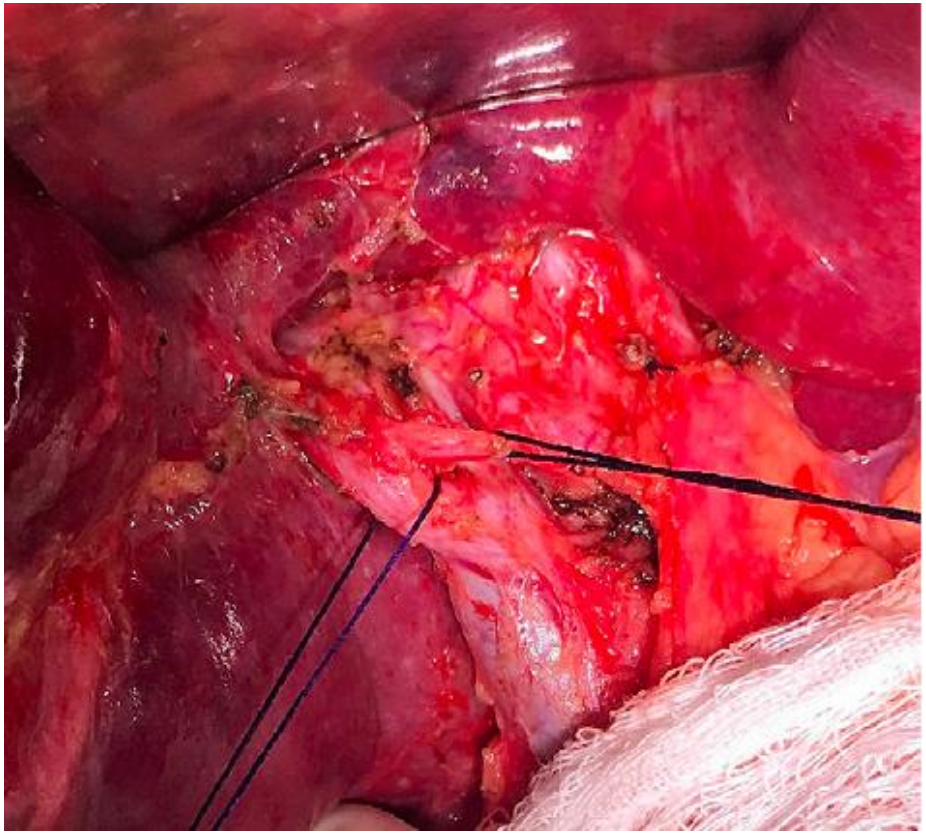
Orlando J. M. Torres[1,*], Romerito F. Neiva[1], Camila C. S. Torres[1], Theago M. Freitas[1], and Eduardo S. M. Fernandes[2]

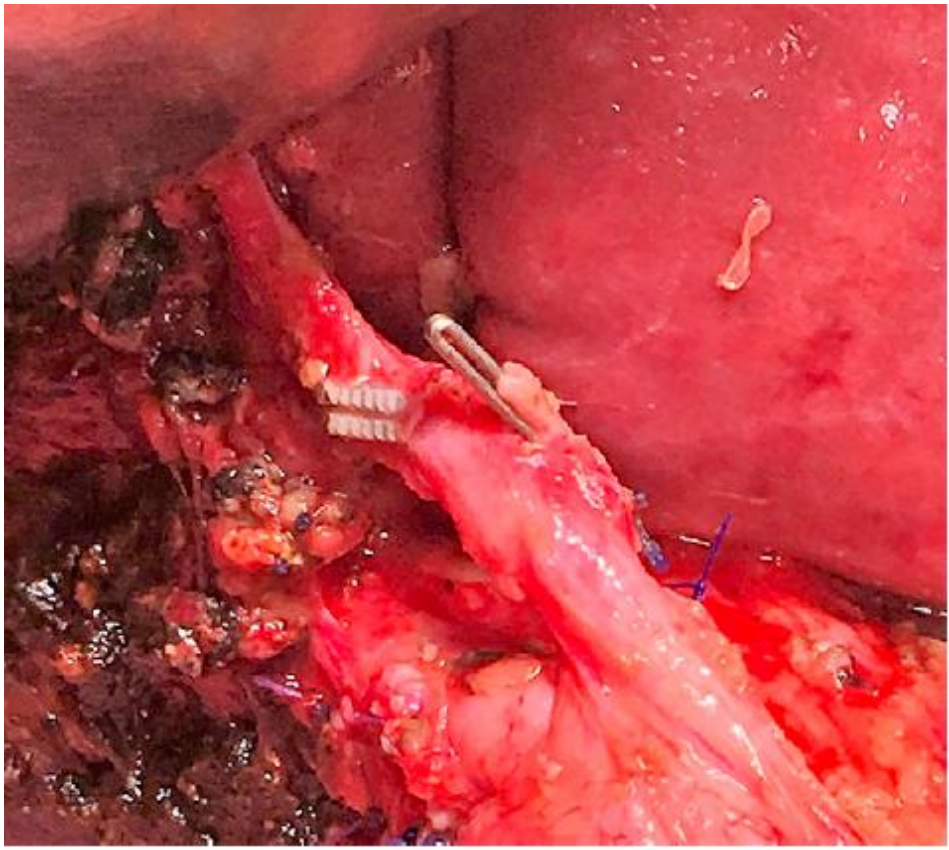
Torres OJ et al. JSCR 2018



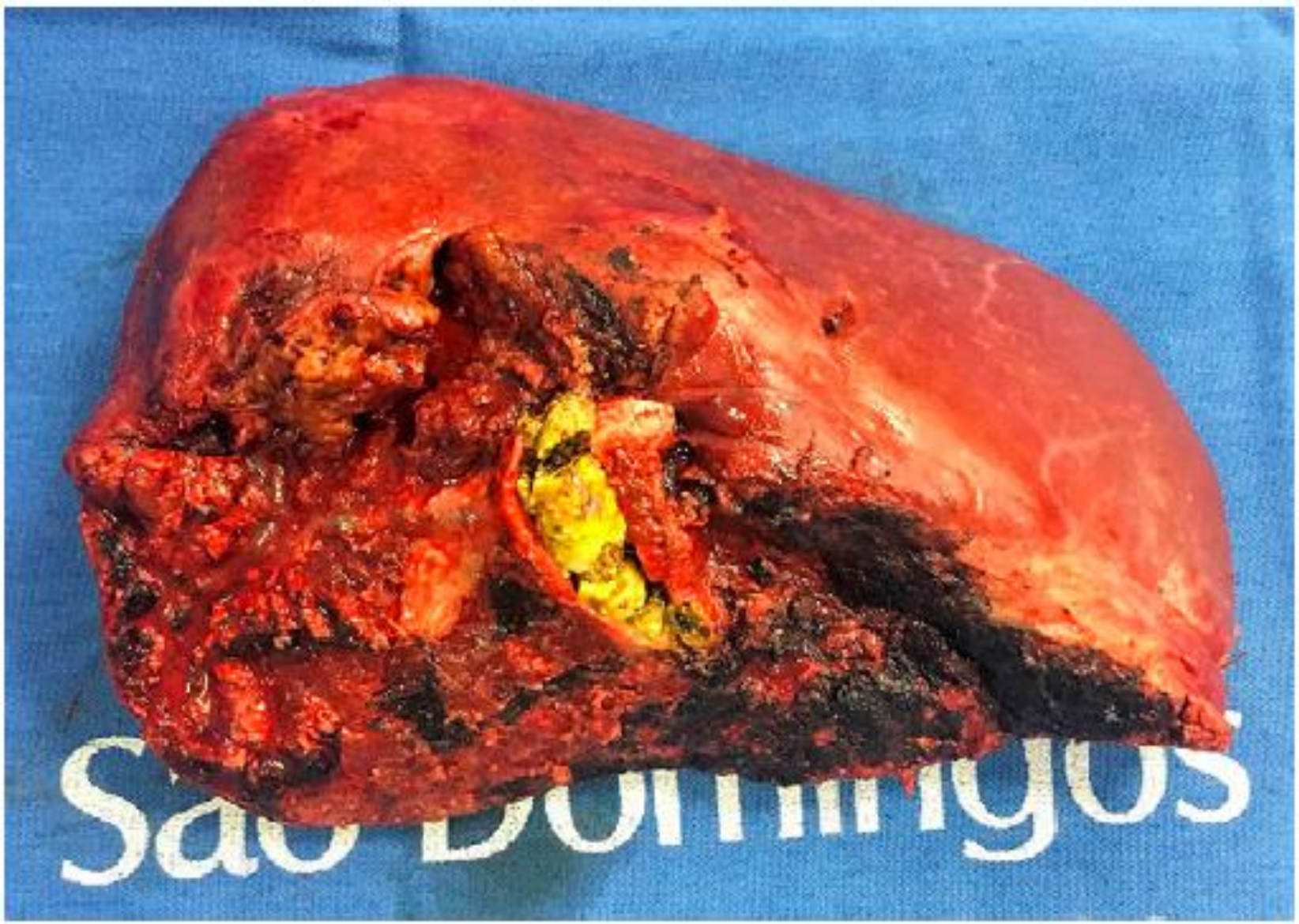


Torres OJ et al. JSCR 2018





Torres OJ et al. JSCR 2018



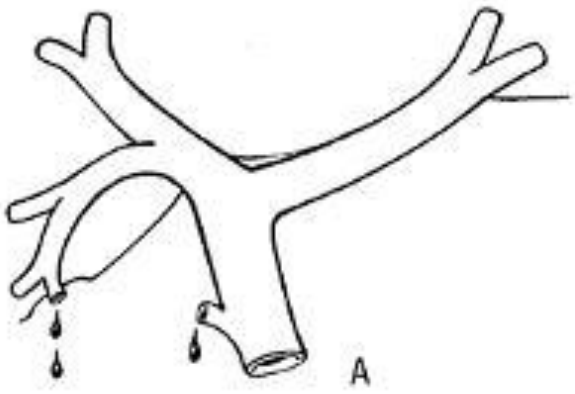
Torres OJ et al. JSCR 2018

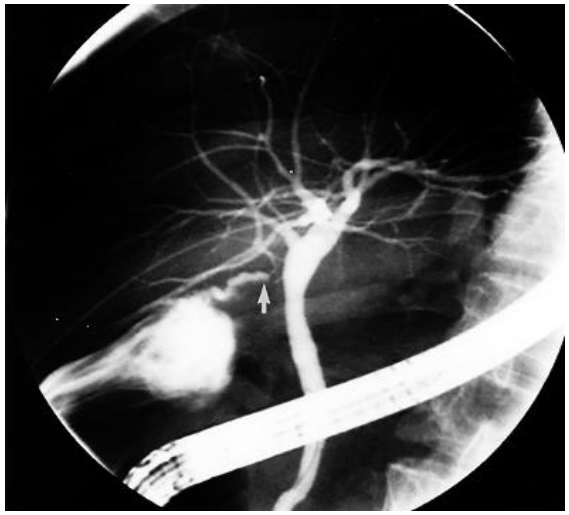
Classificar a lesão

Steven Strasberg

Tipo A

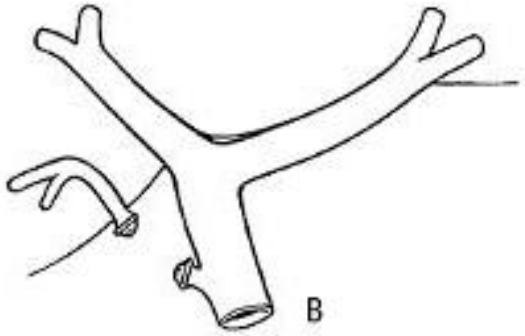
Vazamento biliar de um ducto menor, ainda em continuidade com o ducto biliar comum

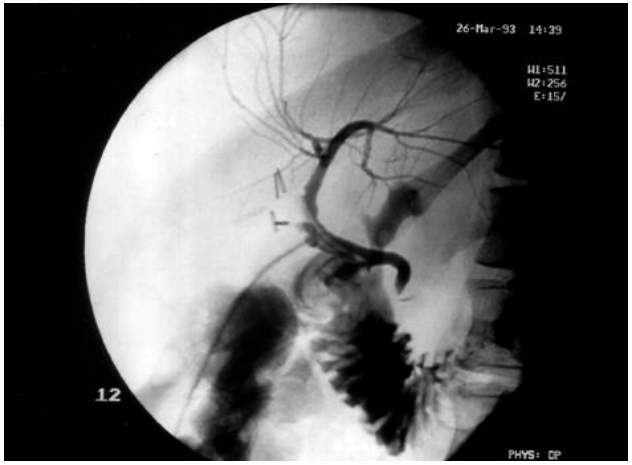




Tipo B

Oclusão de parte da árvore biliar

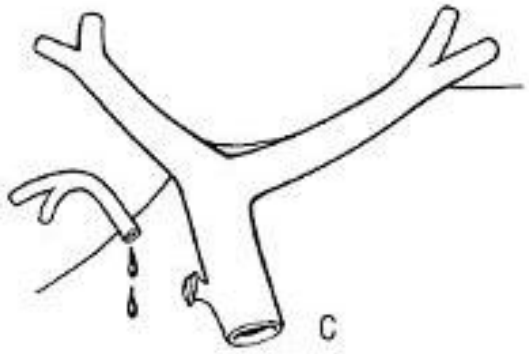


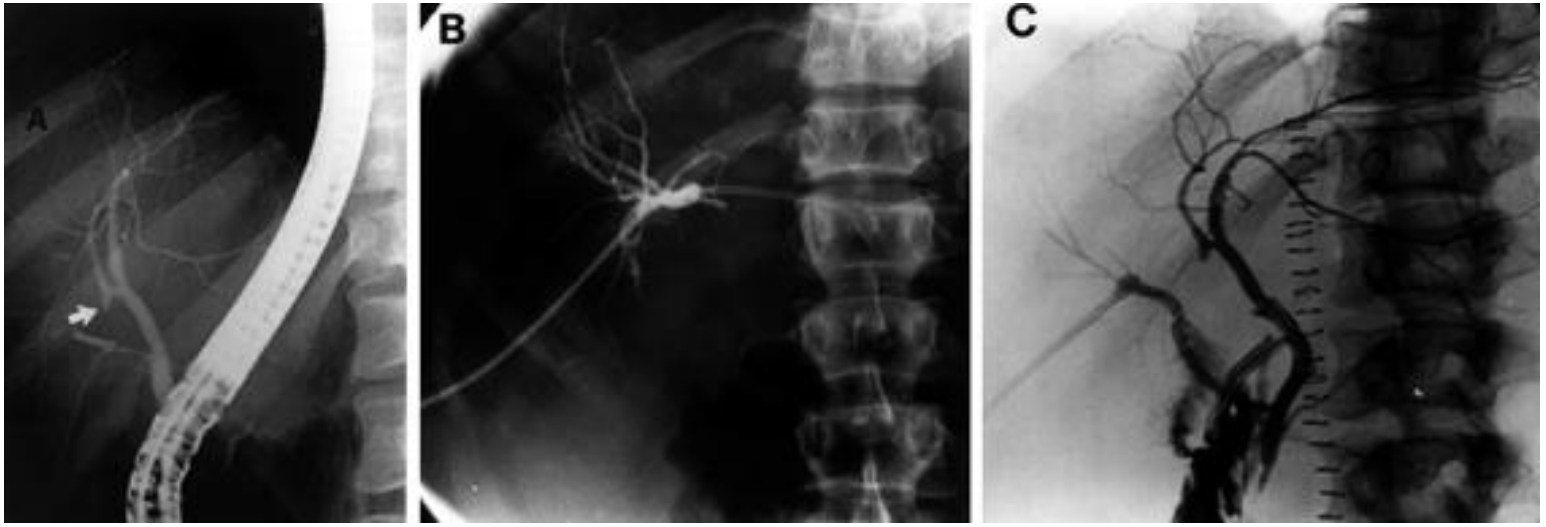


Strasberg et al - J Am Coll Surg 180:101-125,1995

Tipo C

Vazamento biliar de ducto que não está em comunicação com o ducto biliar comum.

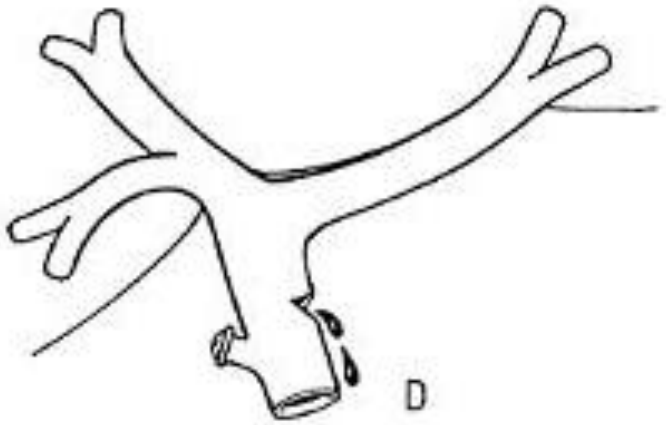


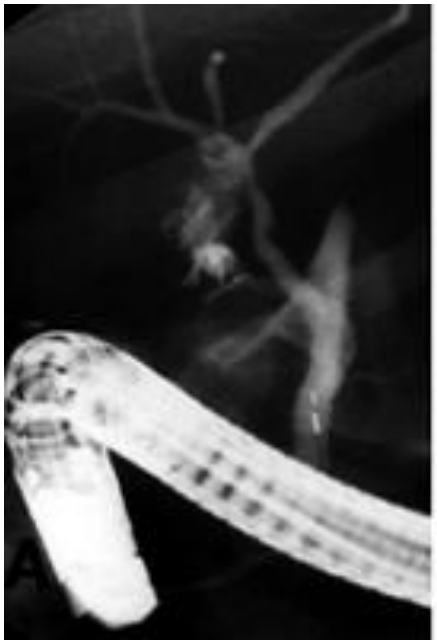


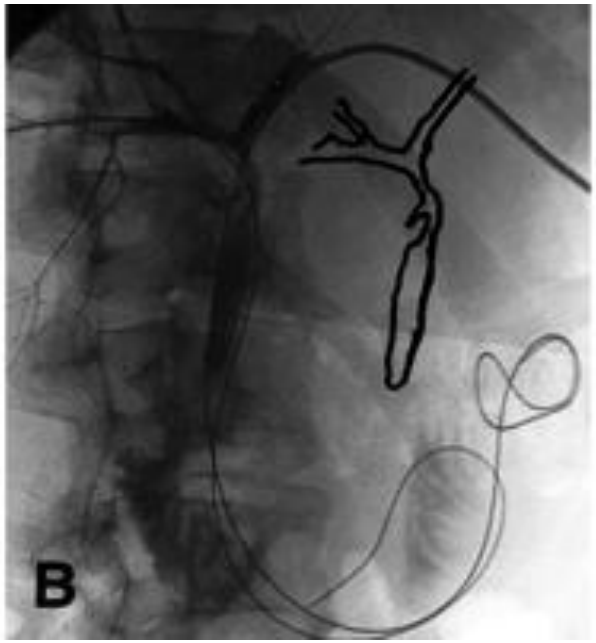
Strasberg et al - J Am Coll Surg 180:101-125,1995

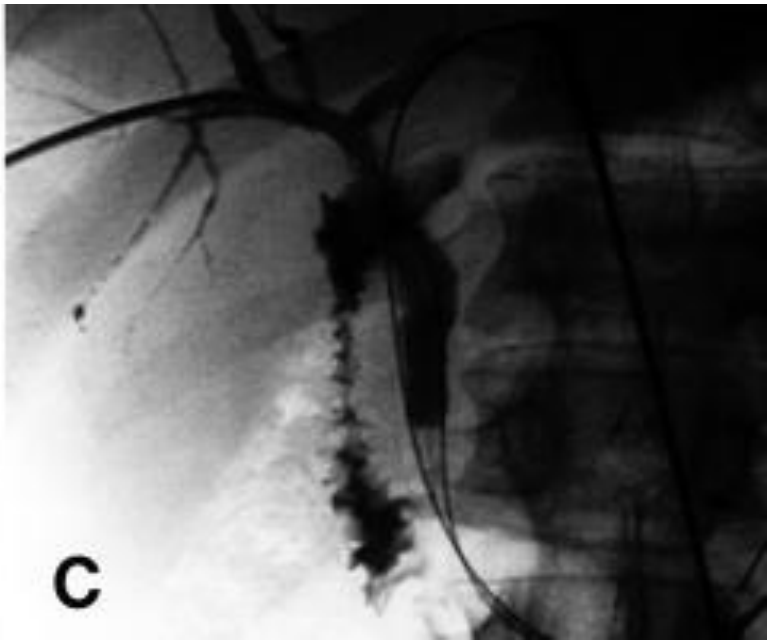
Tipo D

Lesão lateral do ducto biliar extra-hepático.





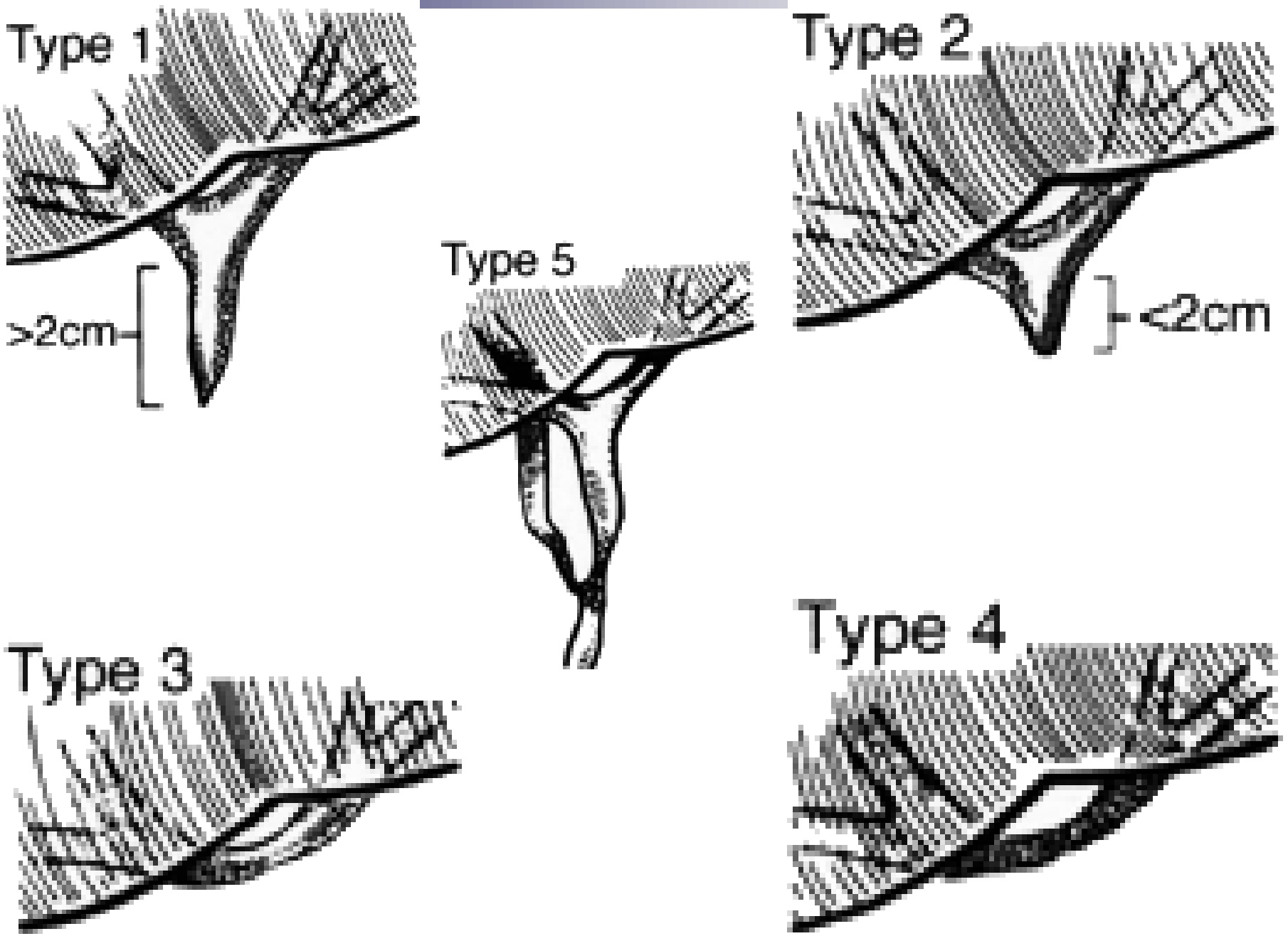




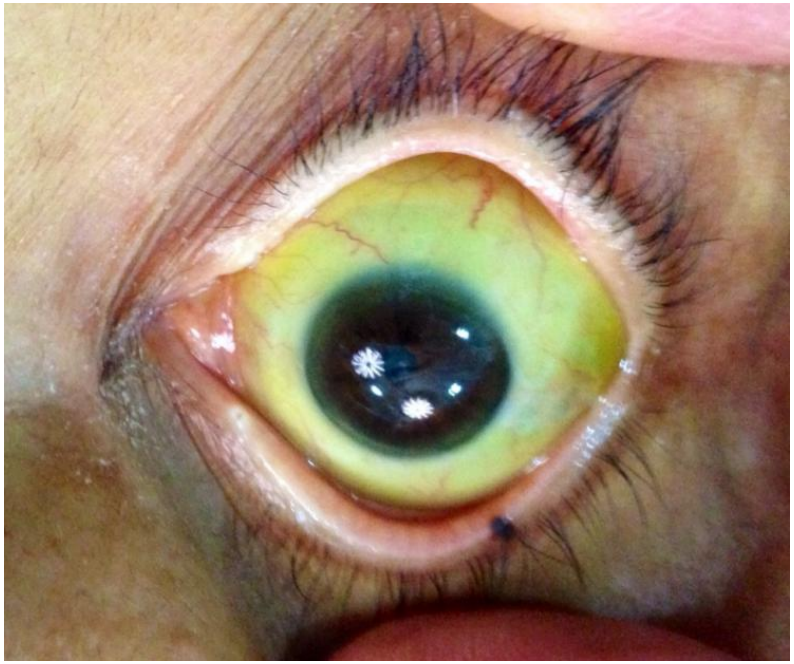
Tipo E

Semelhante à de Bismuth (E1 – E5)

Henry Bismuth

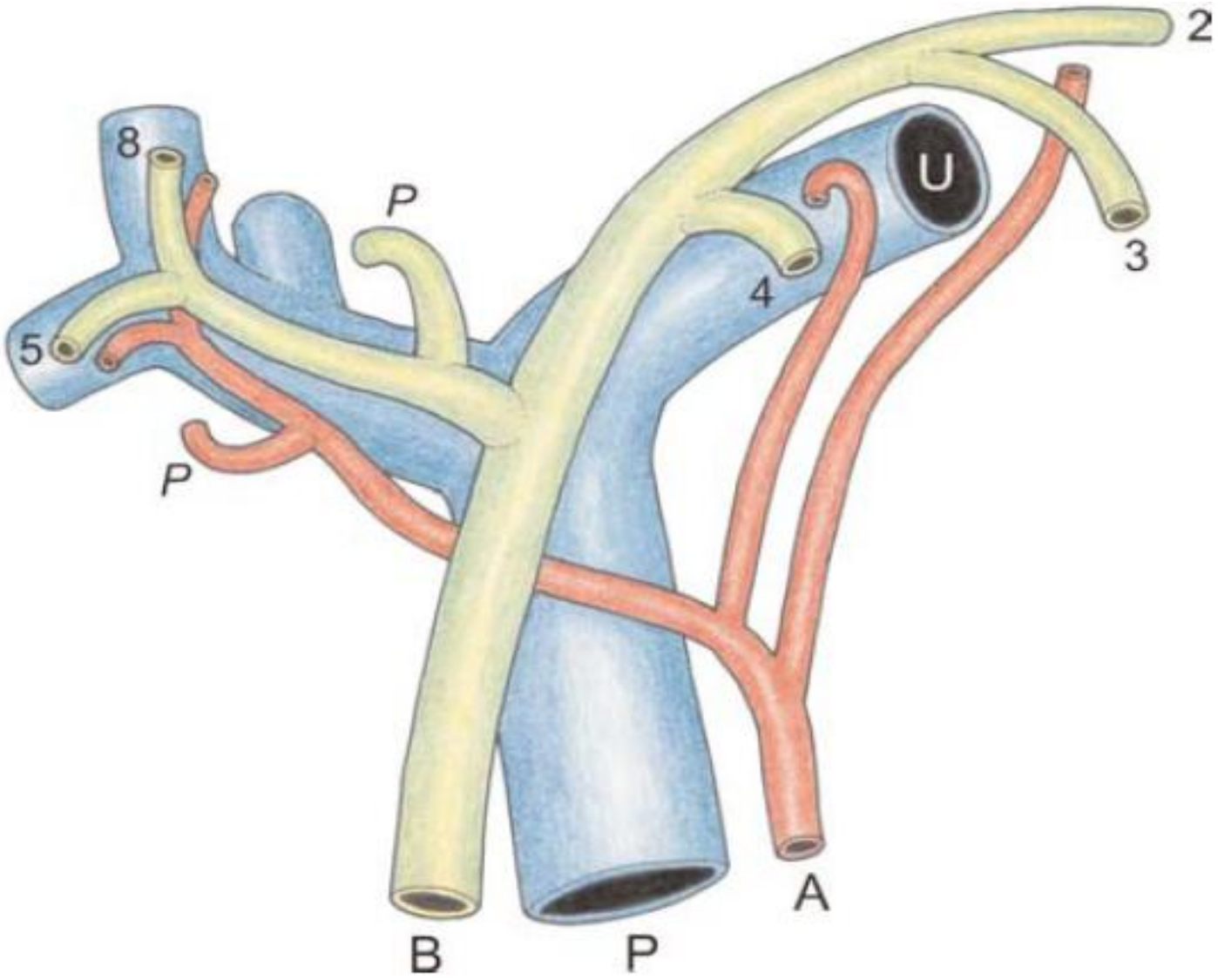

Type 1
>2cm
Type 5
Type 2
<2cm
Type 3
Type 4

ICTERÍCIA



FÍSTULA BILIAR

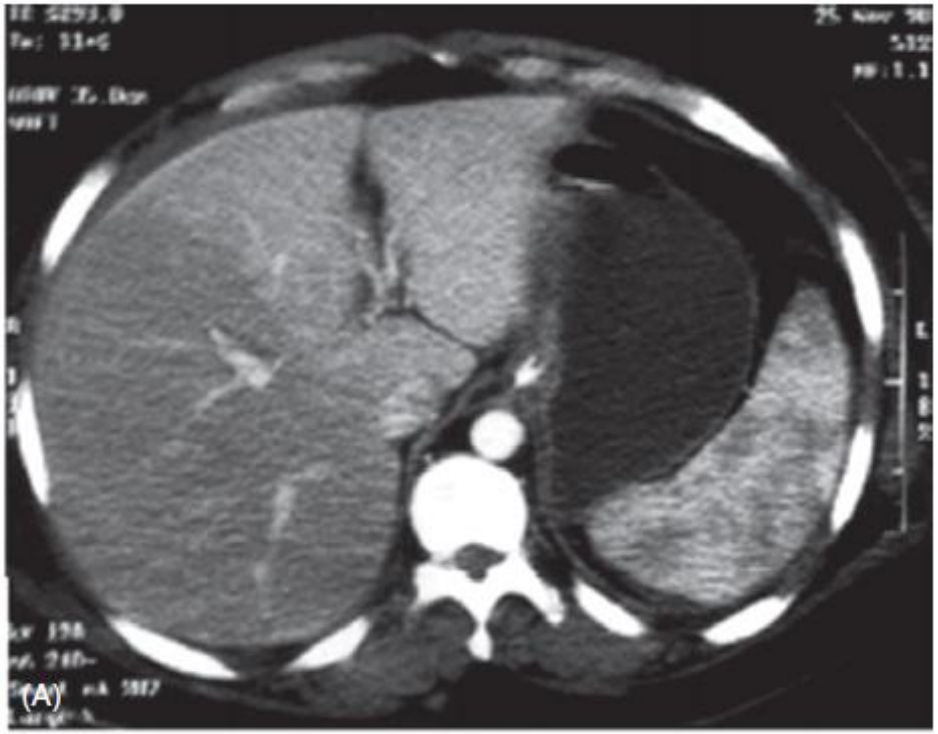
AVALIAR ENVOLVIMENTO VASCULAR

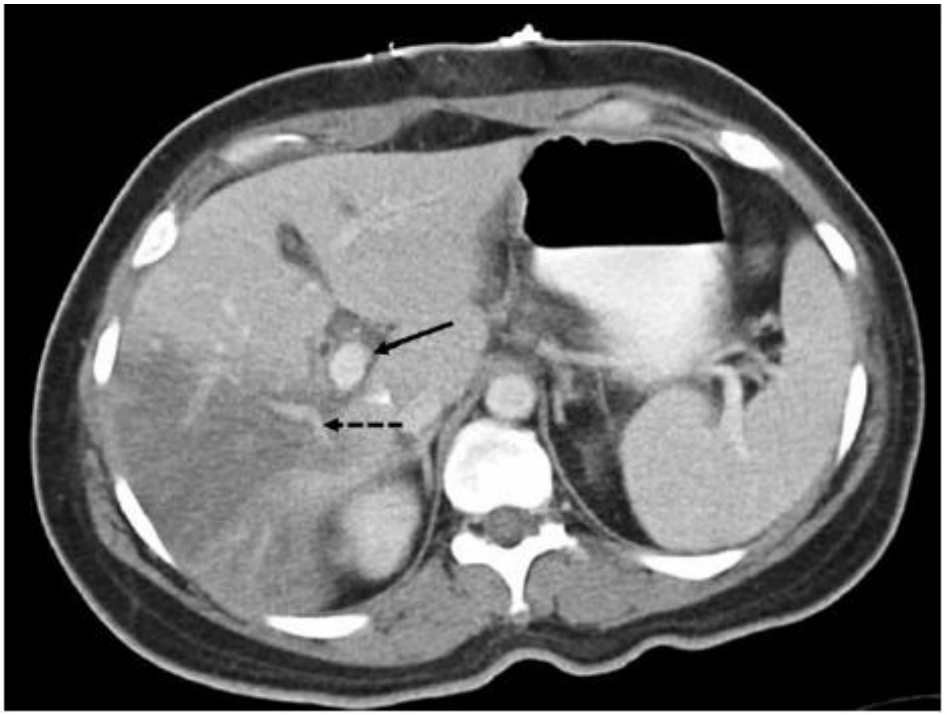


LESÃO VASCULAR ASSOCIADA

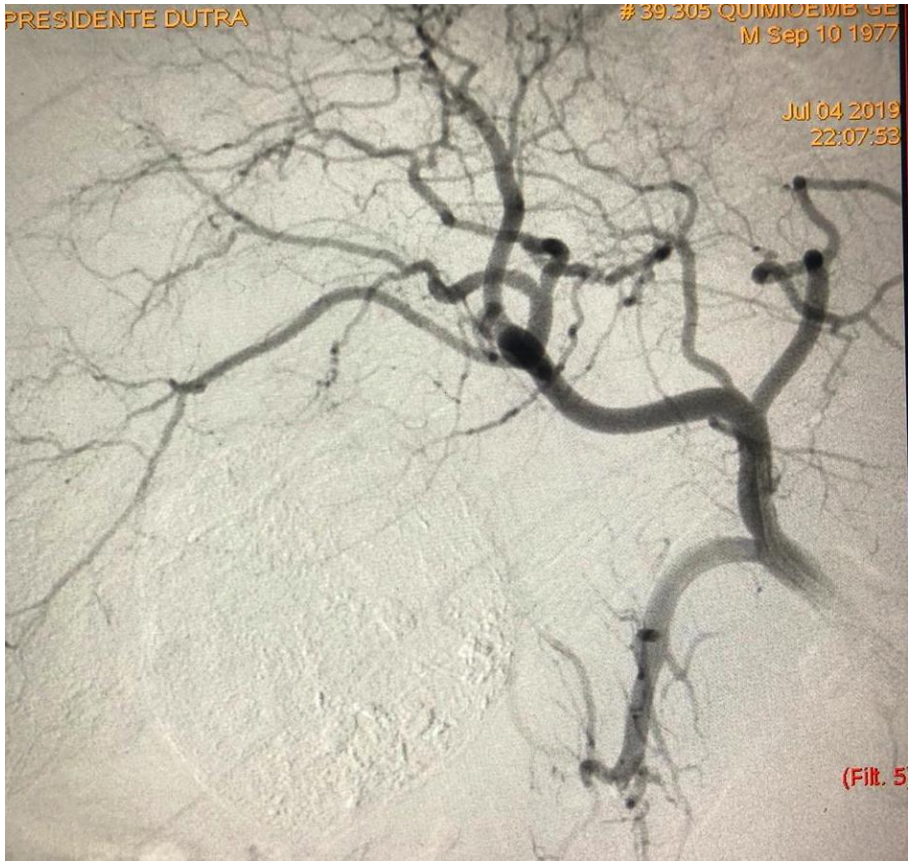
- Biloma
- Áreas de isquemia
- Disfunção hepática

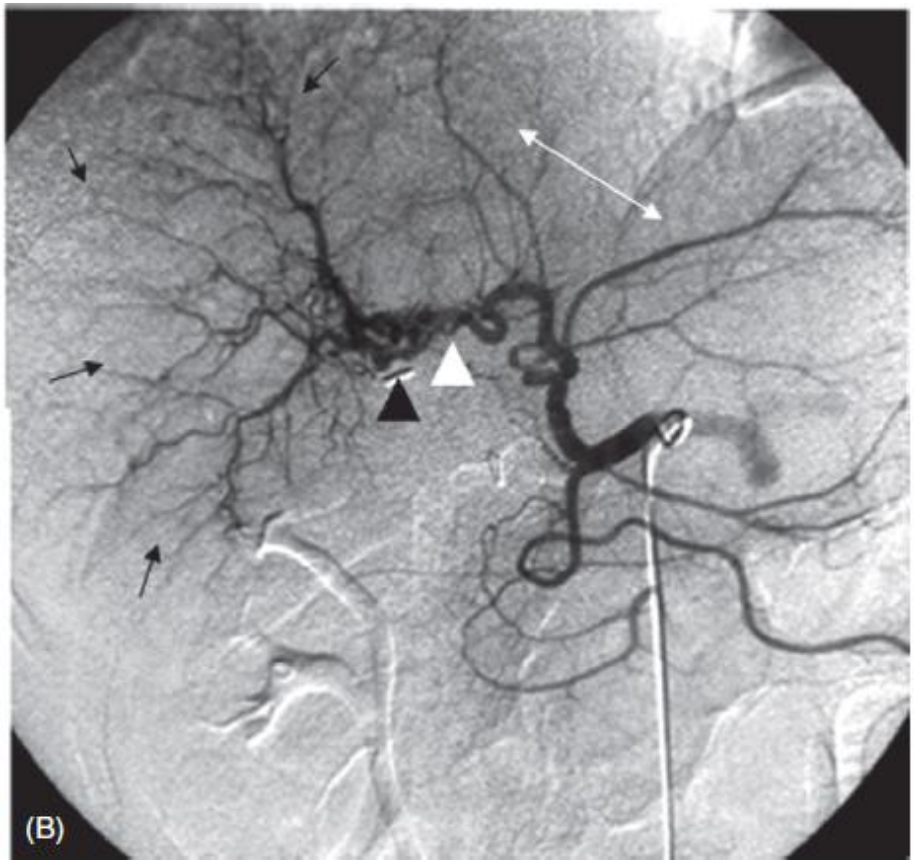
AVALIAR ENVOLVIMENTO VASCULAR



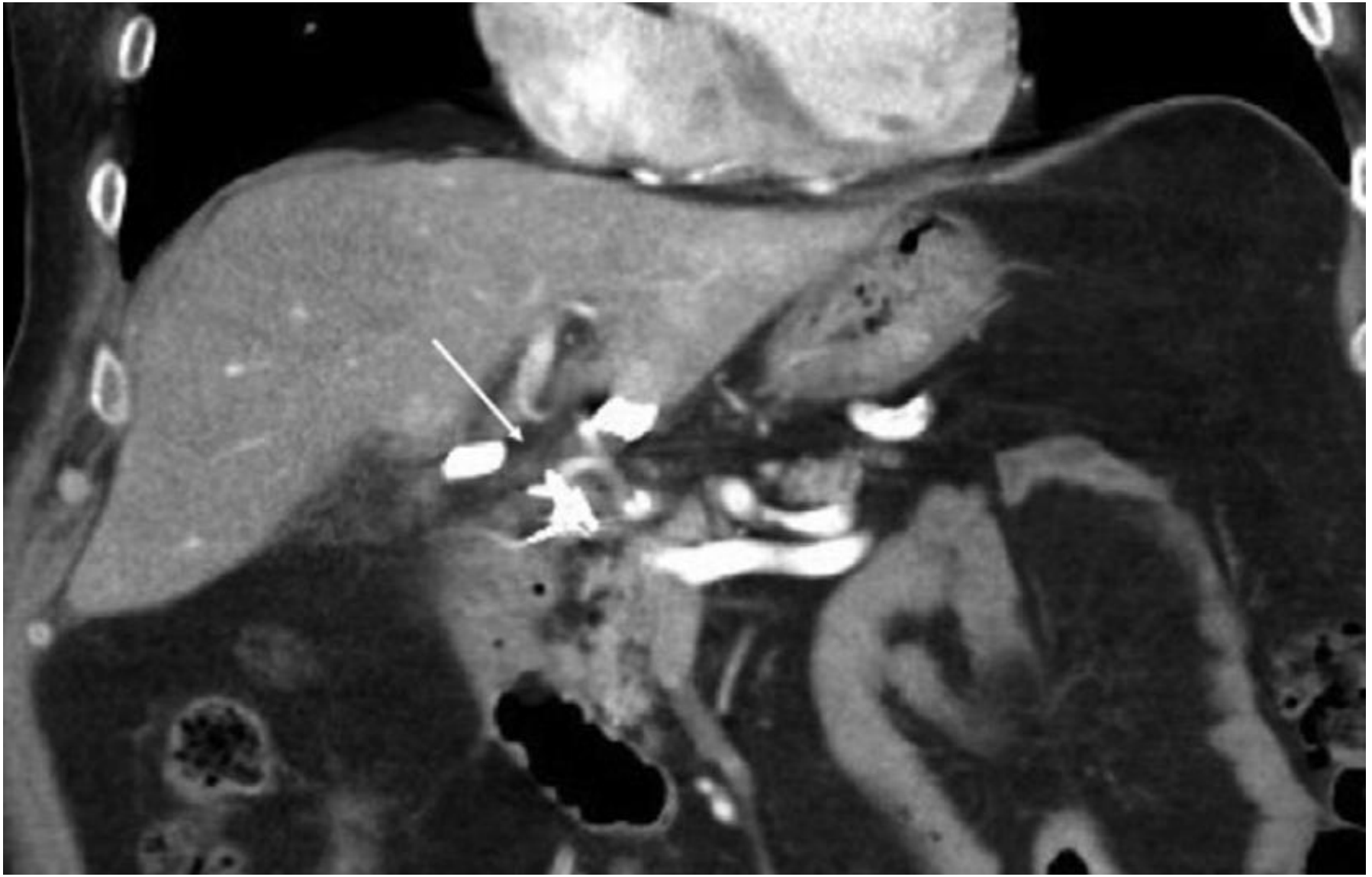


AVALIAR ENVOLVIMENTO VASCULAR

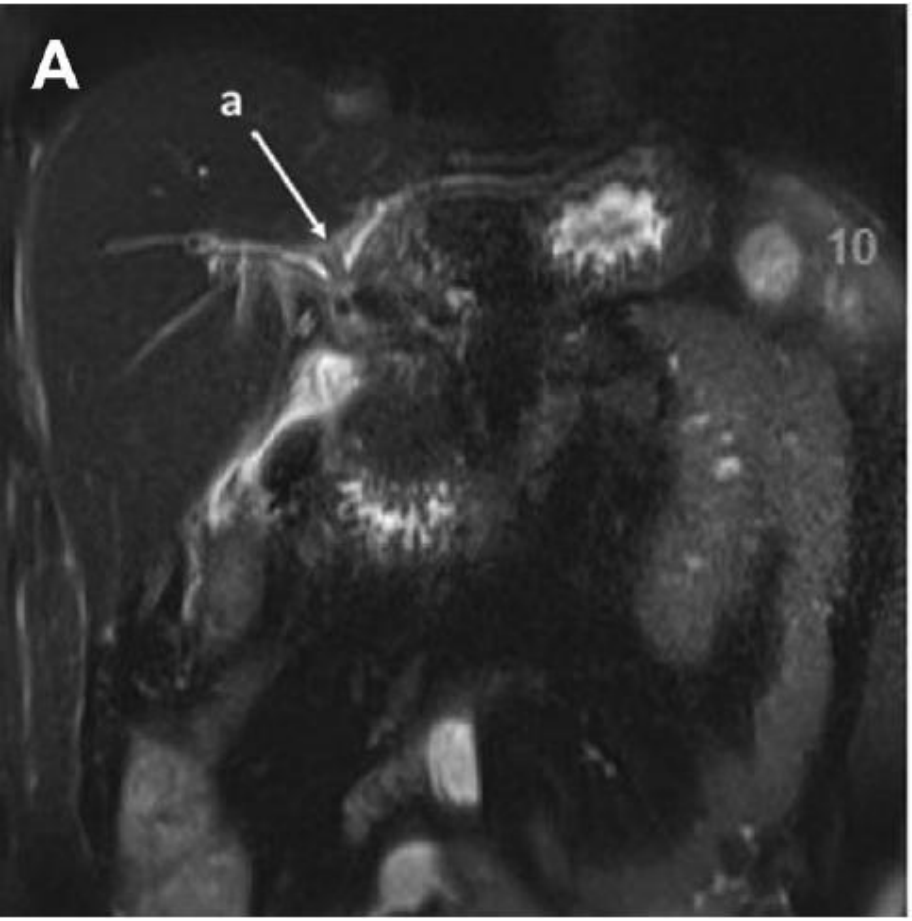


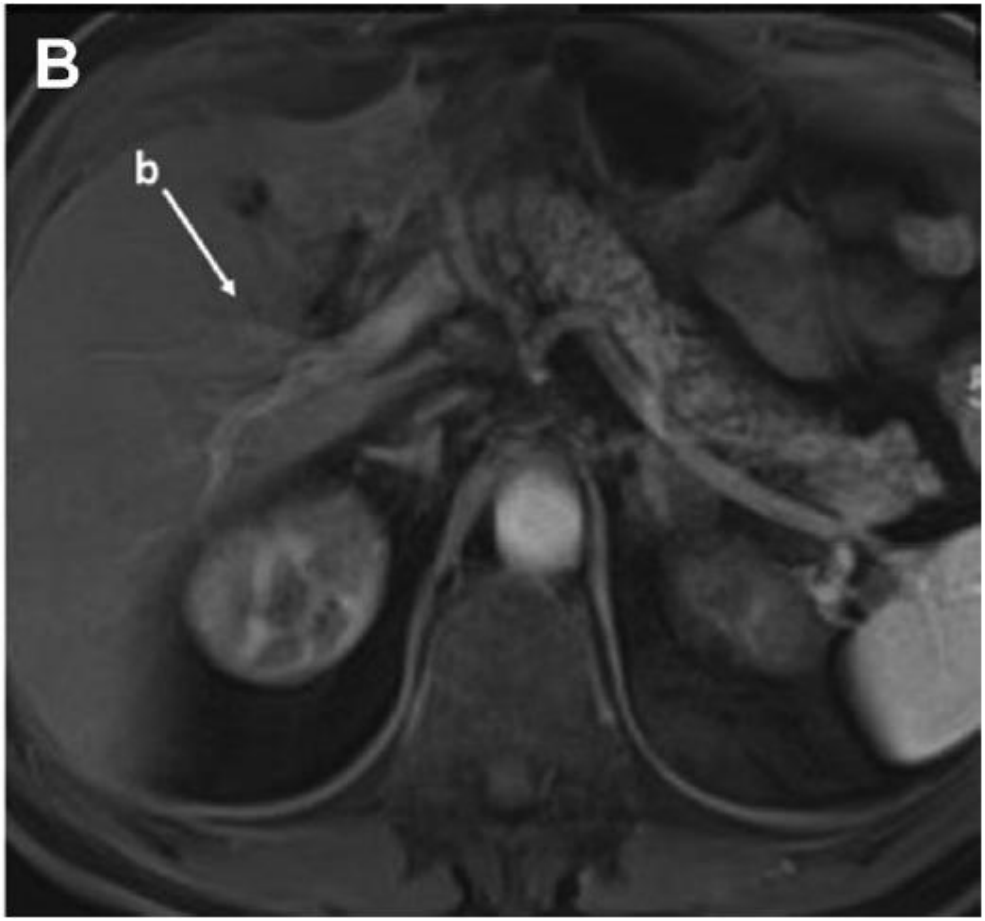


LESÃO VASCULAR ASSOCIADA

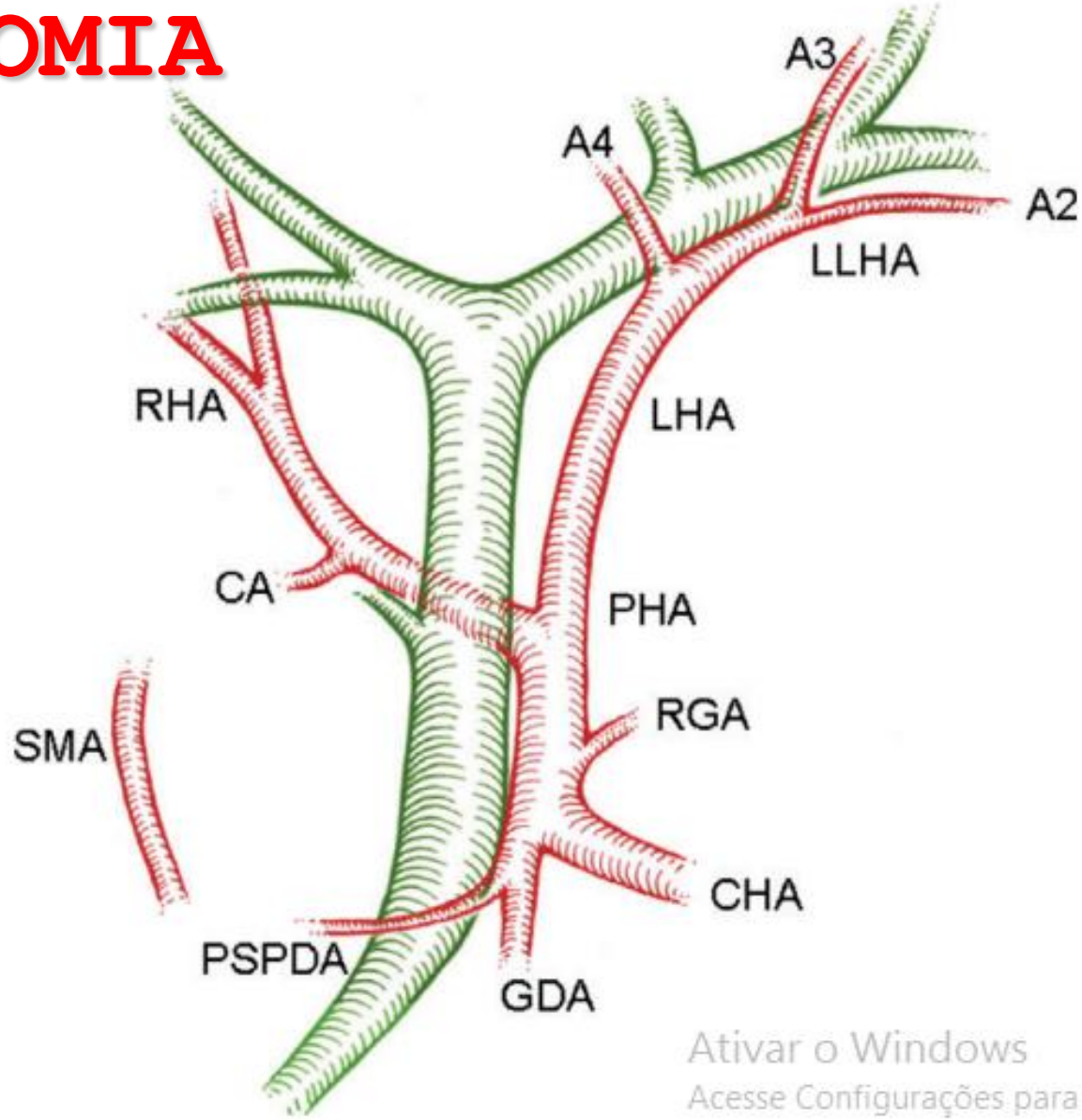


LESÃO VASCULAR ASSOCIADA

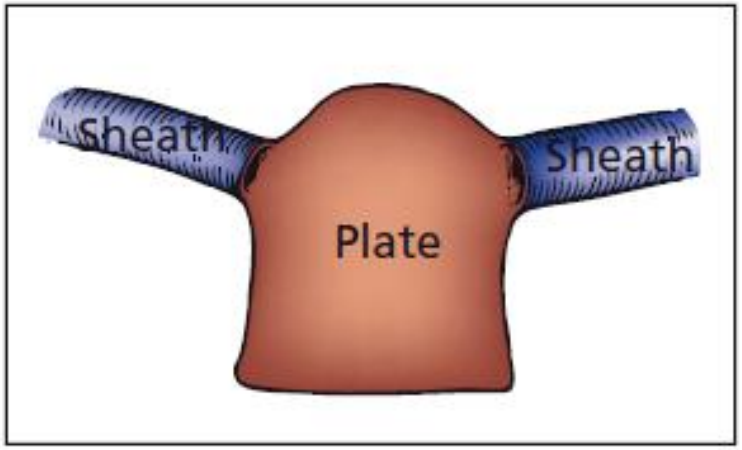


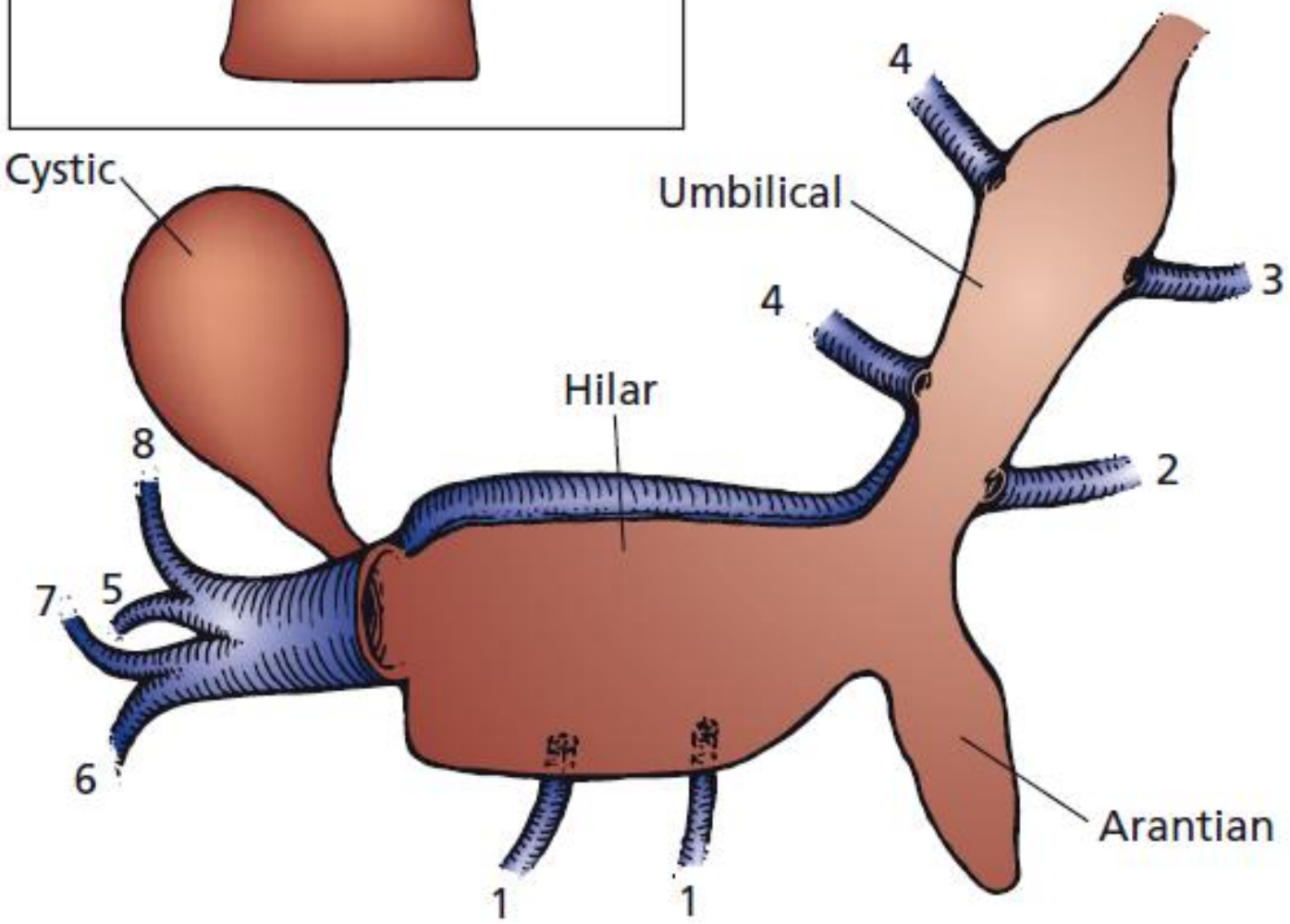


ANATOMIA



ANATOMIA


Sheath
Plate
Sheath


Cystic
Umbilical
4
4
3
Hilar
8
2
7
5
6
1
1
Arantian

CASE REPORT

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

Saket Kumar, Pavan Kumar, Abhijit Chandra

REPARO CIRÚRGICO

- Reparo precoce por cirurgião HPB
- Pode ser tão efetivo quanto o tardio
- Não deve ser realizado pelo primeiro cirurgião

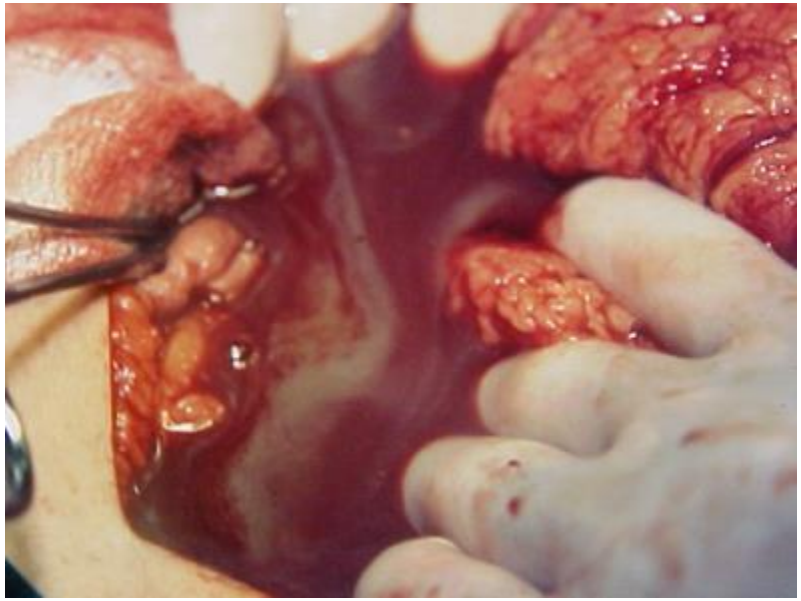
NO MOMENTO DA LESÃO

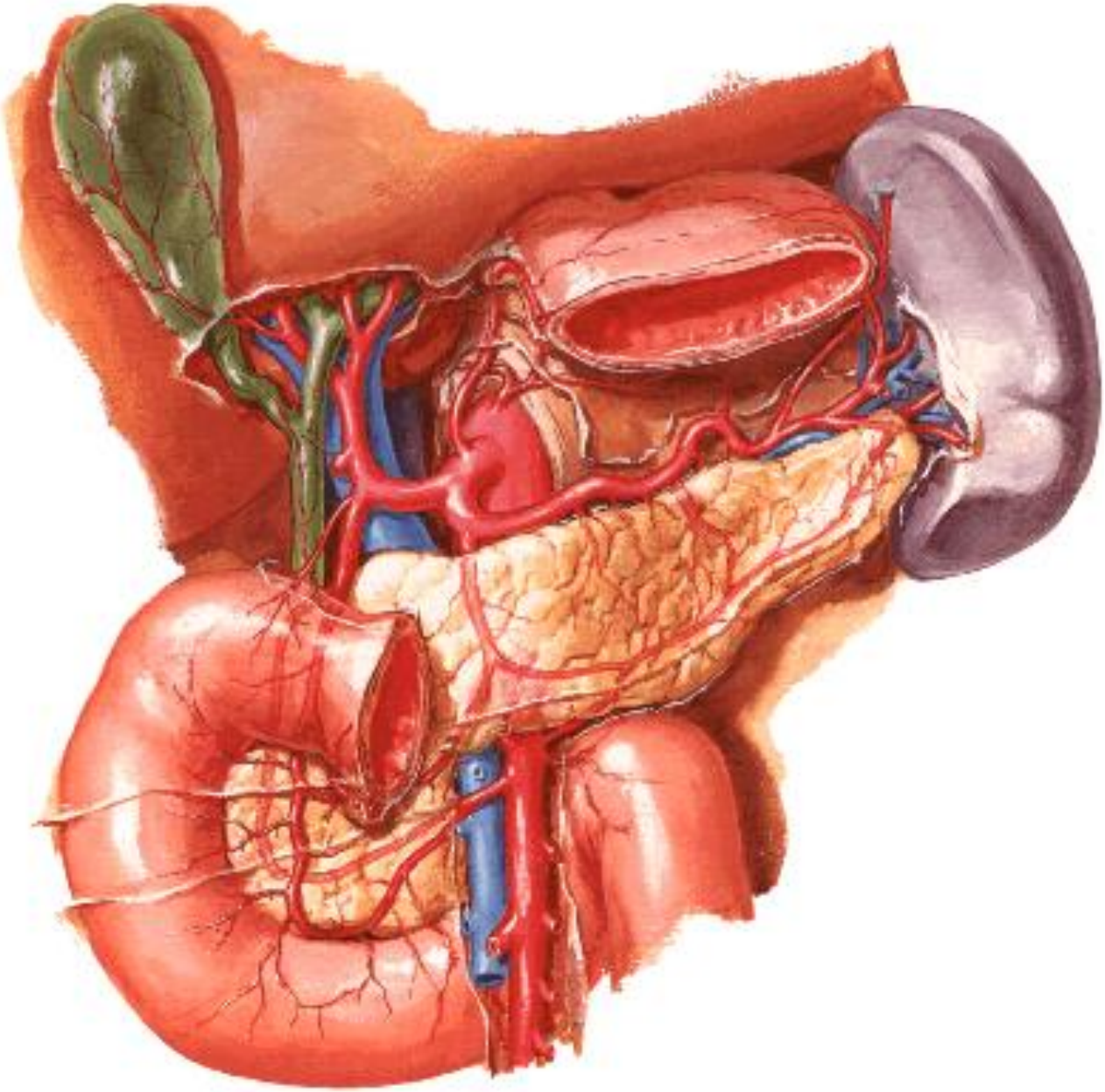
- Ligadura da via biliar
- Colocação de sonda dentro da via biliar

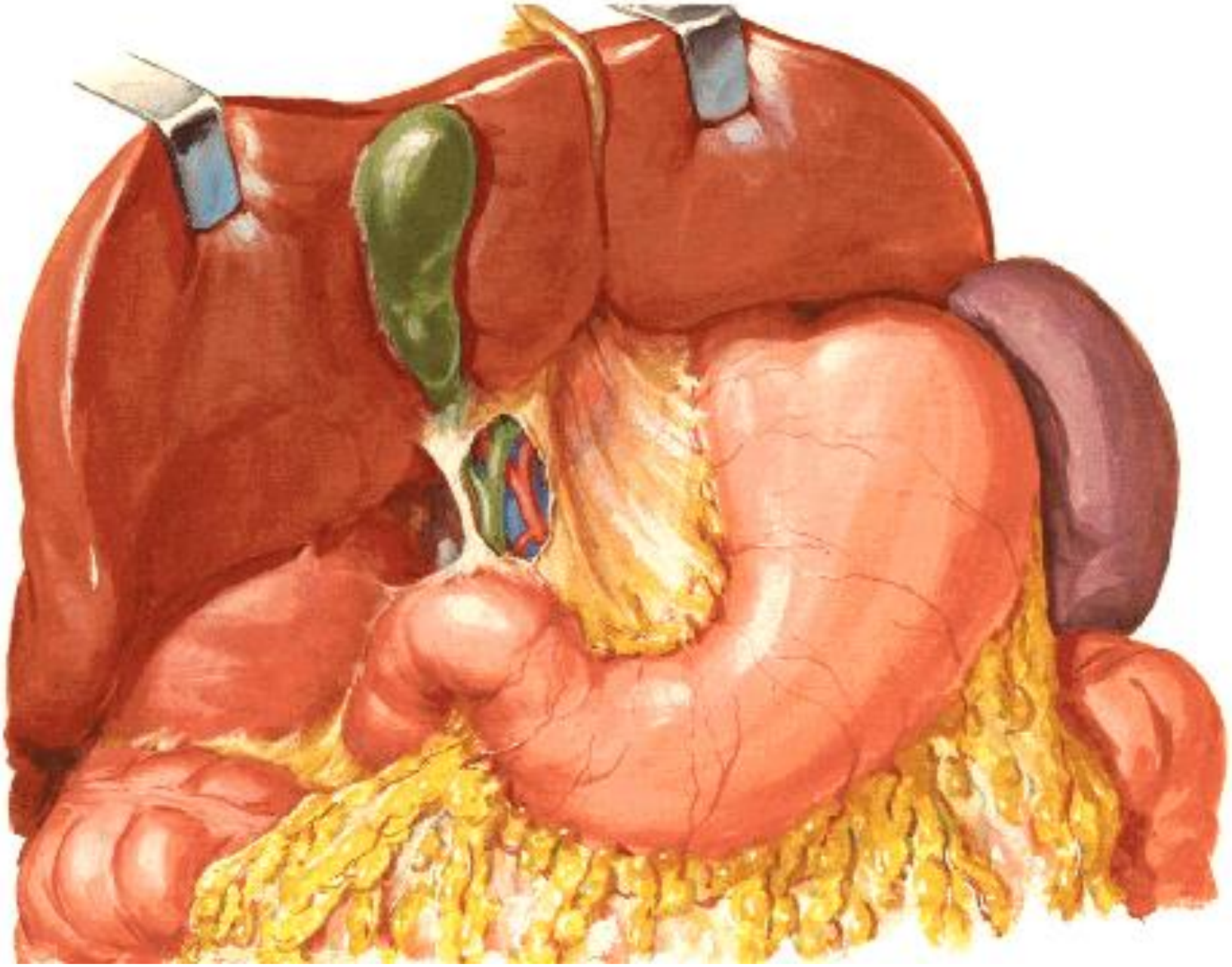
NÃO DEVE SER REALIZADO DE ROTINA

REOPERAÇÃO IMEDIATA

- Importante coleperitôneo
- Infecção



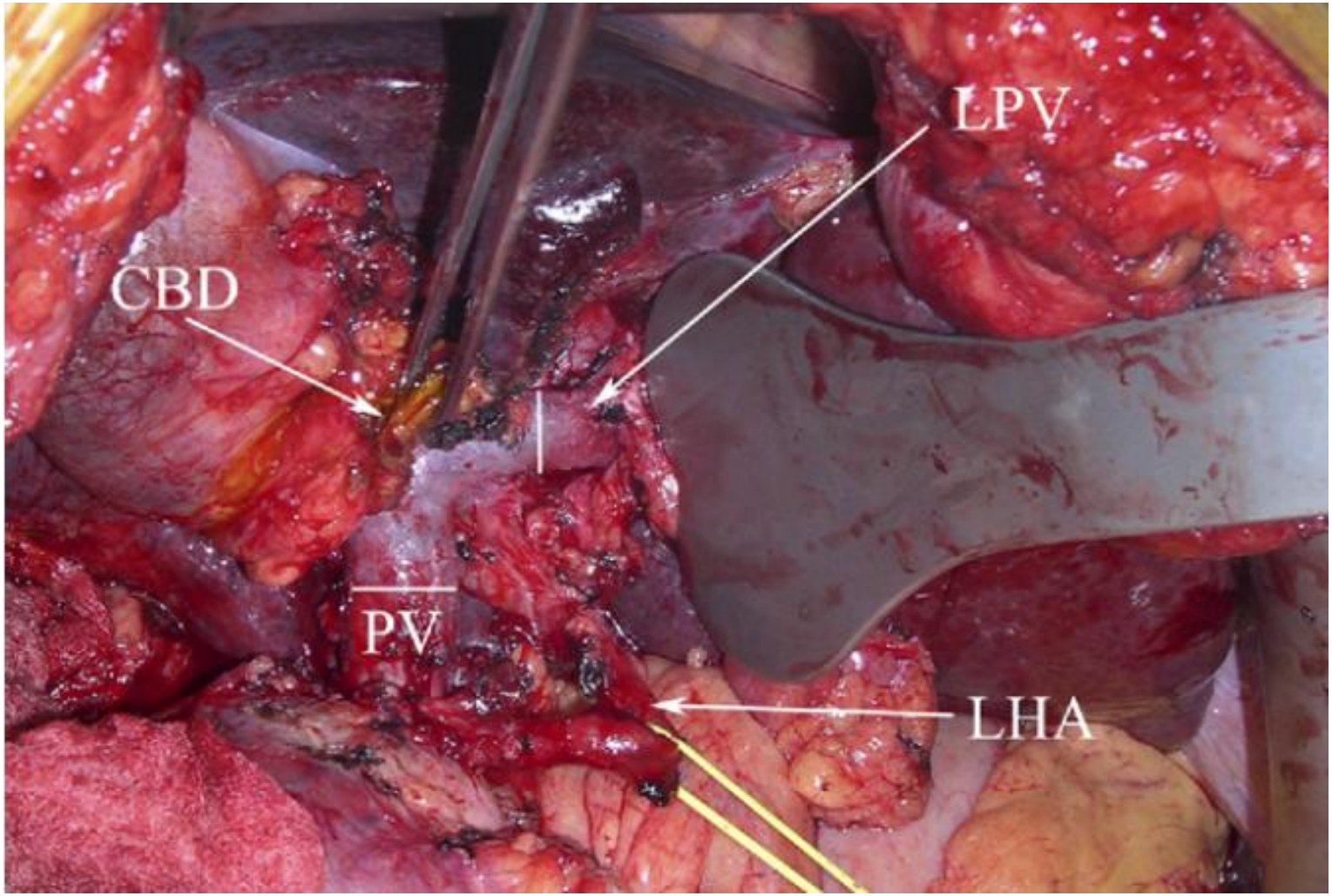




PROCEDIMENTOS

- Reparo simples
- Anastomose termino-terminal
- Anastomose bilio-entérica
- Ressecção hepática
- Transplante hepático

PORTAL VEIN INVOLVEMENT



REPARO IMEDIATO

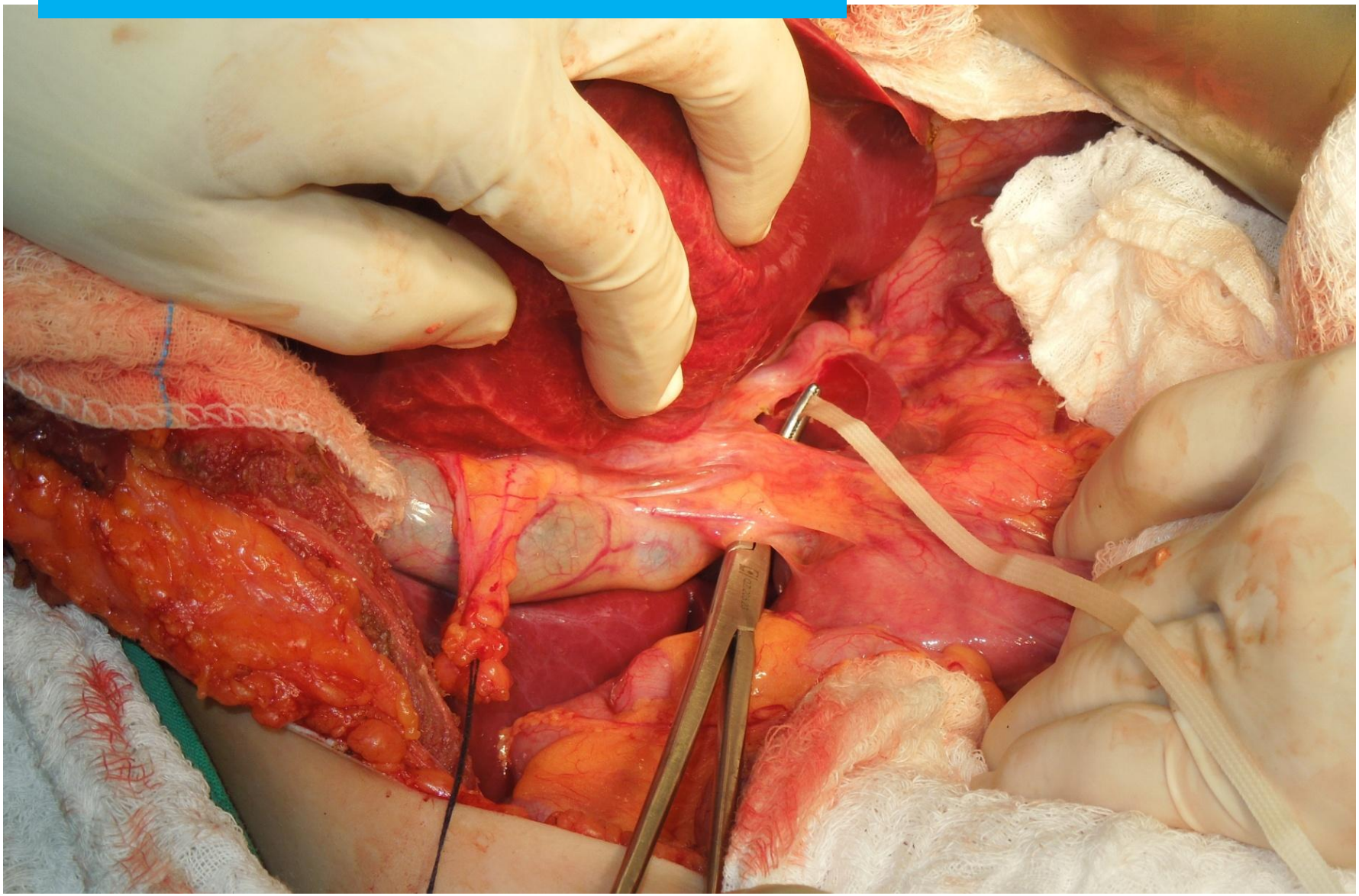
- Colangite aguda
- Abscesso hepático
- Coleperitôneo
- Fístula biliar externa
- Icterícia progressiva

CONTRA-INDICAÇÕES

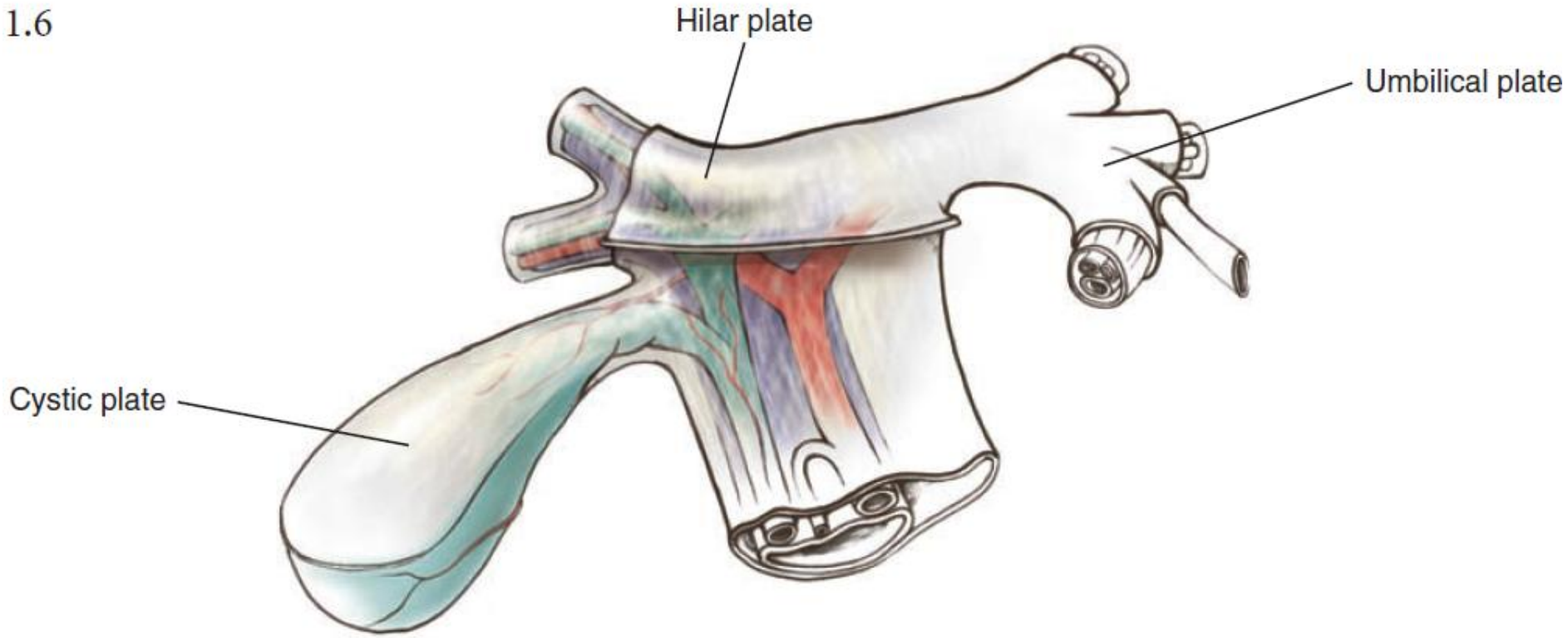
DISSECÇÃO DO HILO

- Incisão
- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar

MANOBRA DE PRINGLE



CONTROLE DO HILO



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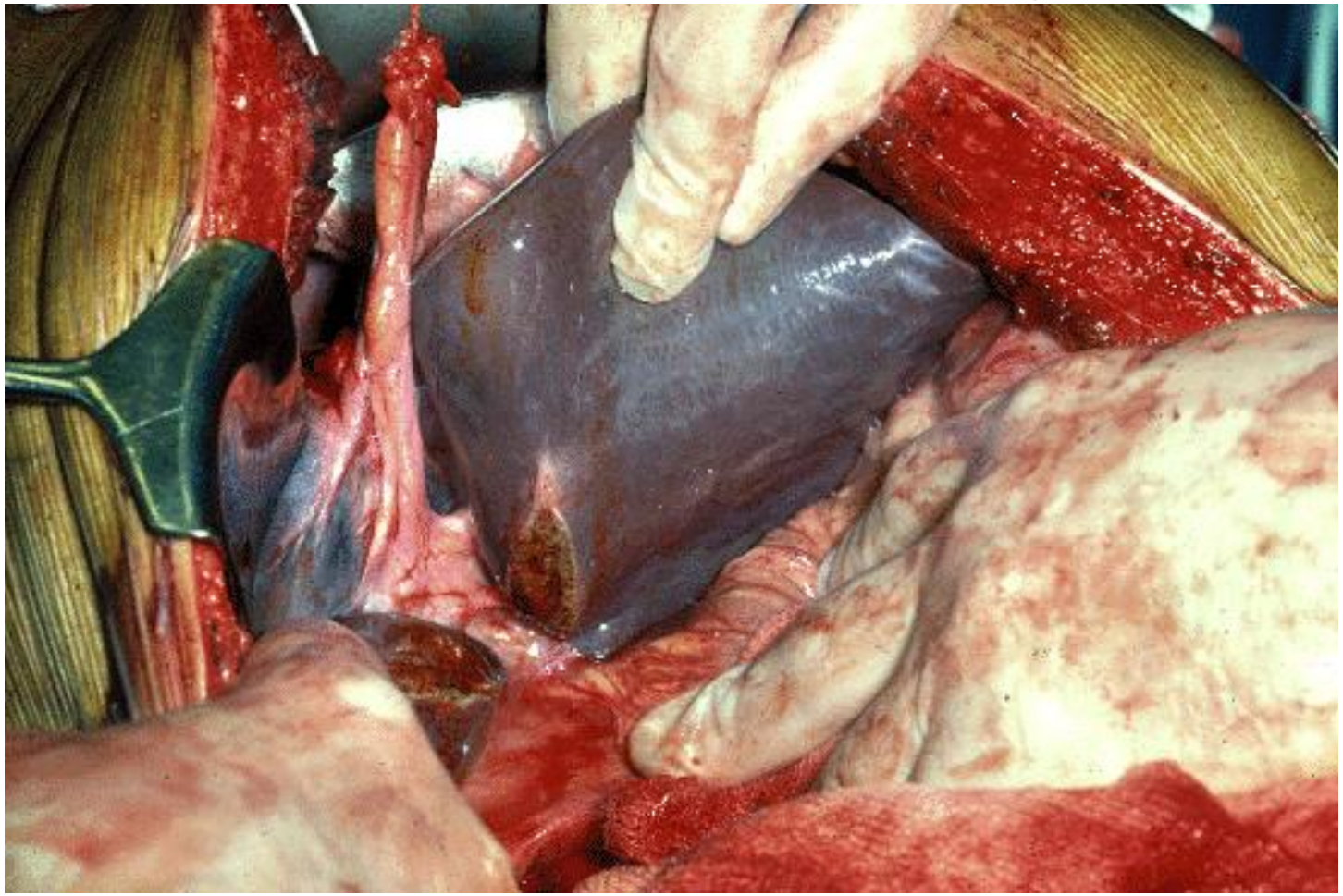

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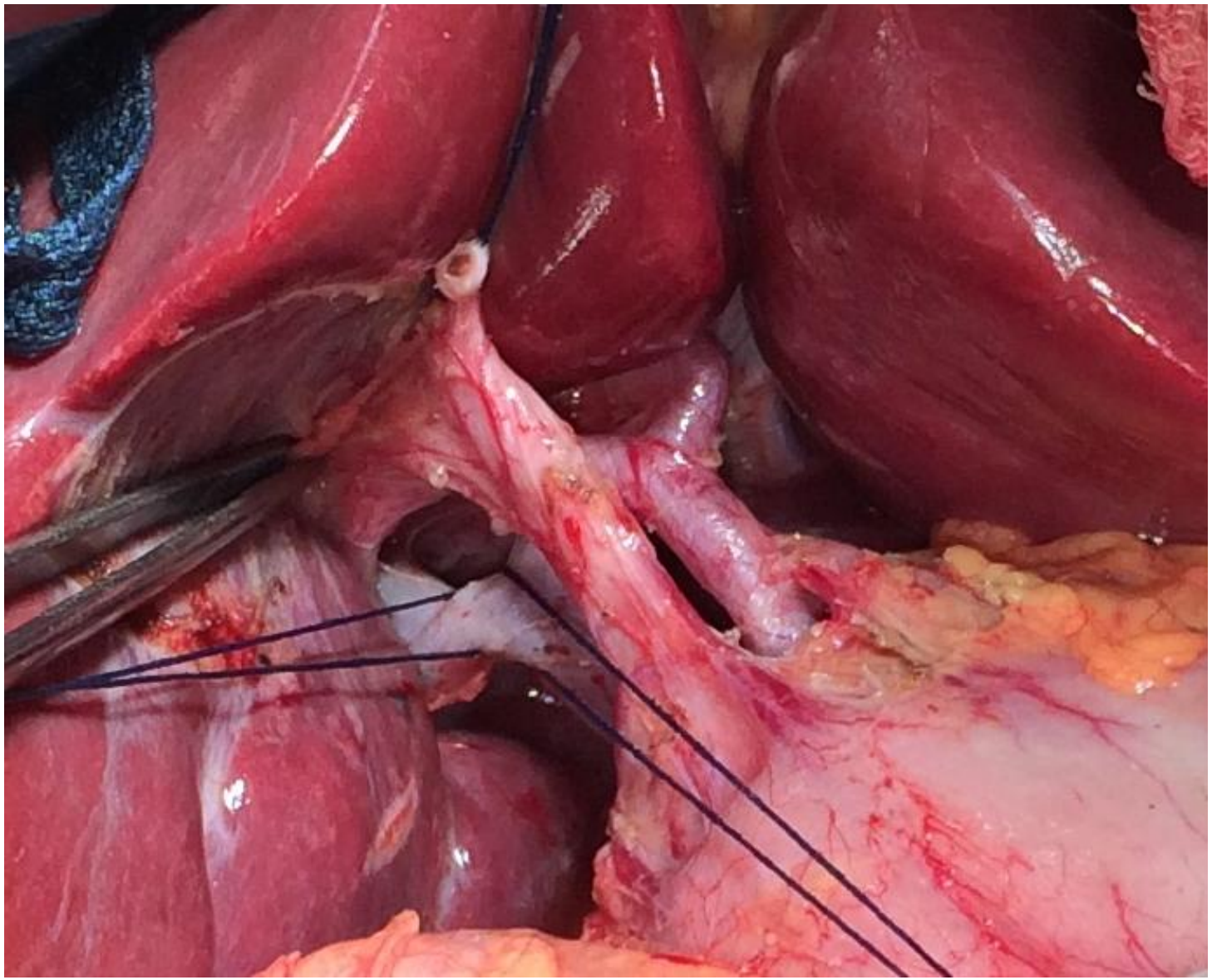

DISSECÇÃO DO HILO

- Aderências
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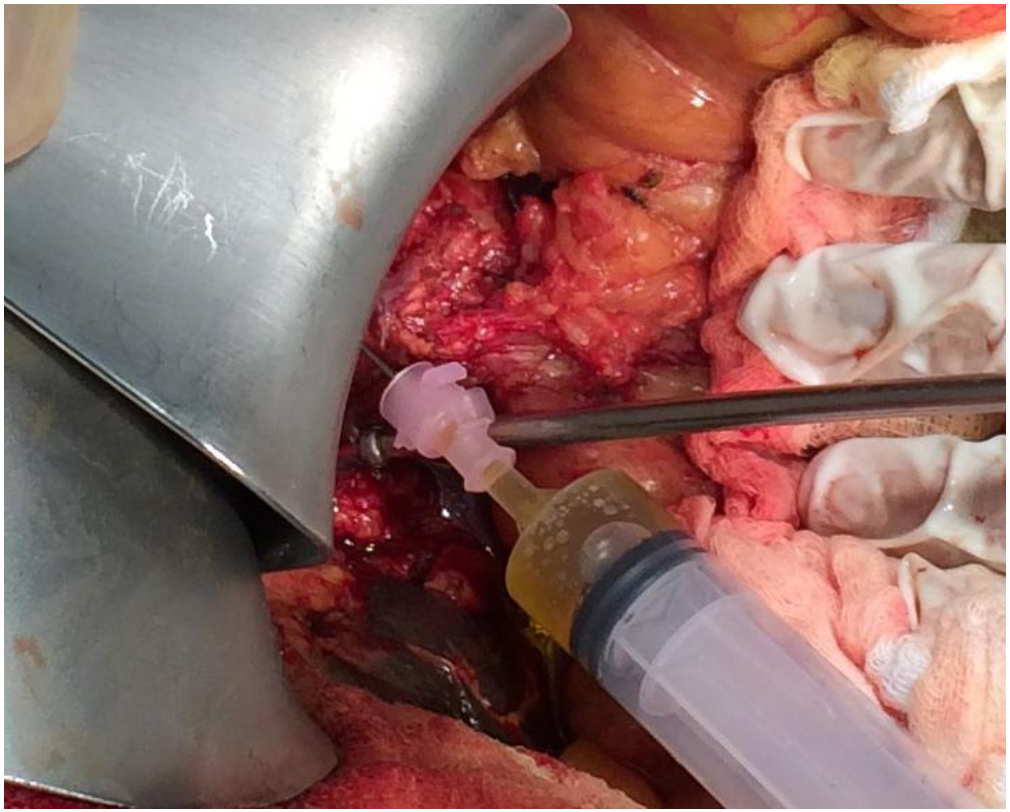

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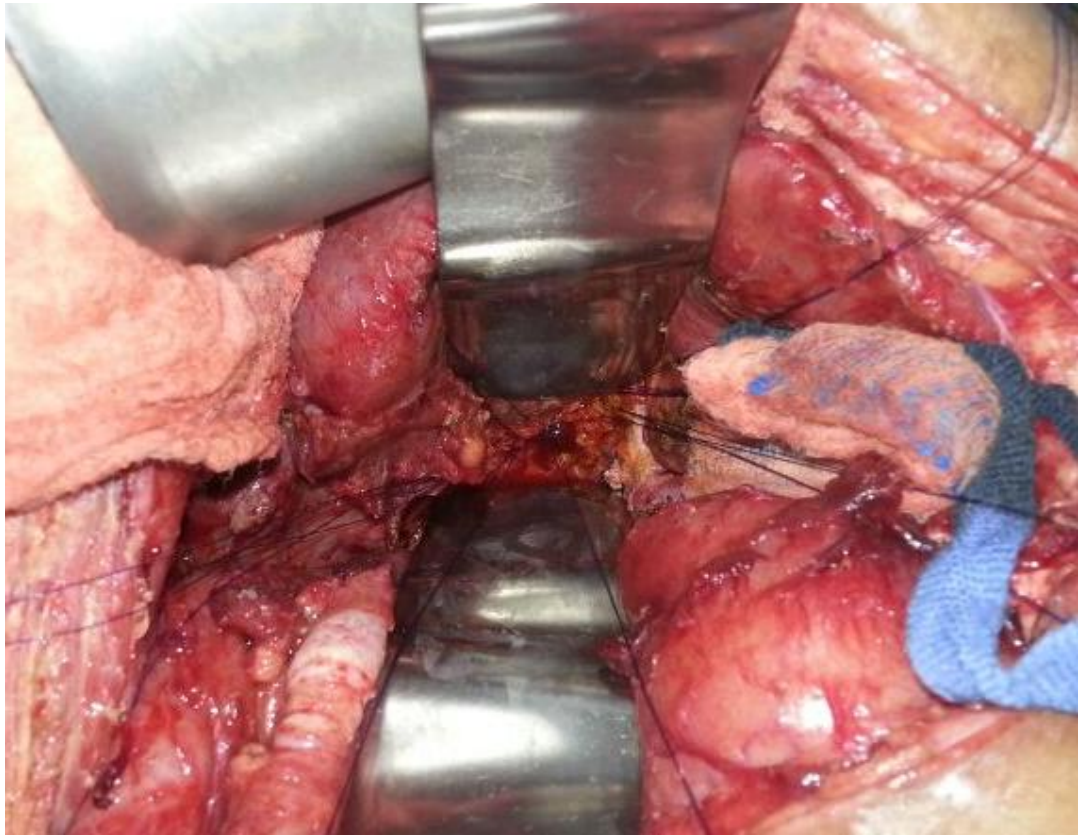

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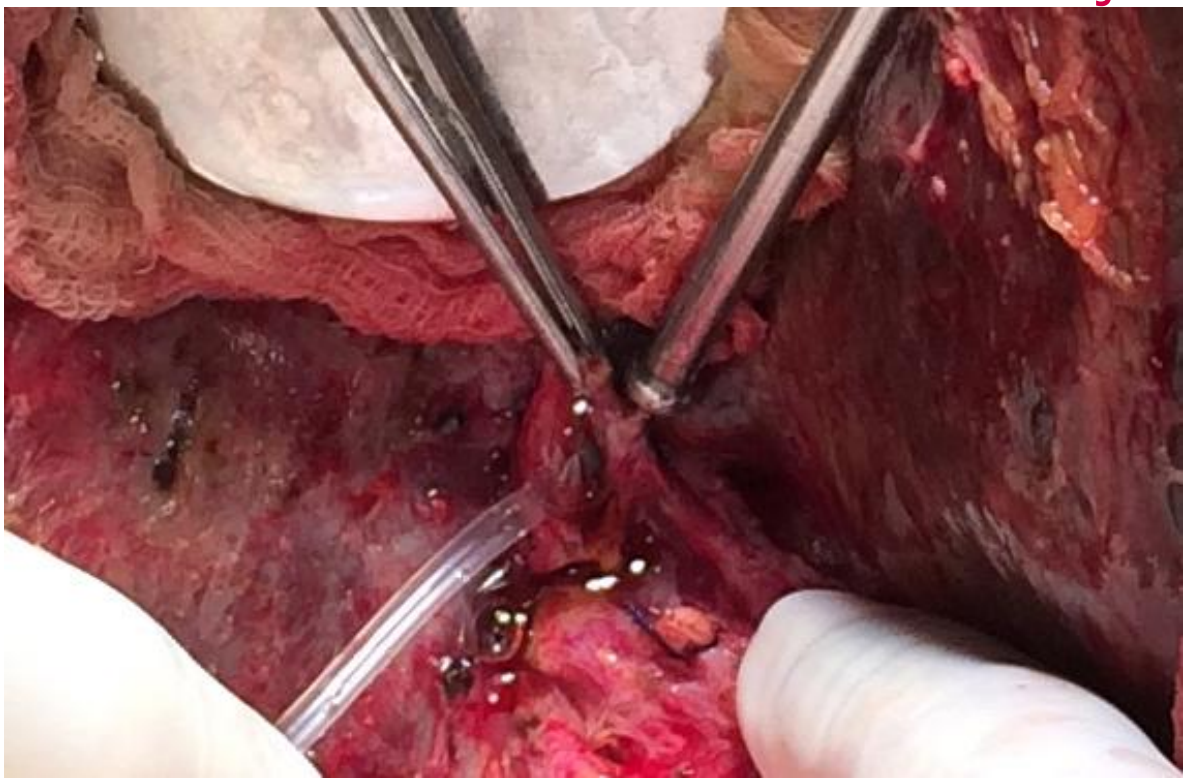

DISSECÇÃO DO HILO

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DISSECÇÃO DO HILO

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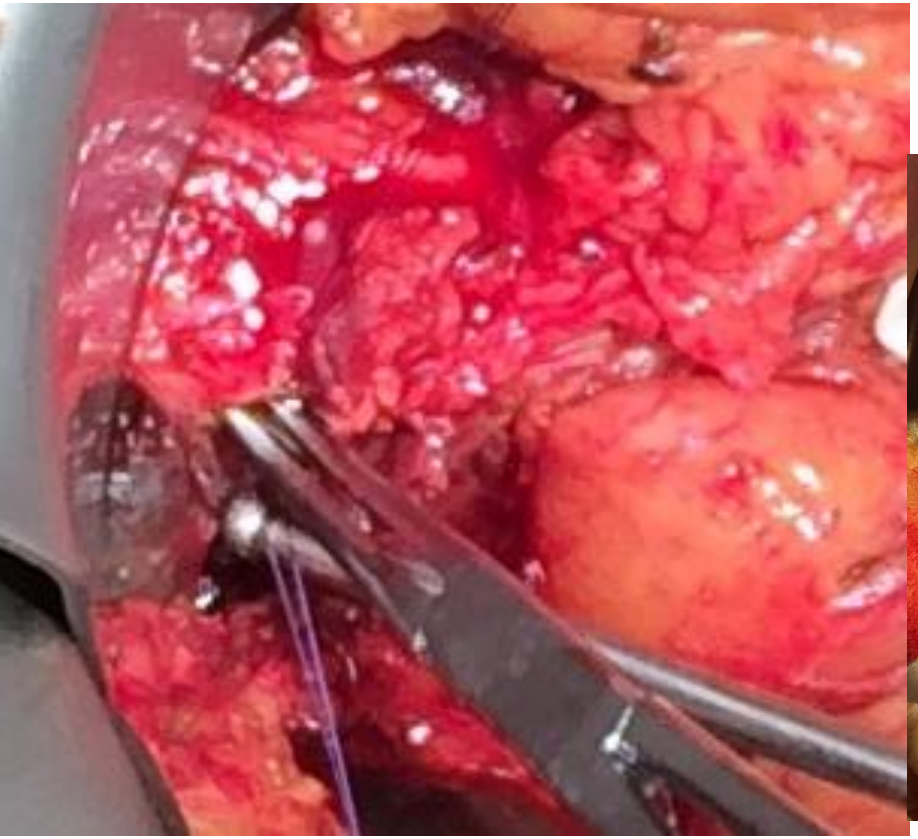

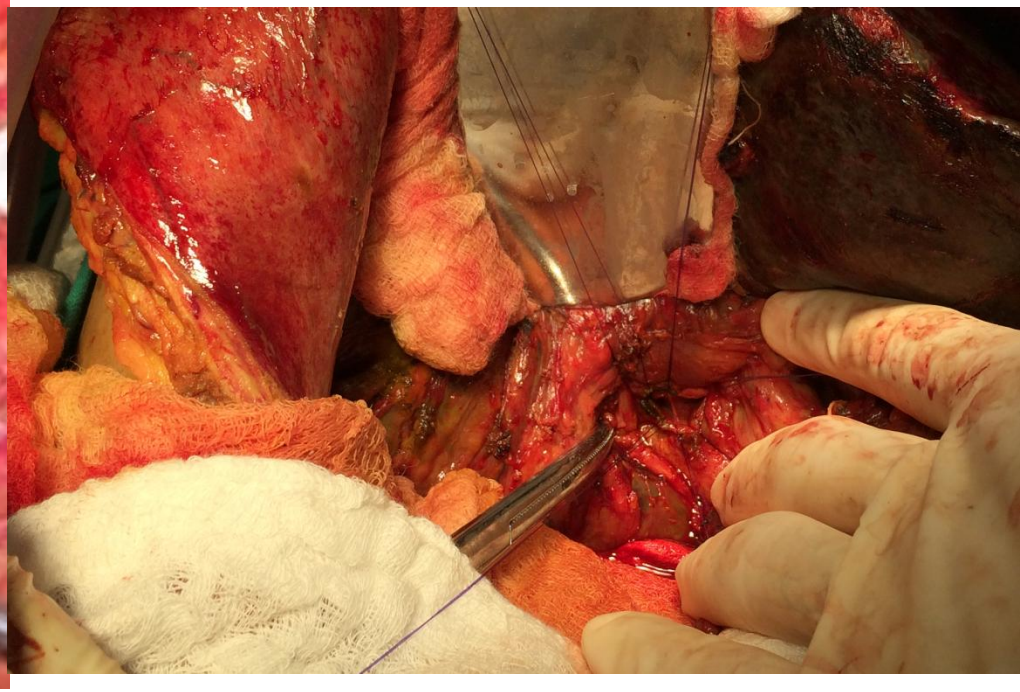

DISSECÇÃO DO HILO

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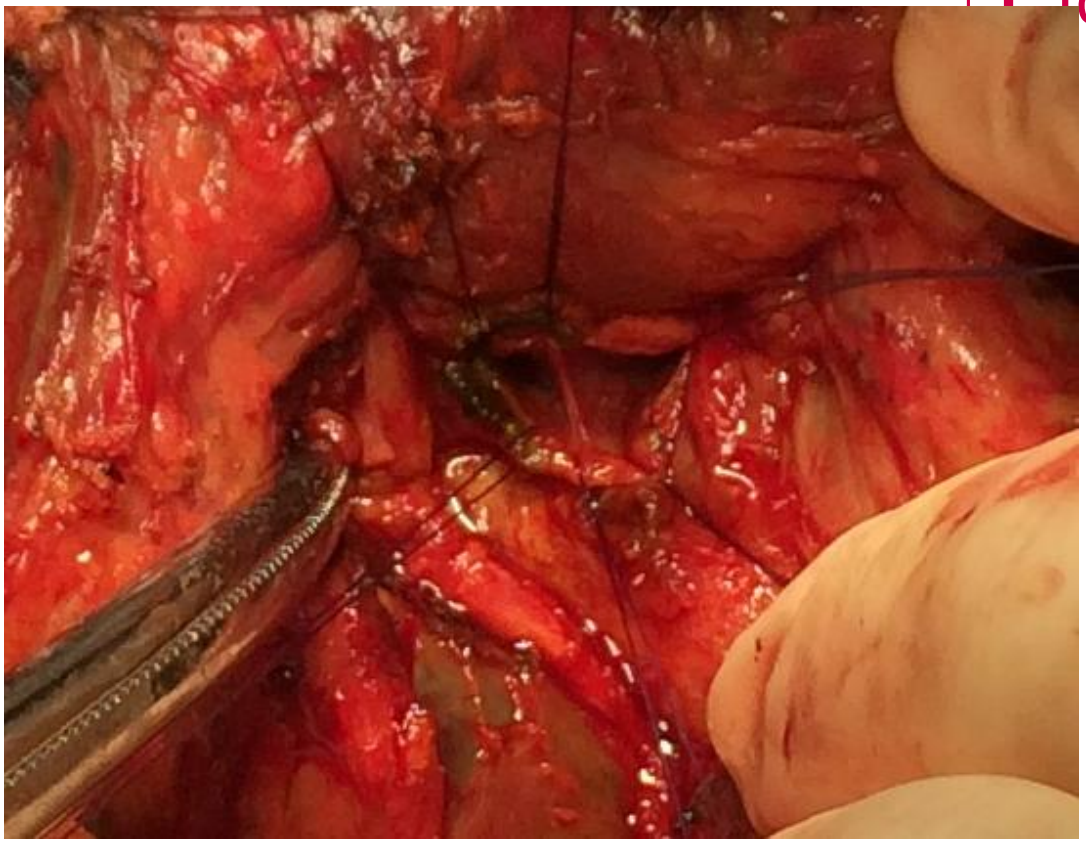
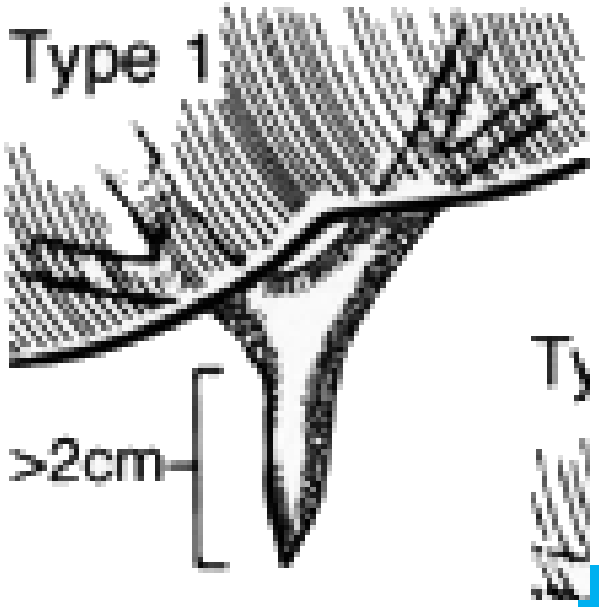
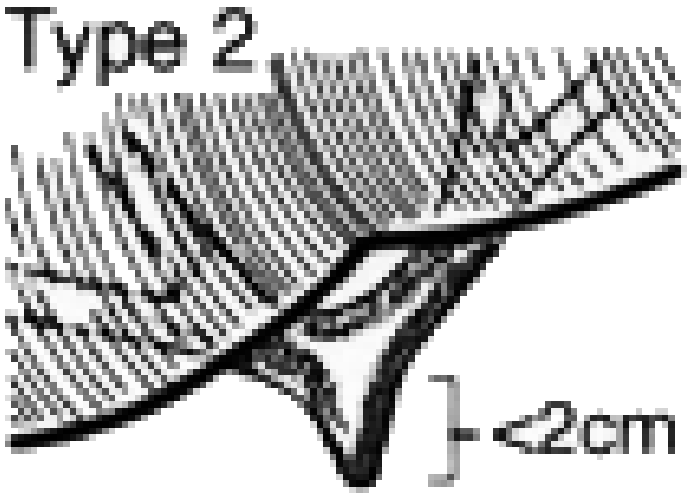
- Rebaixamento da placa hilar
- Identificação da via biliar







E1 e E2

- Sem lesão vascular

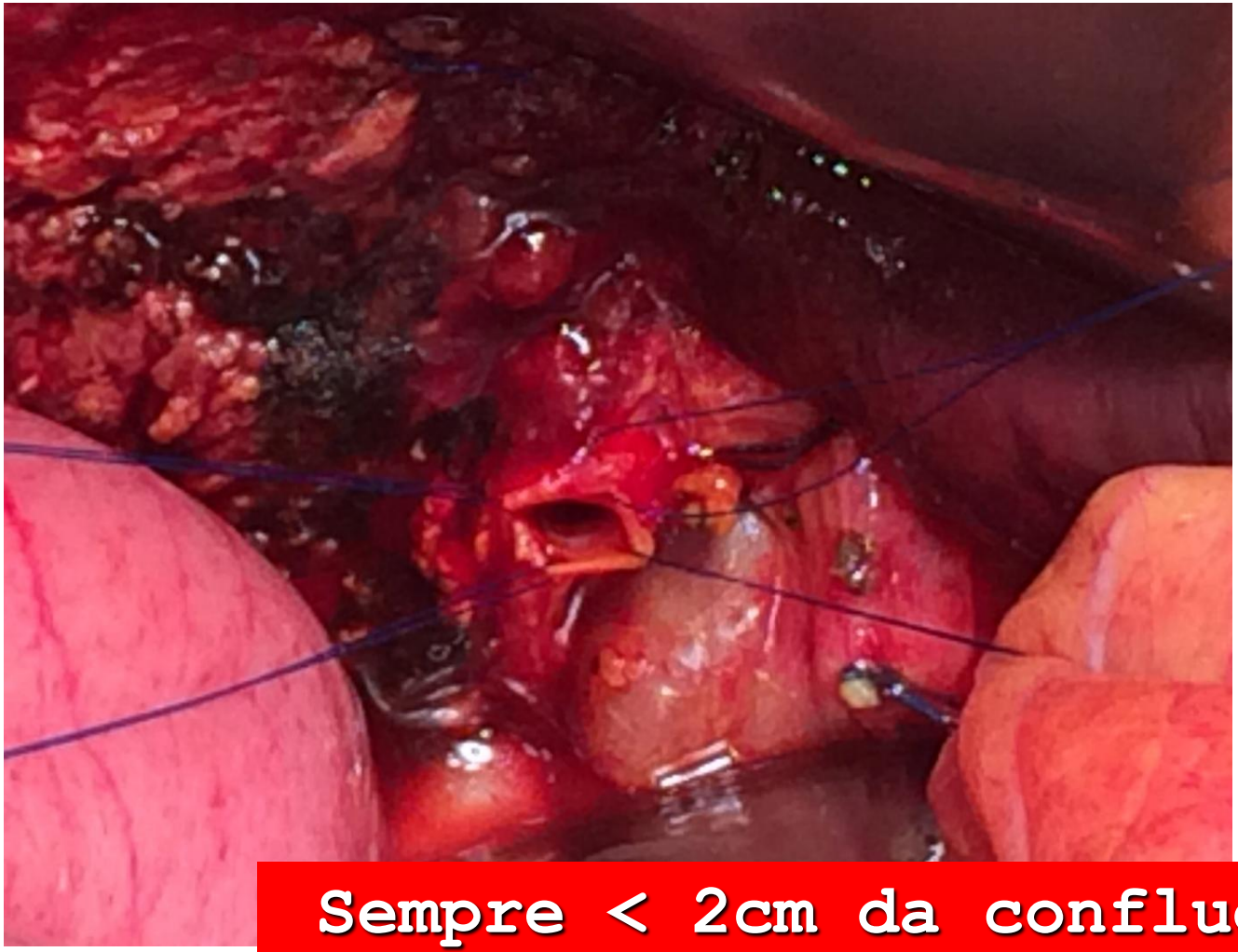
NÍVEL DA RECONSTRUÇÃO

Reconstruções > 2 cm da confluência estão associadas a maiores taxas de fracasso.

Sempre < 2cm da confluência

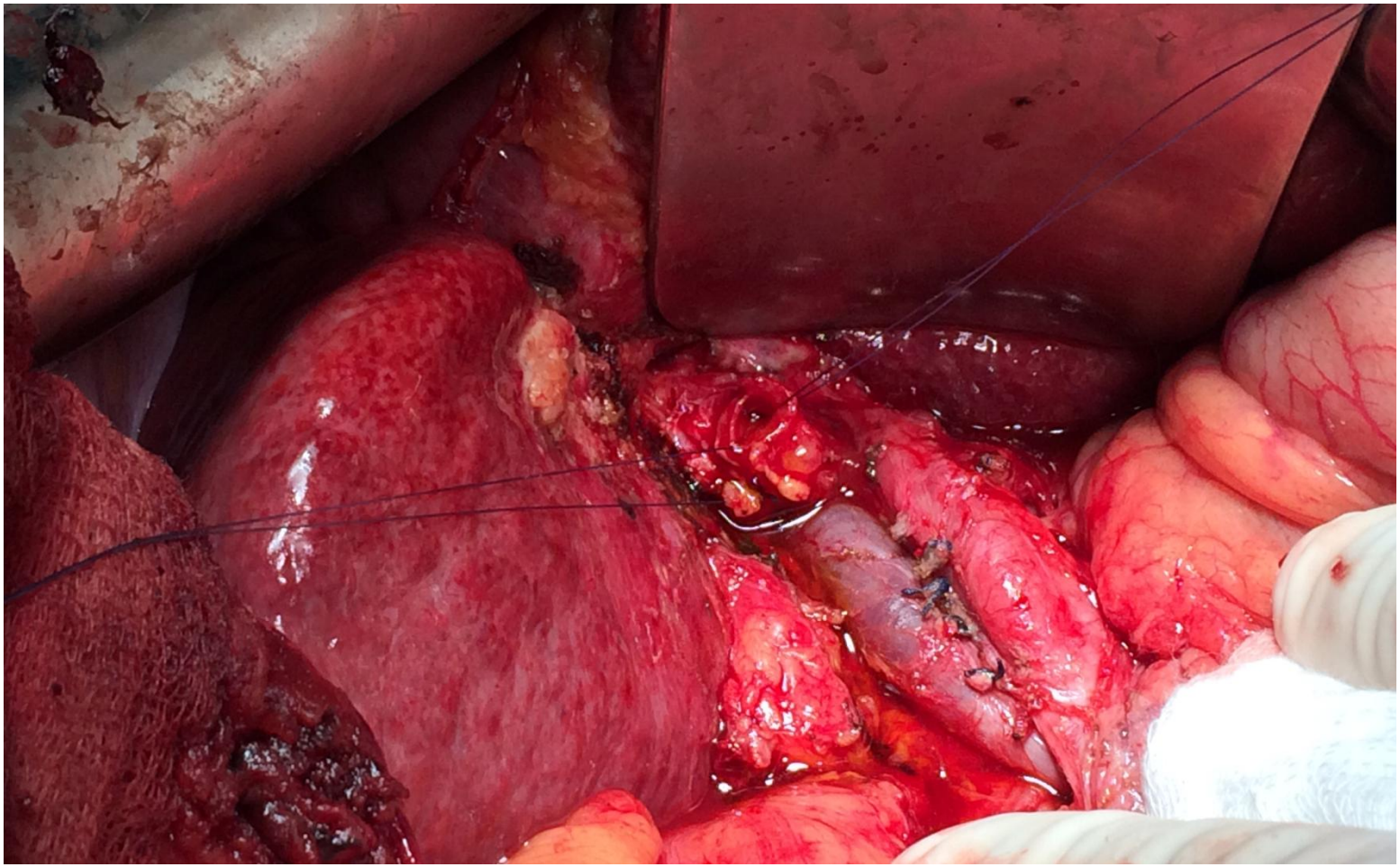
Mercado, et al. Endoscopy 2003.

NÍVEL DA RECONSTRUÇÃO



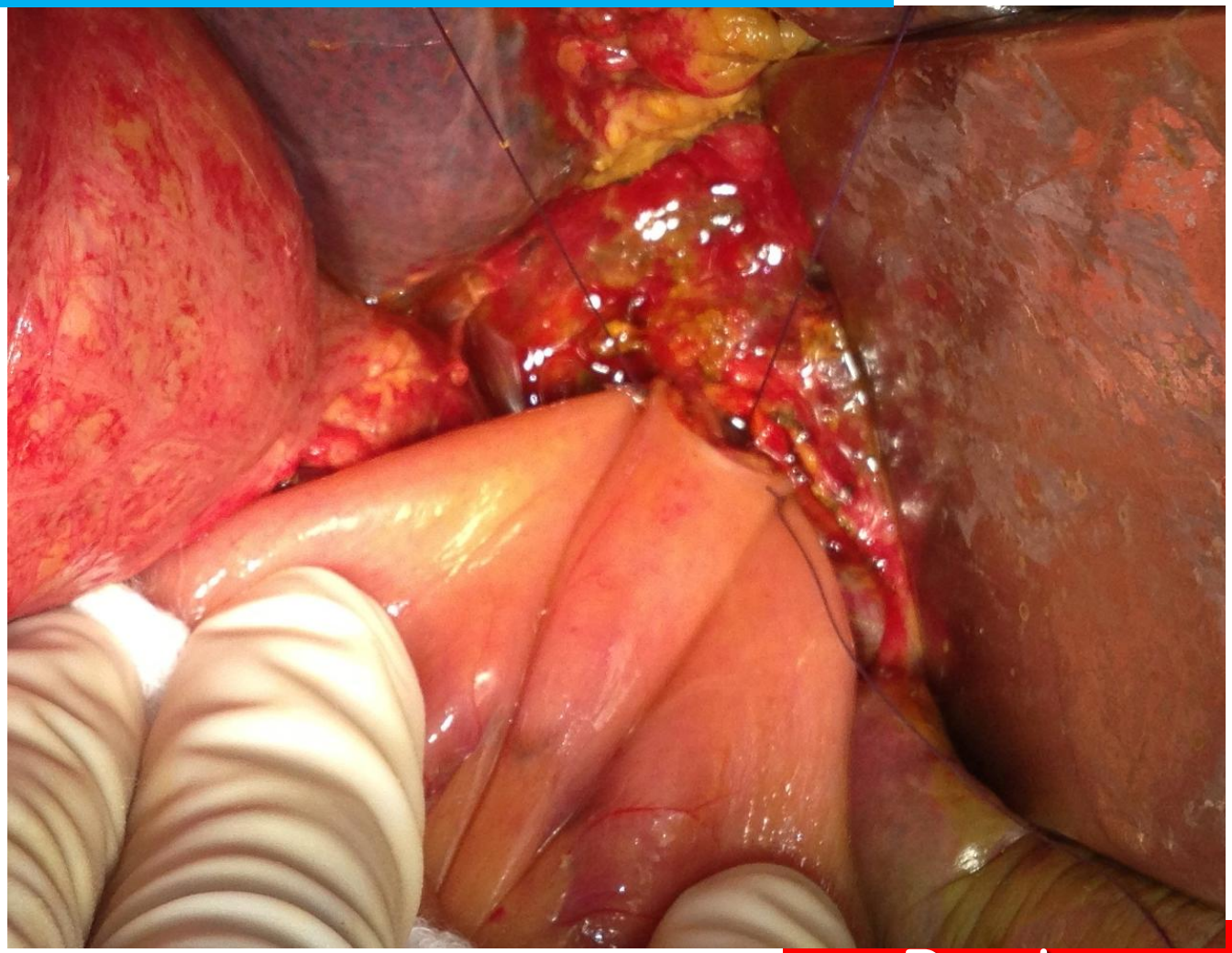
Sempre < 2cm da confluência

NÍVEL DA RECONSTRUÇÃO

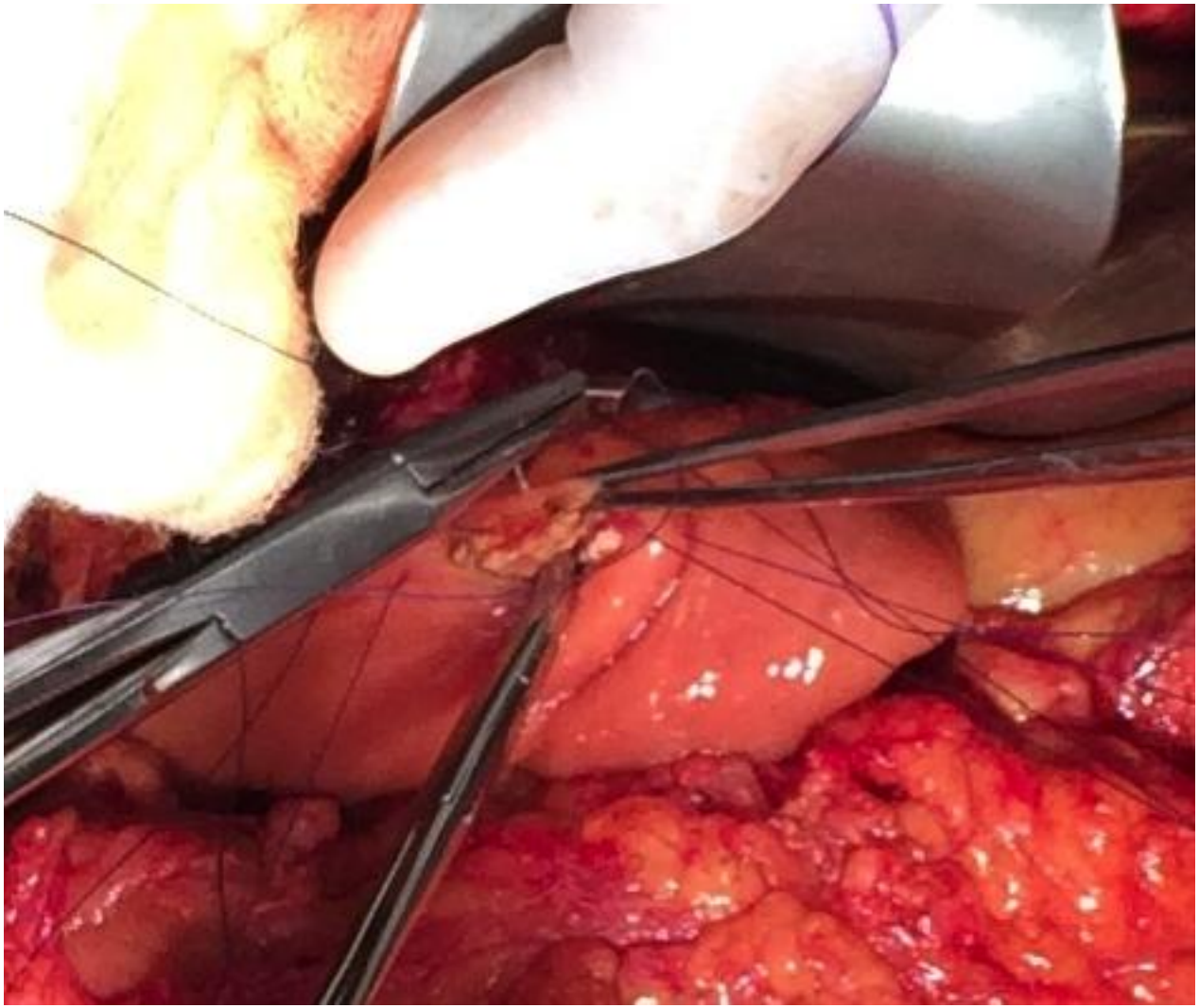


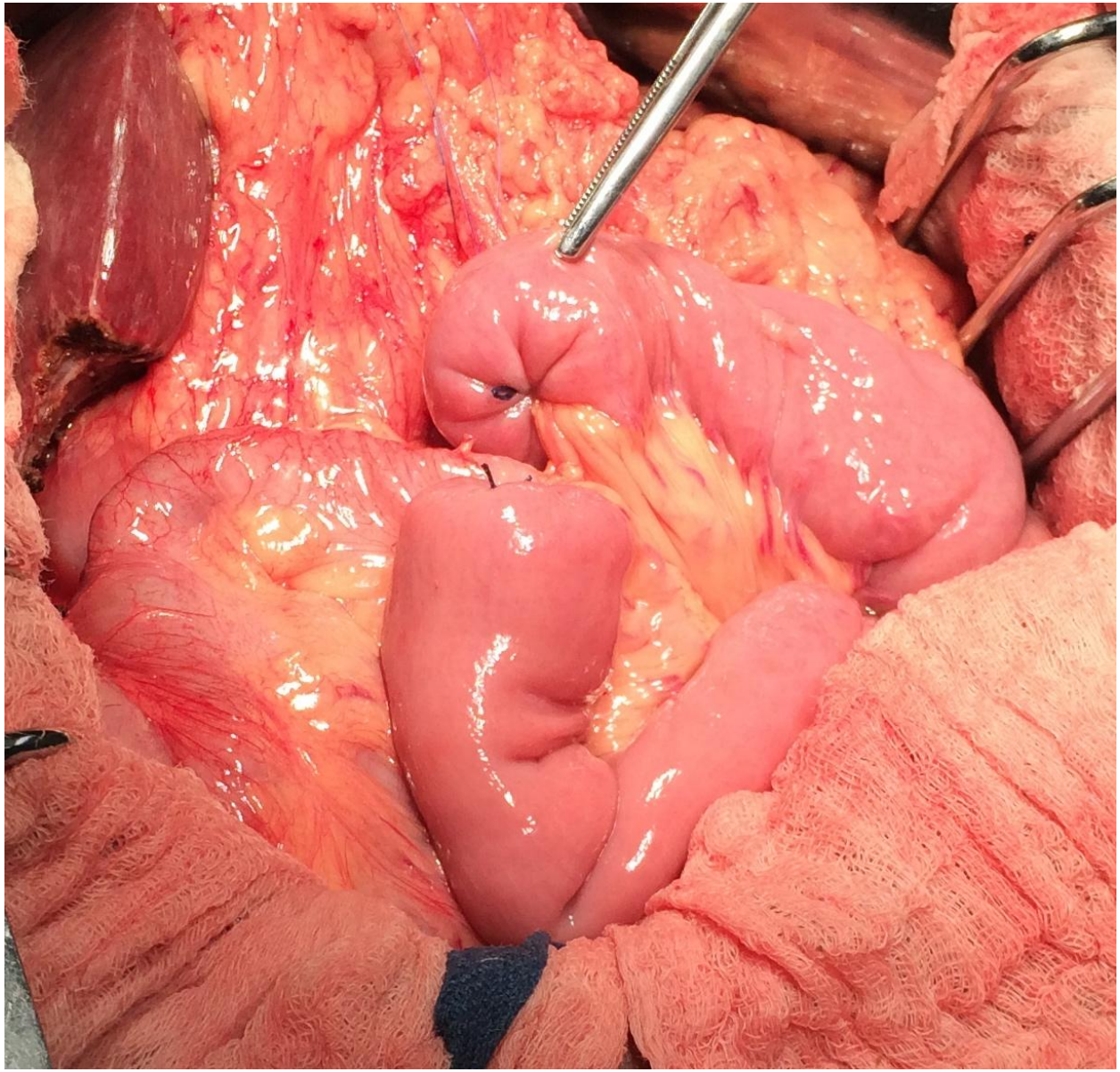
Sempre < 2cm da confluência

ANASTOMOSE SIMPLES

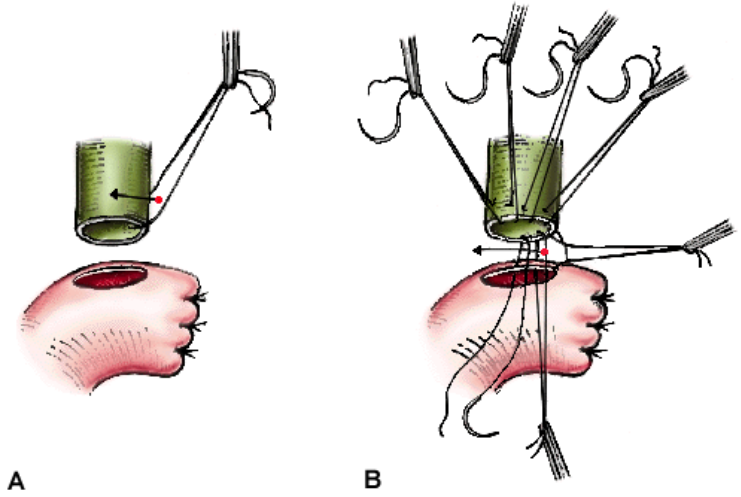


Ducto-mucosa

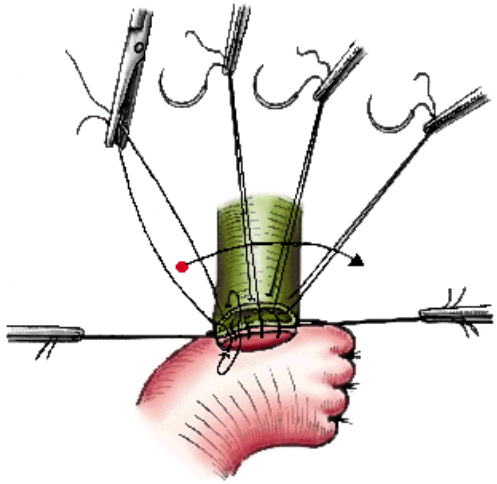


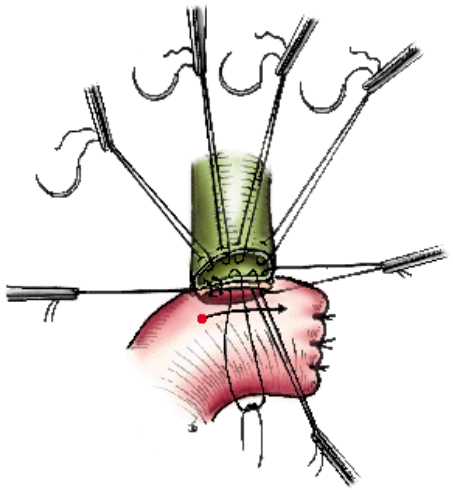


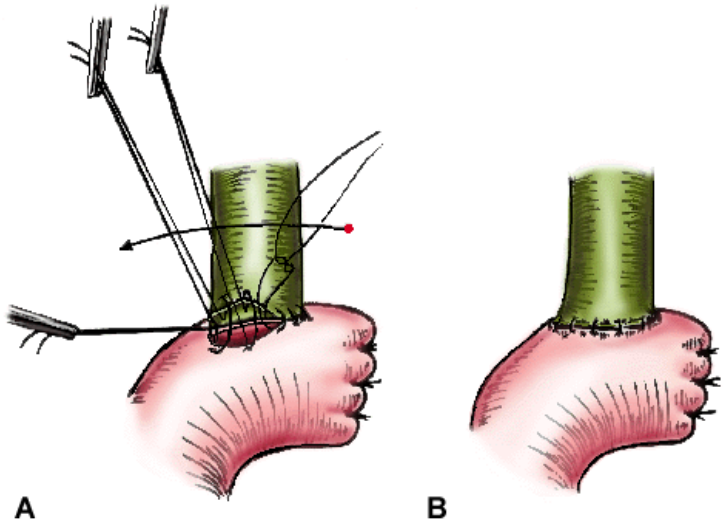
Anastomose bilio-entérica

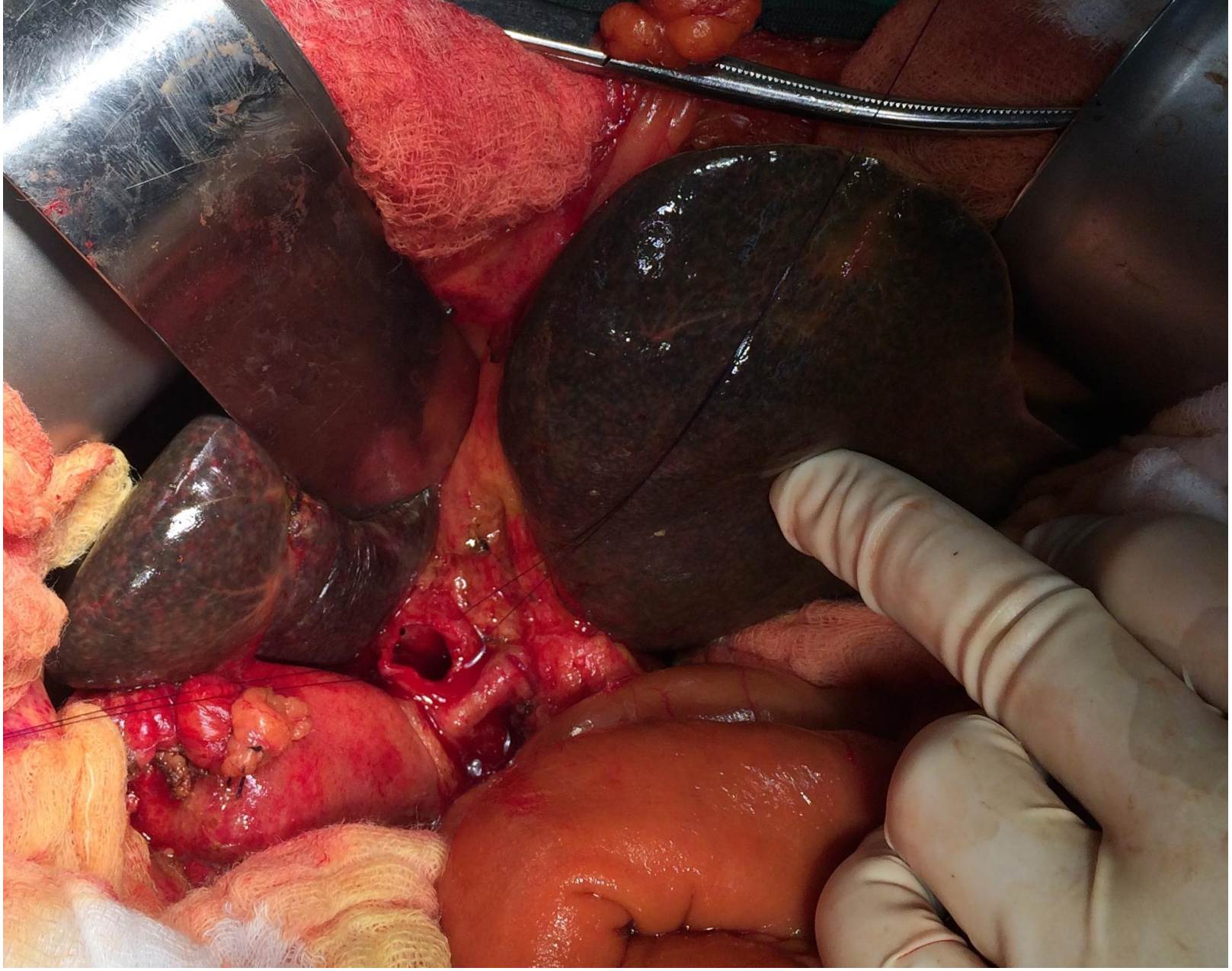


Y de Roux





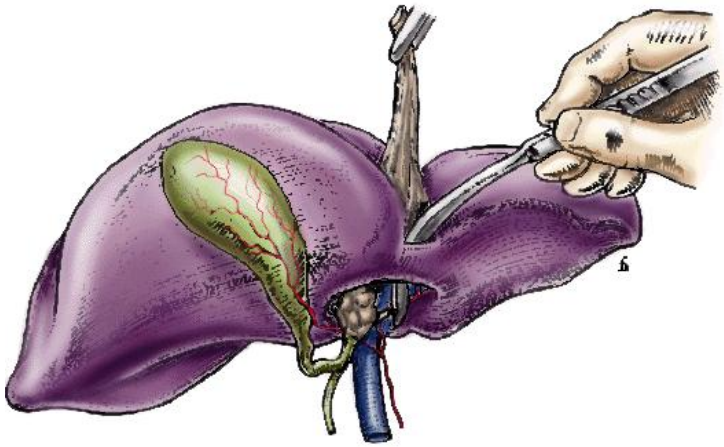


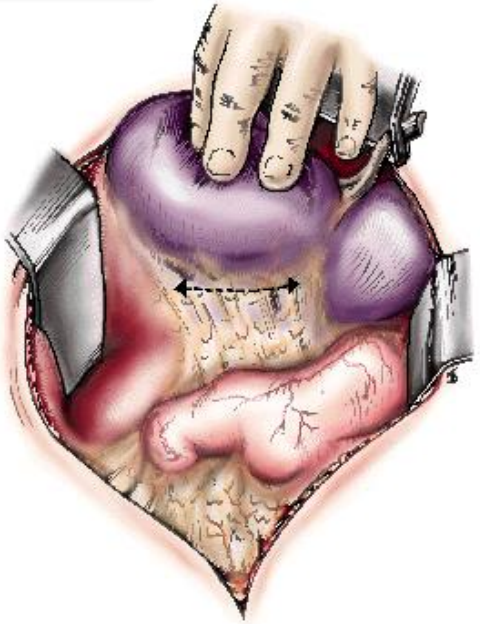


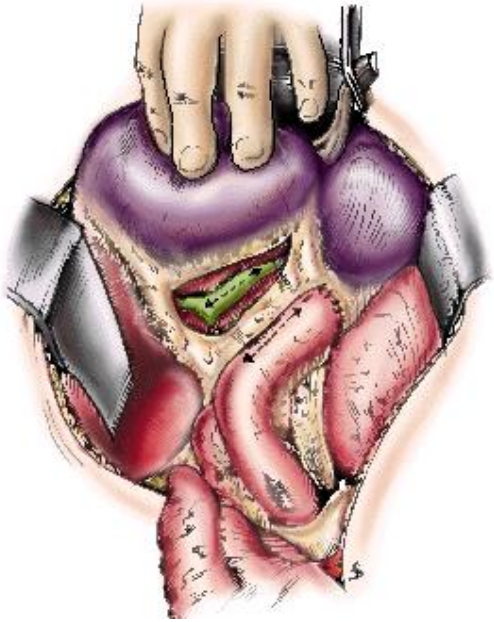
E3

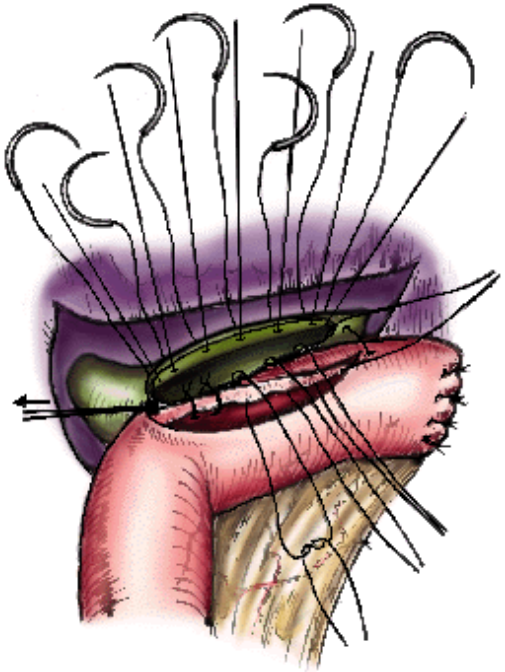
- Sem lesão vascular

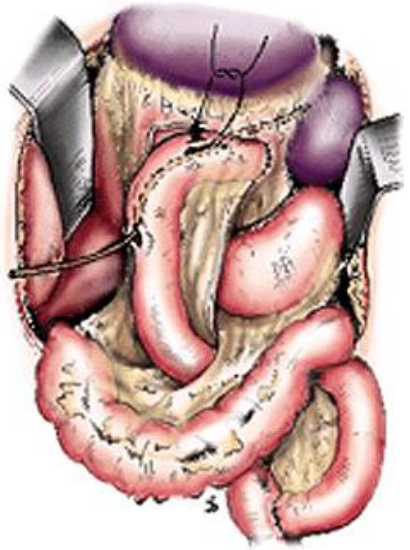
Abordagem do ducto hepático E



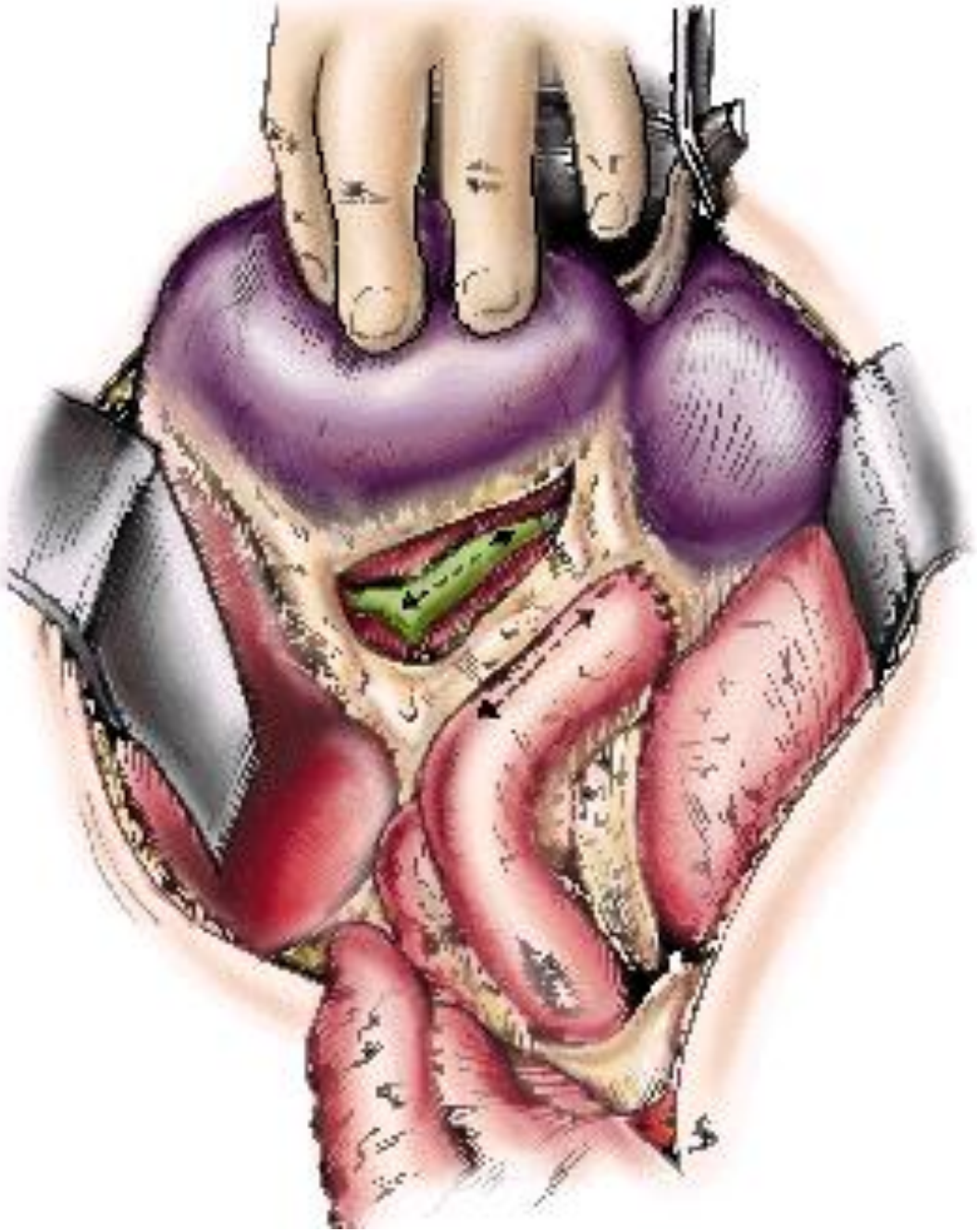


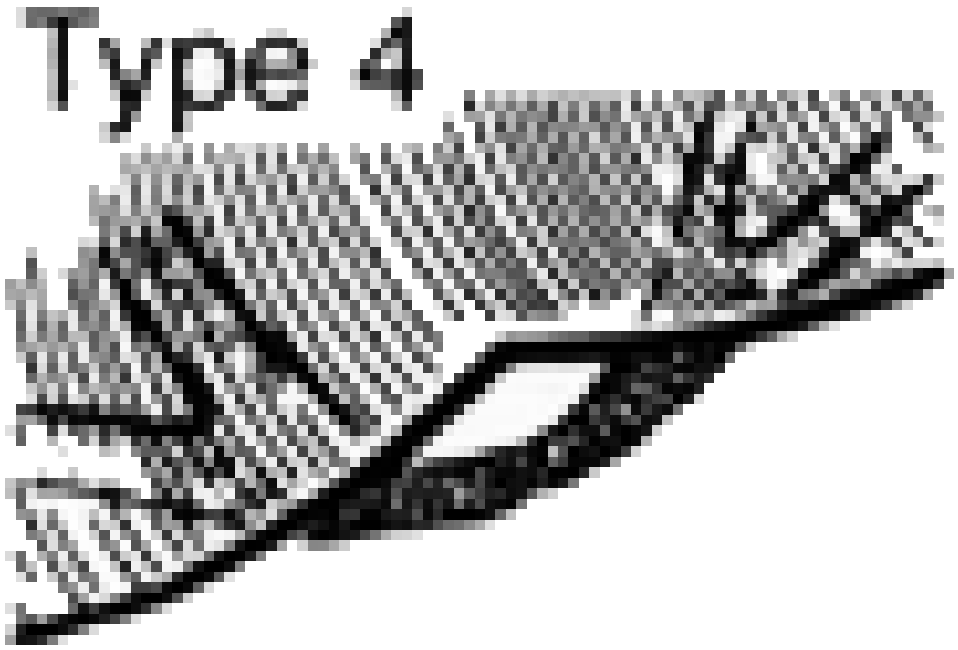






Hepp J, Couinaud C – La Presse Med 64: 947-948,1956





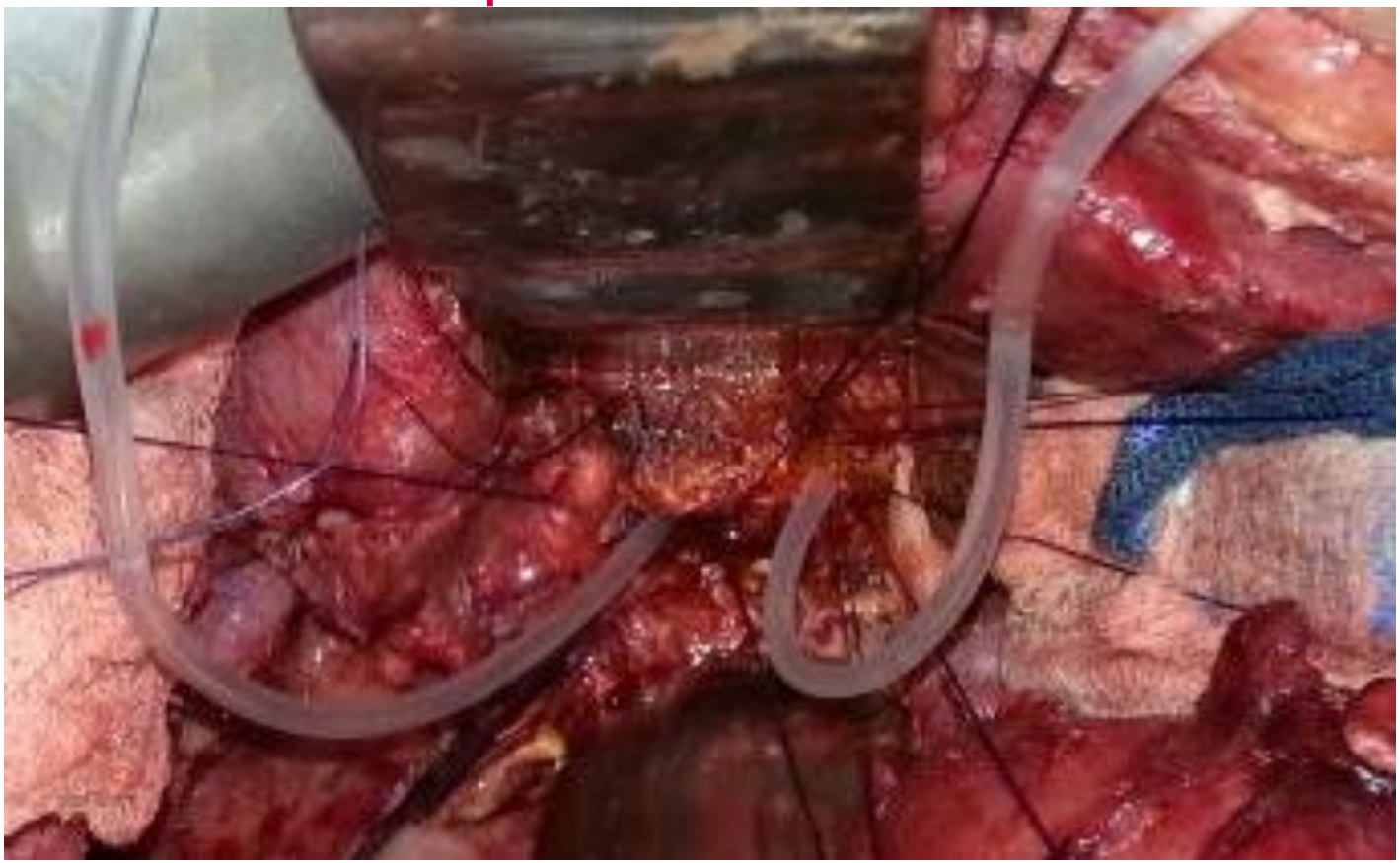
E4

- Sem lesão vascular

CONDUTA

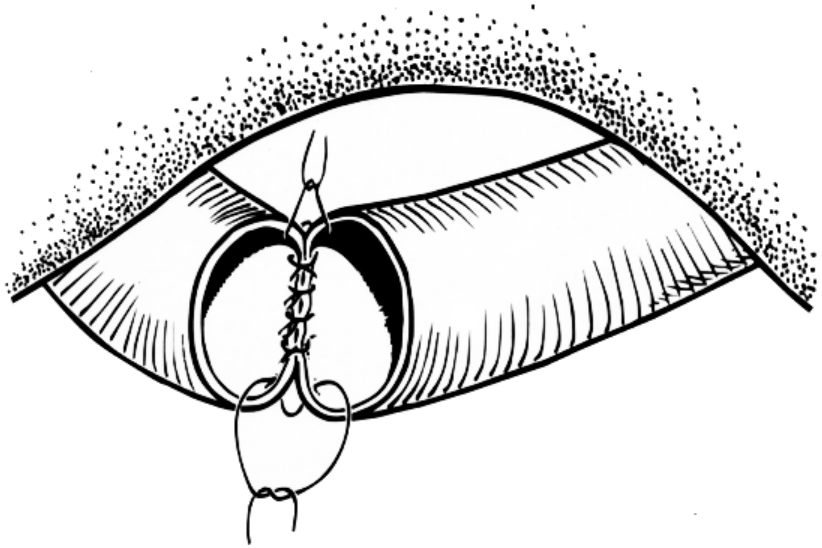
E4

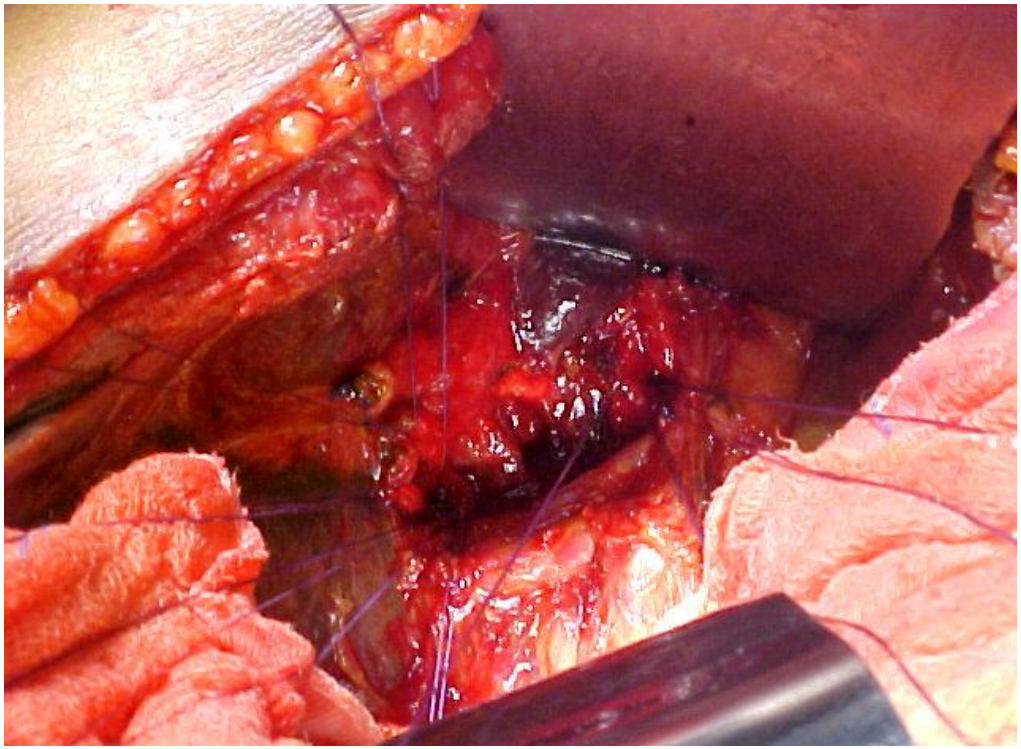
- Identificação dos ductos
  Aproximação com anastomose única
  Anastomose com ductos separados



Reparo das lesões tipo E4/E5

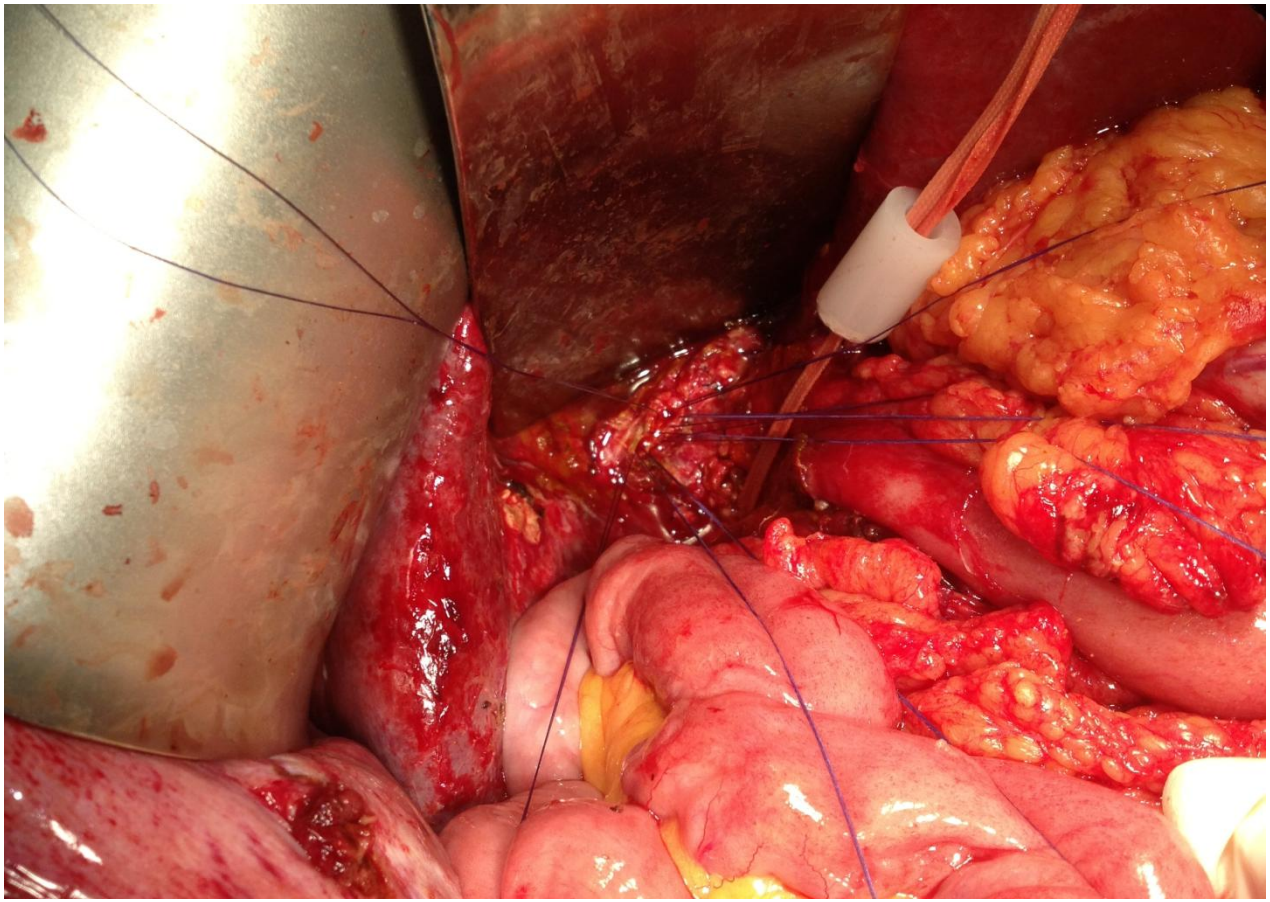
- Reparo de diferentes ductos
- Unir ductos individualizados
- Controle US/Colangiografia





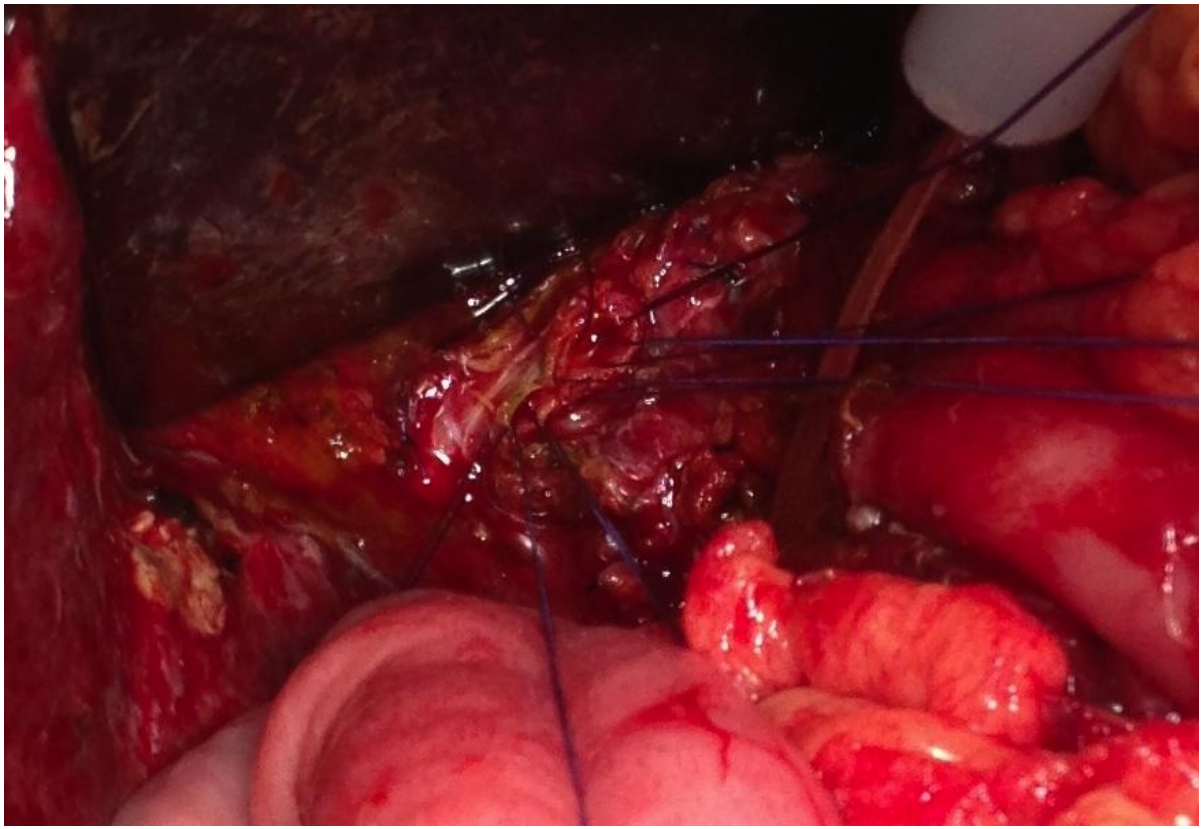
REPARO DA VIA BILIAR

- Lesão alta
- Integridade da bifurcação
- Acesso à esquerda



REPARO DA VIA BILIAR

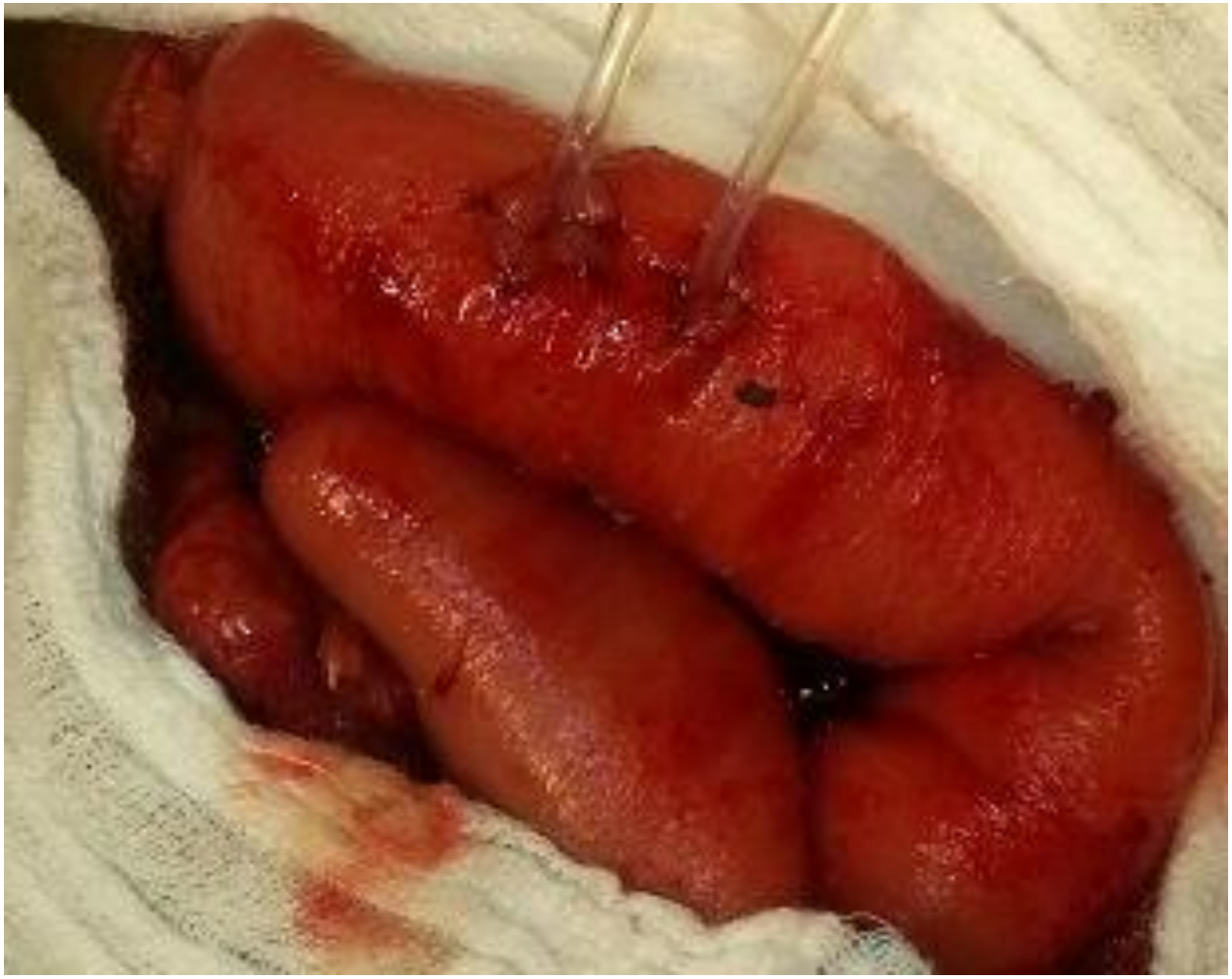
- Lesão alta
- Integridade da bifurcação
- Acesso à esquerda



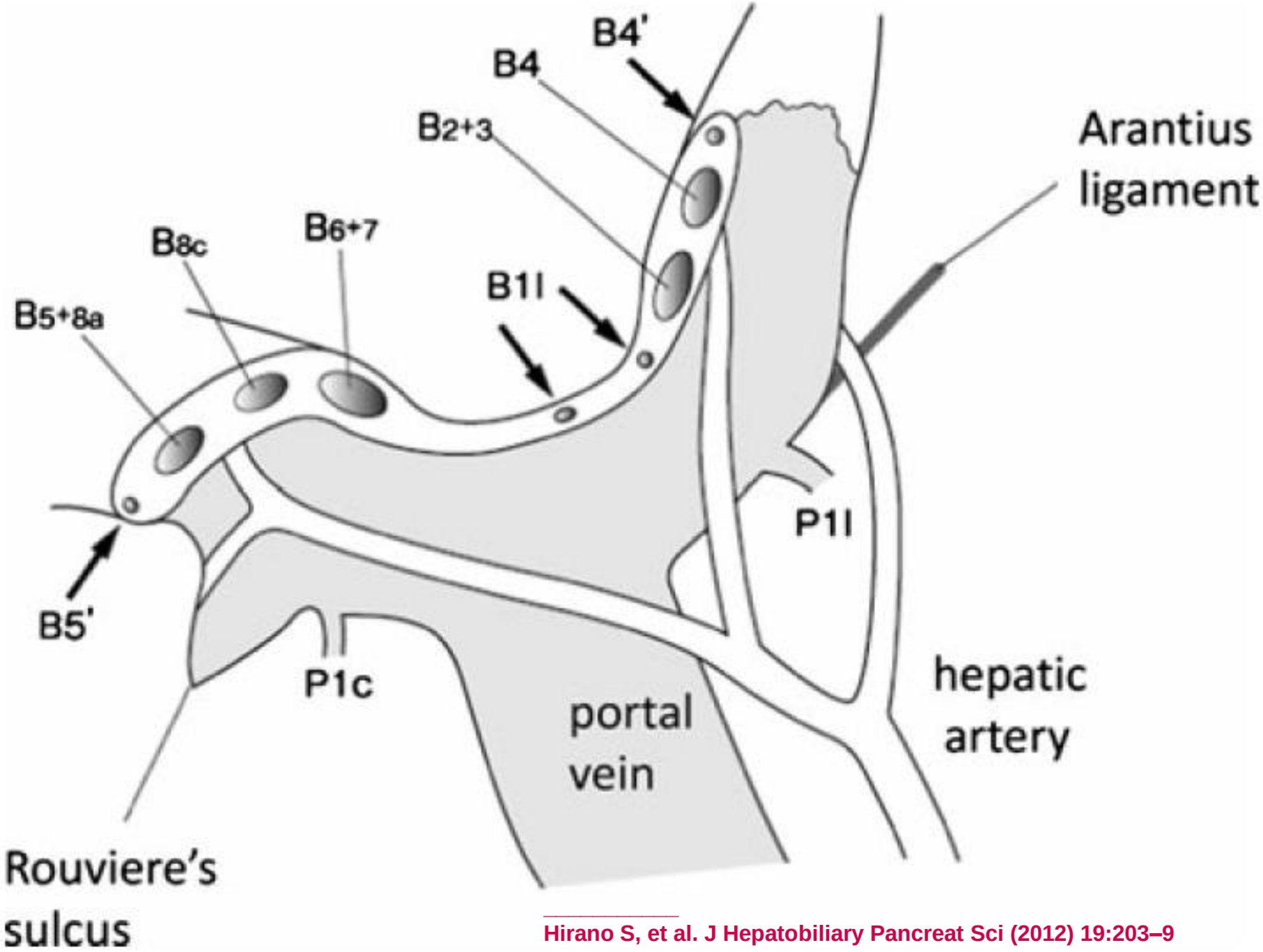
VIA BILIAR SEPARADA

Identificar os ductos

VIA BILIAR SEPARADA

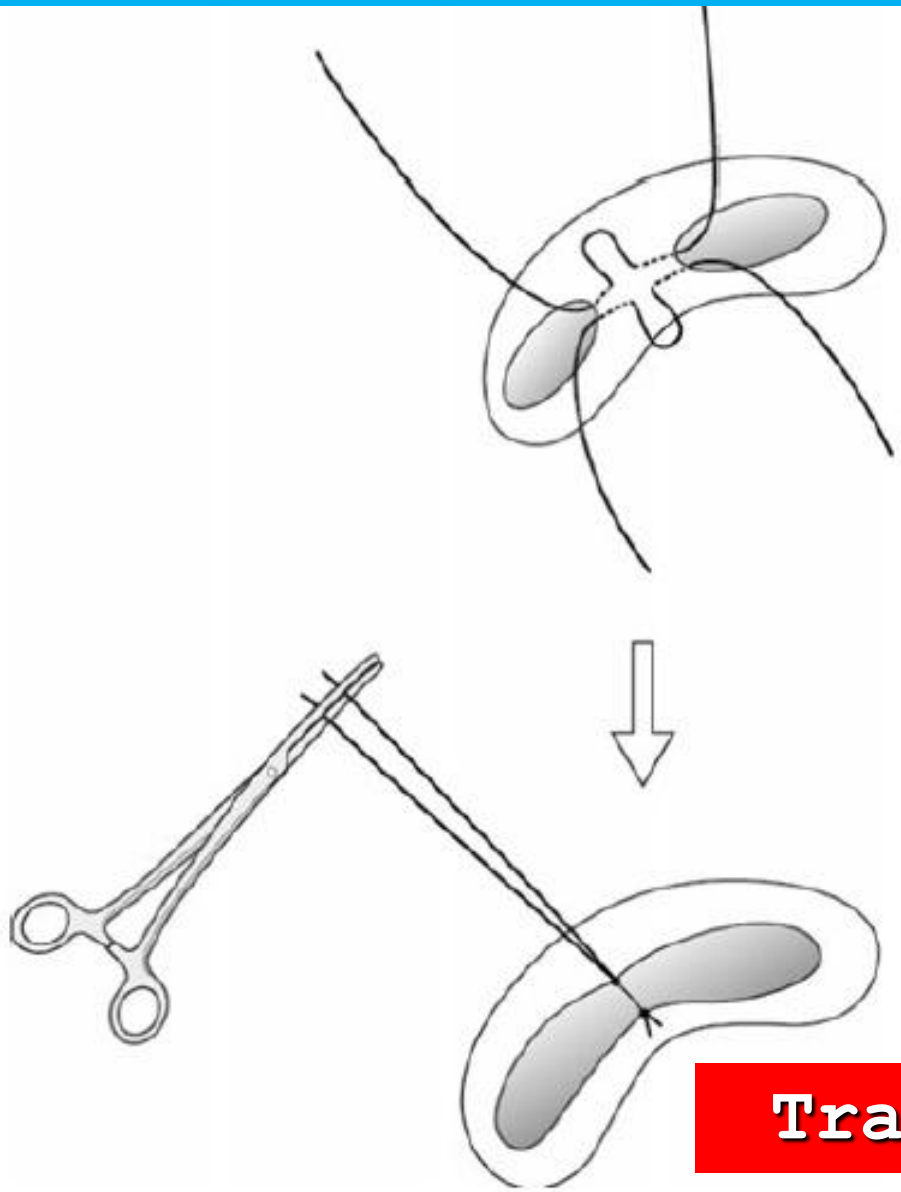


Anastomoses separadas



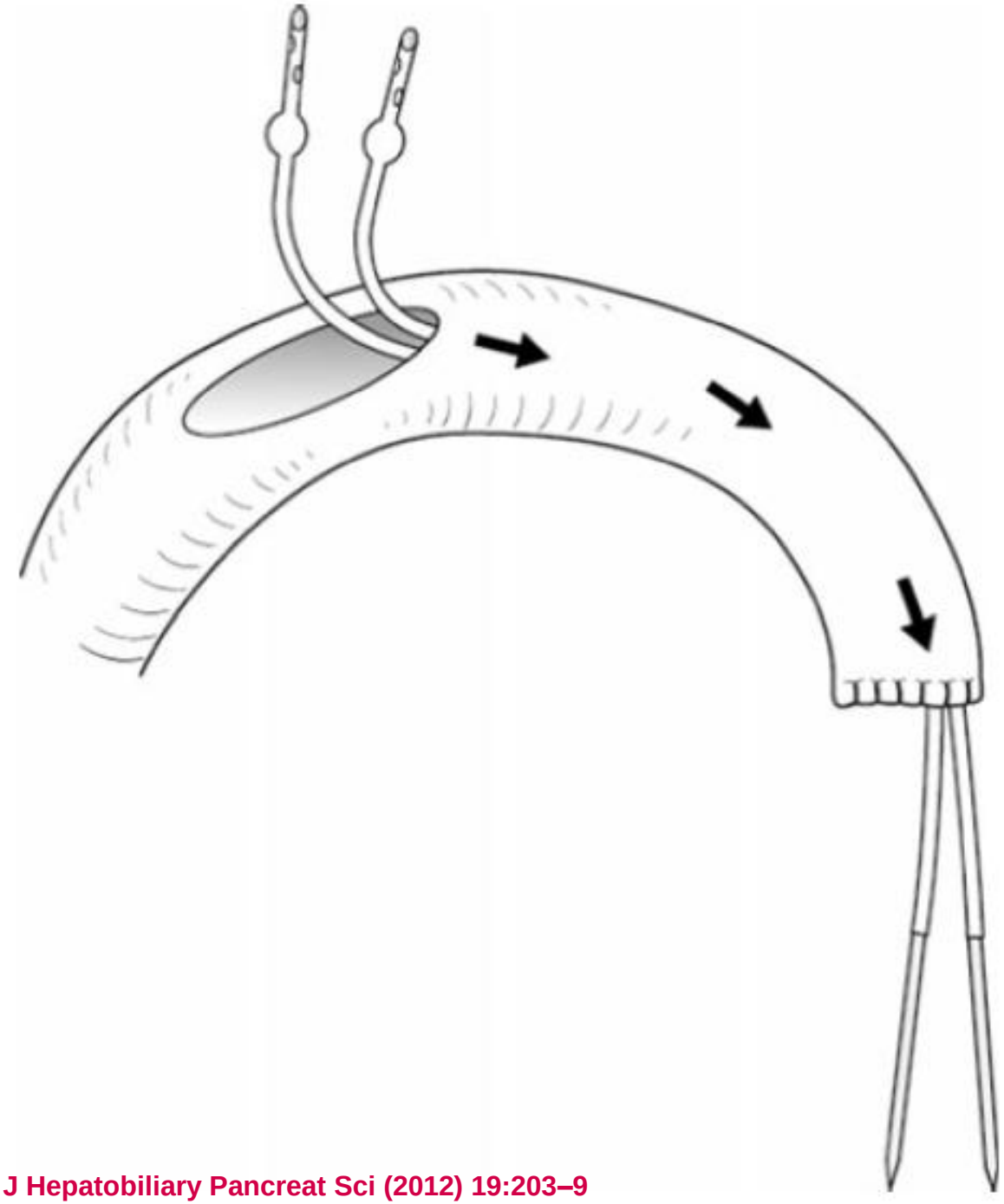
Hirano S, et al. J Hepatobiliary Pancreat Sci (2012) 19:203–9

VIA BILIAR SEPARADA

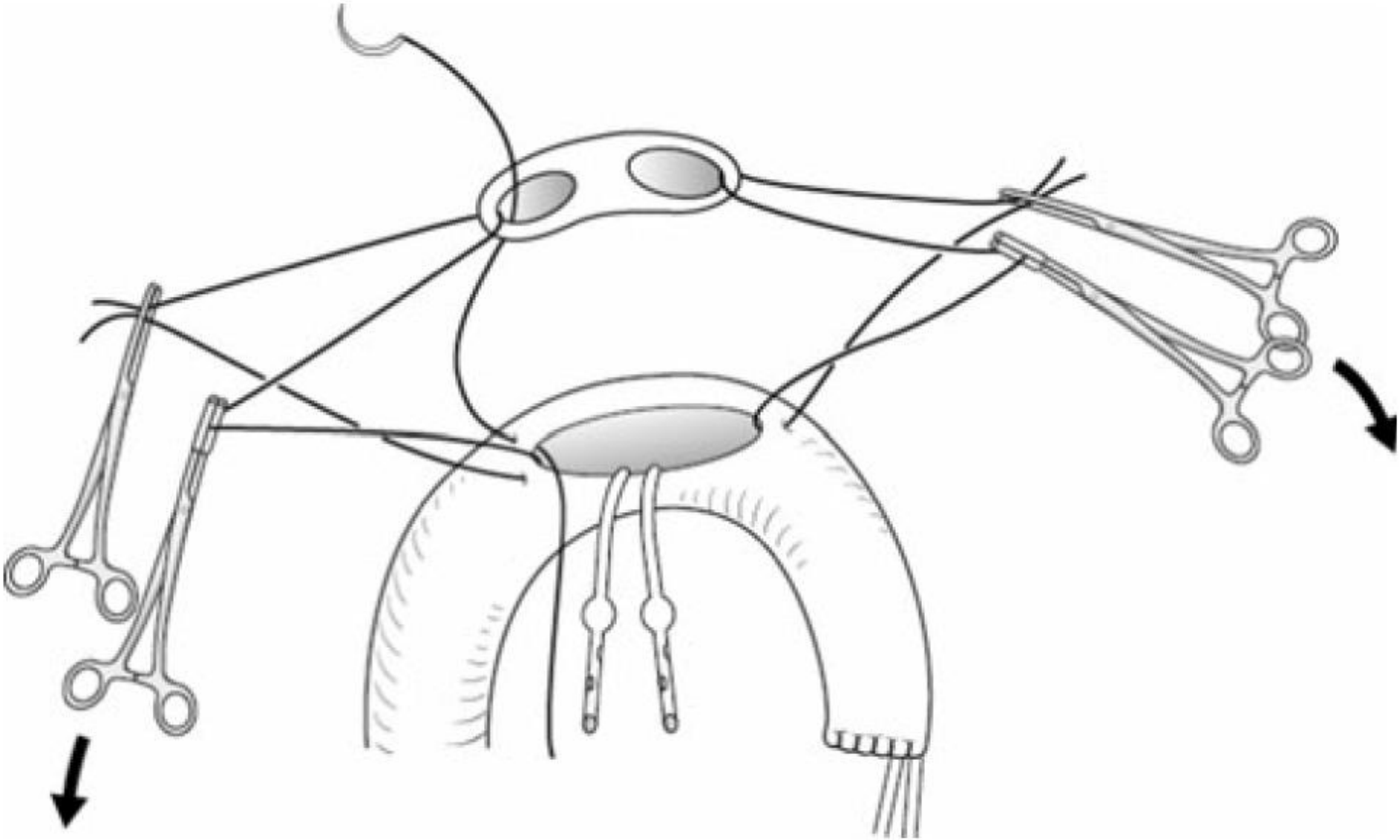


Transformar em única

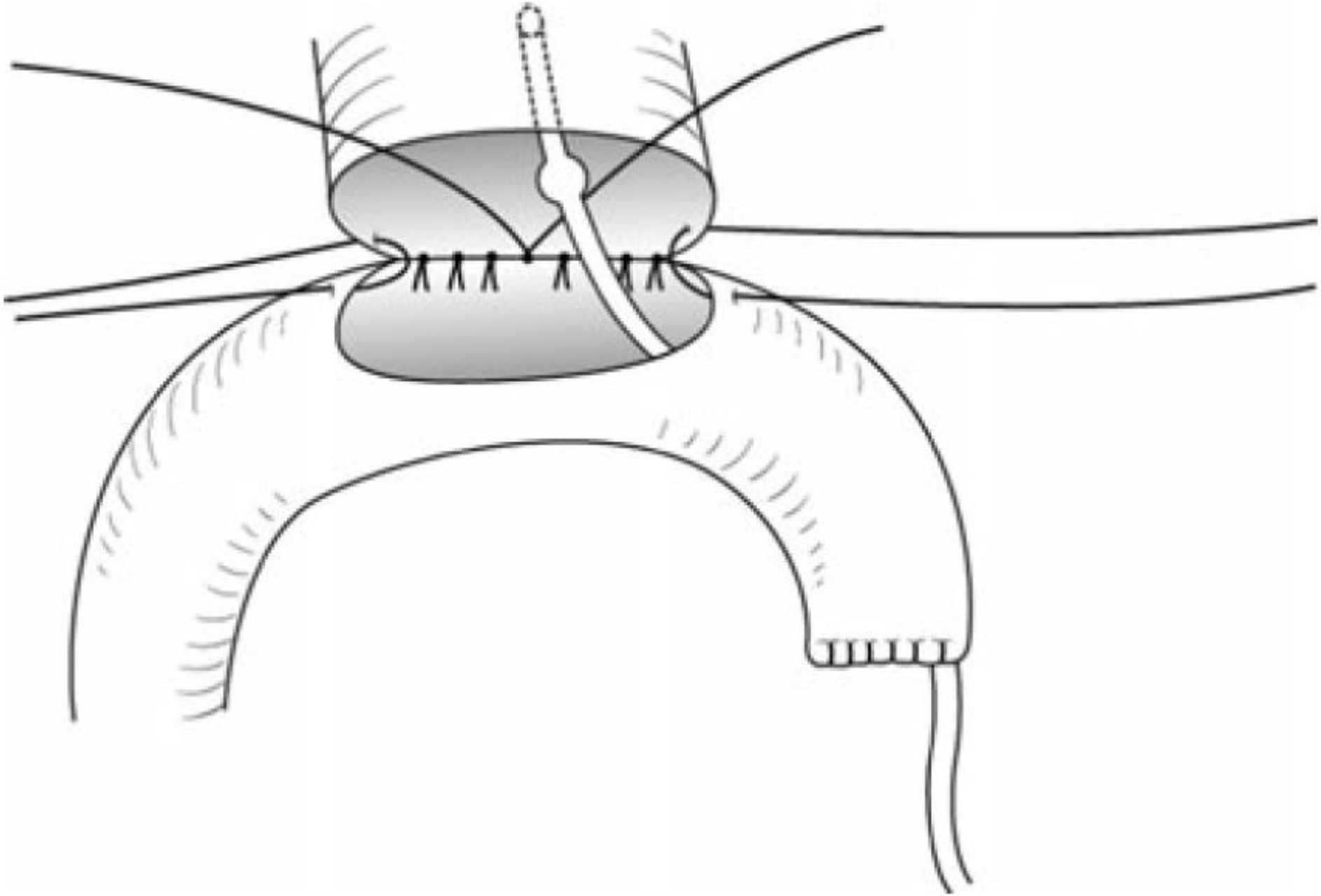
Hirano S, et al. J Hepatobiliary Pancreat Sci (2012) 19:203–9



Hirano S, et al. J Hepatobiliary Pancreat Sci (2012) 19:203–9

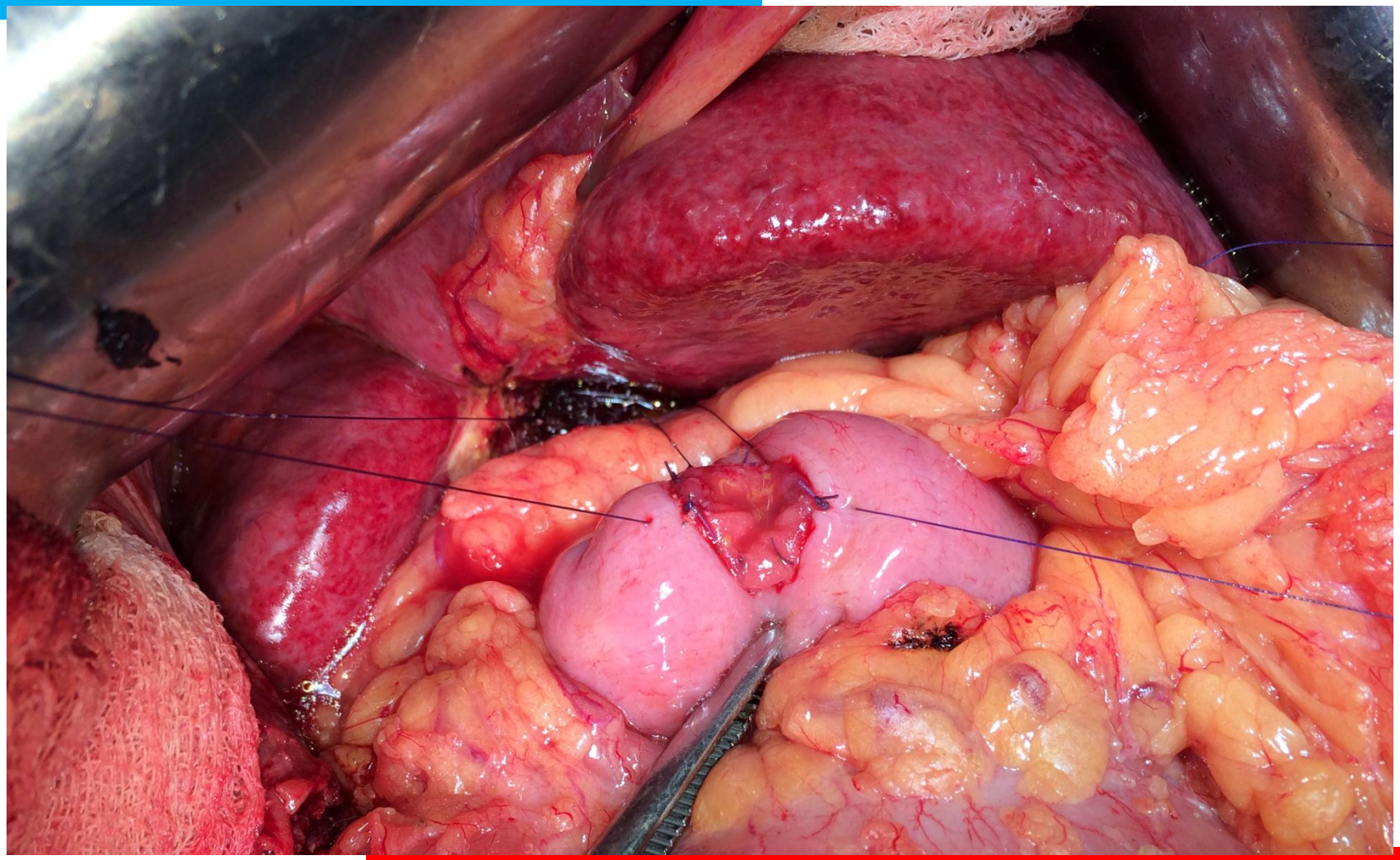


Hirano S, et al. J Hepatobiliary Pancreat Sci (2012) 19:203–9



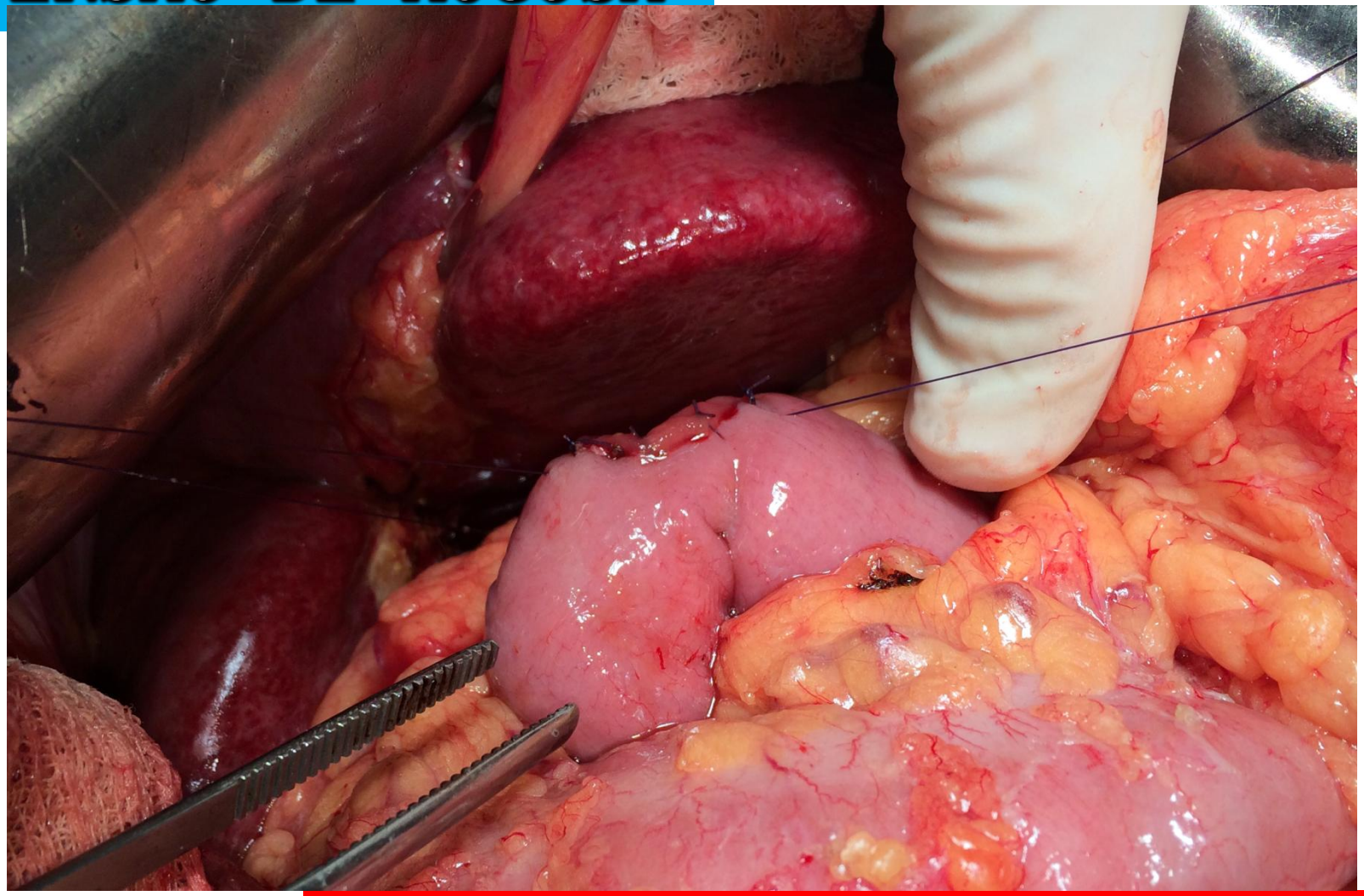
Hirano S, et al. J Hepatobiliary Pancreat Sci (2012) 19:203–9

EVERSÃO DE MUCOSA



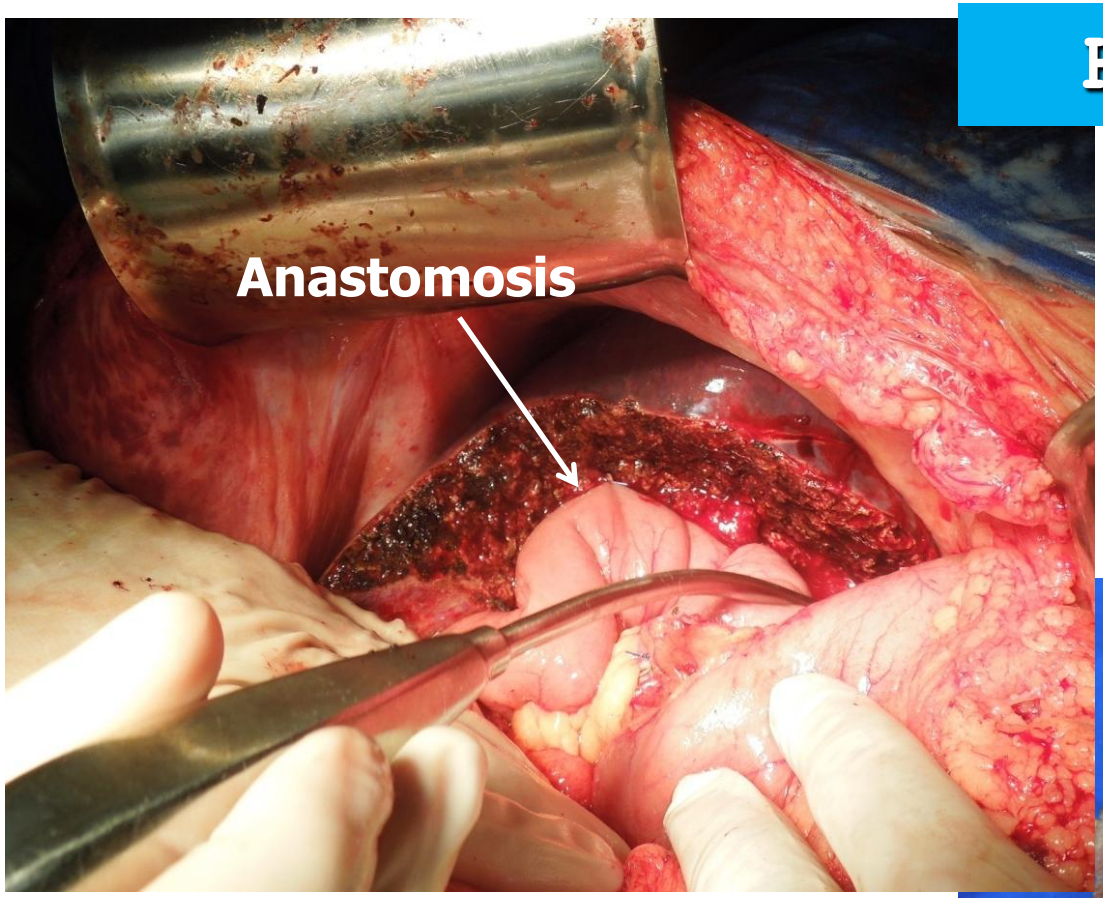
Ducto muito intra-hepático

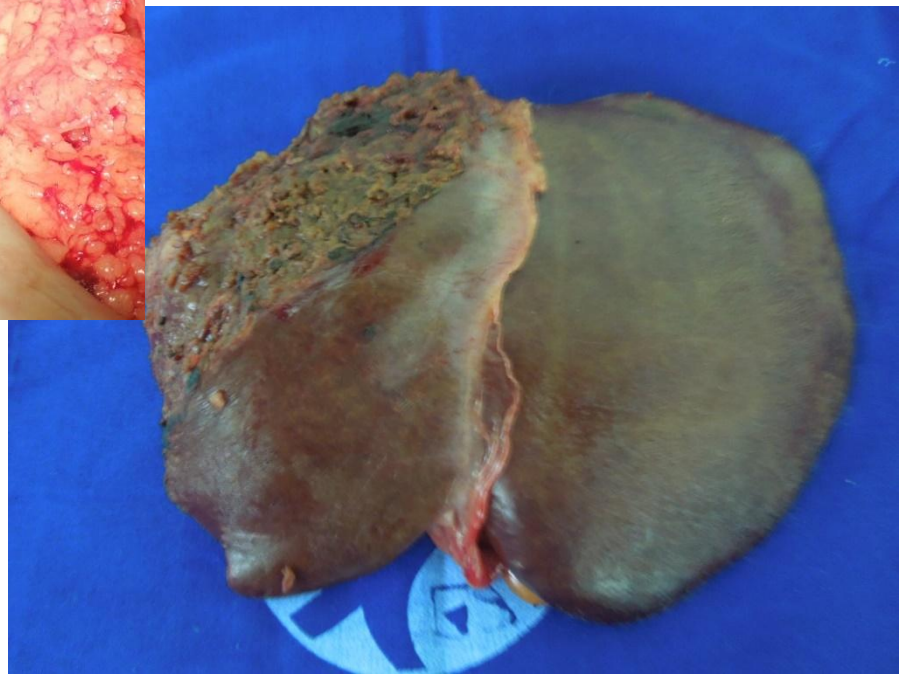
EVERSÃO DE MUCOSA

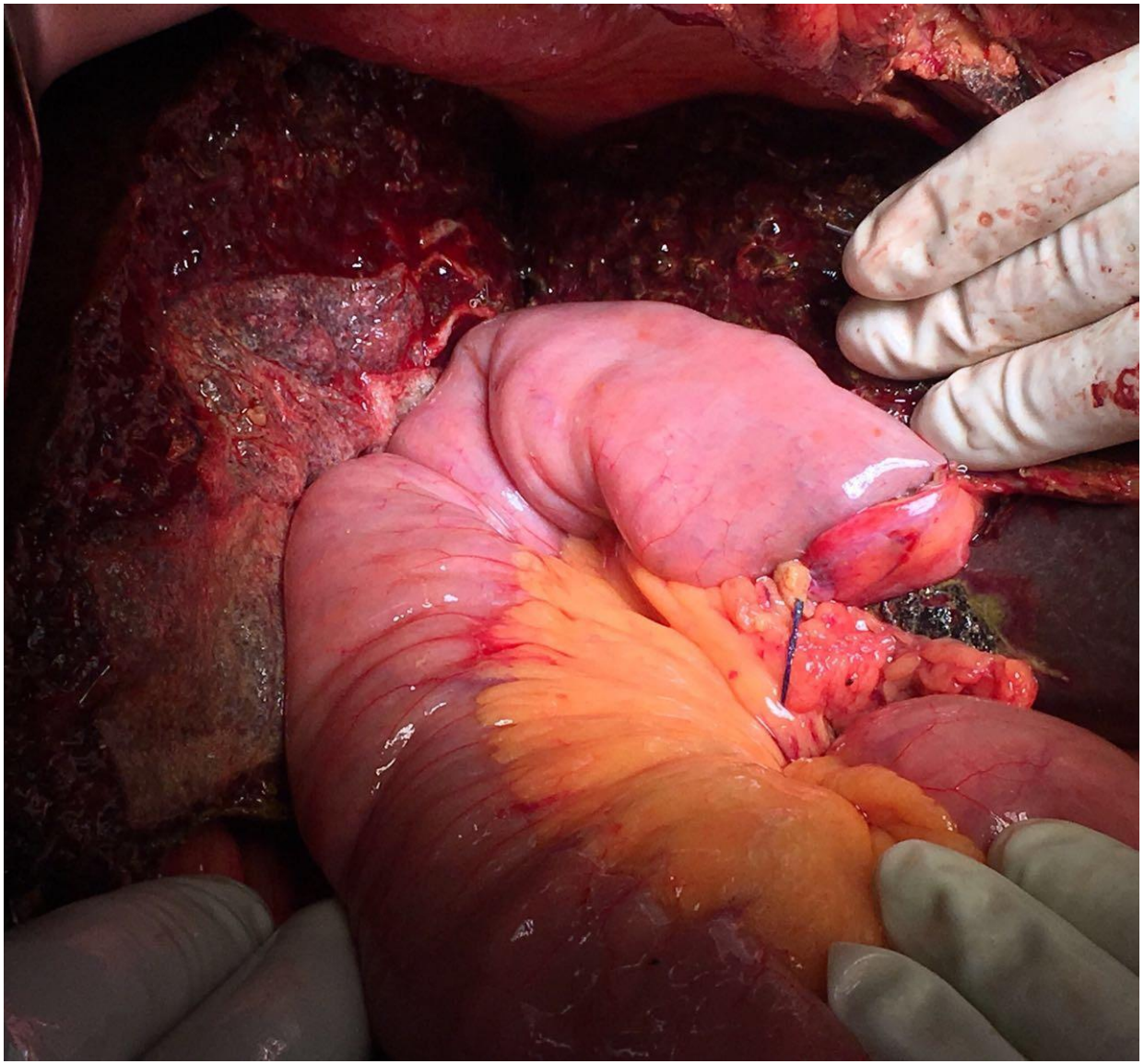


Ducto muito intra-hepático

HEPATECTOMIA







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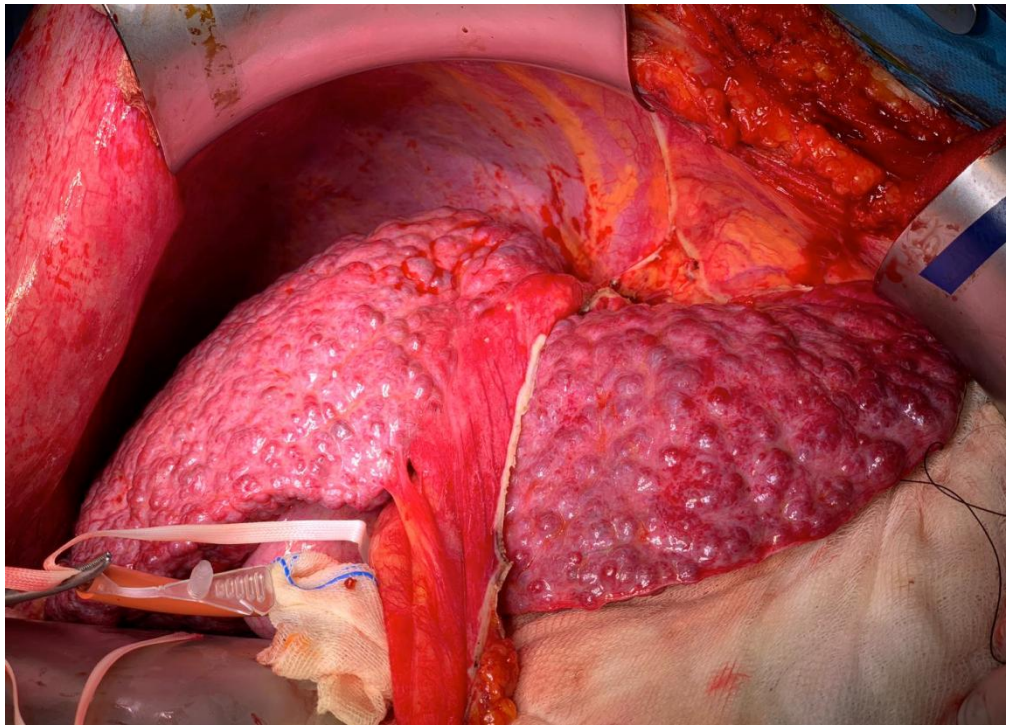
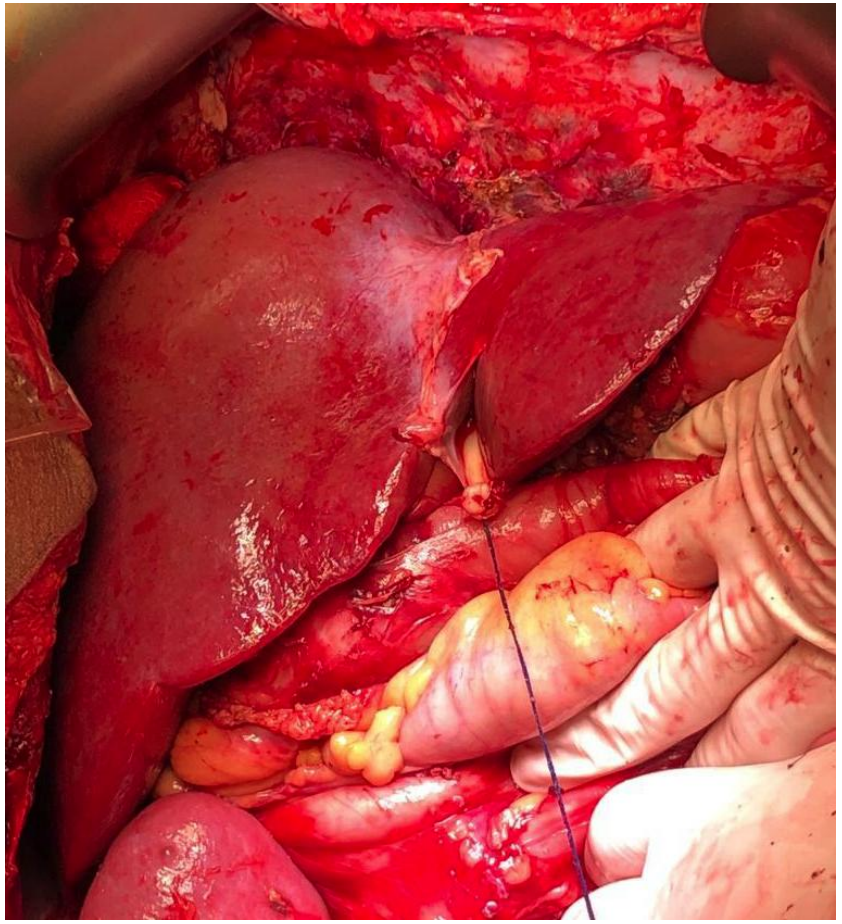
From Laparoscopic Cholecystectomy to Liver Transplantation: When the Gallbladder Becomes the Pandora's Box

Georgios C. Sotiropoulos[1,2], Peter Tsaparas[2], Stylianos Kykalos[2], Nikolaos Machairas[2], Ernesto P. Molmenti[1], Andreas Paul[1]

[1]Department of General, Visceral and Transplantation Surgery, University Hospital Essen, Essen, Germany
[2]2nd Department of Propedeutic Surgery, National and Kapodistrian University of Athens, Medical School, Athens, Greece

TRANSPLANTE HEPÁTICO





Cortesia: Prof. Eduardo Fernandes (RJ)


Dr. Orlando Torres