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Quality of life after repair (hepatico-jejunostomy) for post-cholecystectomy 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: QoL was studied using Short Form-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, had post-repair complication, and 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 had poorer QoL.

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