The percutaneous tandem drainage technique for radical treatment of intractable hepaticojejunostomy leakage

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SUMMARY The principal concept of the percutaneous tandem drainage procedure for an intractable hepaticojejunostomy (HJ) leakage is to decrease the amount of fluid and divide the fluid-filled cavity into several small cavities, which can then be drained individually. Percutaneous abscess drainage (PAD) has a role in drainage of the fluid cavity, whereas percutaneous trans-anastomotic jejunum drainage (PTAJD) has a role in drainage to reduce the bile fluid and digestive juices. A decrease in fluid induces effective drainage of the fluid cavity by PAD. A negative pressure suction drain accelerates reduction of the fluid cavity. PAD is removed when the localized fluid cavity has collapsed. PTAJD is finally removed after a clamping test is performed. Since 2020, we performed the percutaneous tandem drainage for two patients, and an intractable HJ leakage was gently resolved within 3 months without any adverse event. The percutaneous tandem drainage technique is safe for steady drain management of an intractable HJ leakage.

Keywords Anastomotic leakage, hepatectomy, drainage
intractable HJ leakage. We preferred using soft type guide wire (Radifocus®) and its sheath for every drain management, and PAD guided tandem insertion of PTAJD was simply performed without any technically failure. Because a drainage tube for PTAJD was soft and highly trackable, we have never experienced tear of HJ leakage point. Consequently, HJ leakage was gently resolved within 3 months without any adverse event. The percutaneous tandem drainage technique is simple and safe for steady drain management of an intractable HJ leakage.

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References


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