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Scientific Abstract

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Percutaneous Transhepatic Biliary Drainage Success Rates and Major Complication Rates- Experience of a Local Hospital Practice

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Objectives

To evaluate technical success rates and complication rates of PTBD in our institution when the procedure is done only in dilated biliary system and with consideration of relative contraindications.

Methods and materials

All PTBD cases from July 2017 to June 2018 were retrieved. Recommendation from Society of Interventional Radiology (SIR) was taken as standard. 51 cases were generated and 5 cases were excluded as PTBD was not performed due to causes such as unstable clinical conditions or non-dilated biliary system after initial ultrasound scan.

Results

All cases undergoing PTBD had dilated biliary system. No case had relative contraindications including underlying hepatic cystic diseases or gross ascites. Most patients had no relative contraindication of coagulopathy except 4 (8.7%) who had INR > 1.5 despite concomitant fresh frozen plasma infusion. PTBD was still proceeded in these cases due to underlying sepsis.

Out of 46 cases, successful opacification of biliary tree was achieved in 45 cases (97.8%). After successful percutaneous transhepatic cholangiography (PTC), cannulation was achieved in 44 cases (97.8%). Both PTC and PTBD success rates are beyond 95% as recommended by SIR.

Regarding major complications mentioned in SIR guideline, only 2 cases (4.3%) had developed sepsis after the procedure. No case developed any post-procedure hemorrhage, pleural complications or intra-procedural death.

All these complication rates were below the suggested specific threshold (5%) from SIR.

Conclusion

With careful consideration of relative contraindications and choosing patients with dilated biliary system, PTBD technical success rates and complication rates can be maintained within SIR standard in our hospital.