



If CBD stones

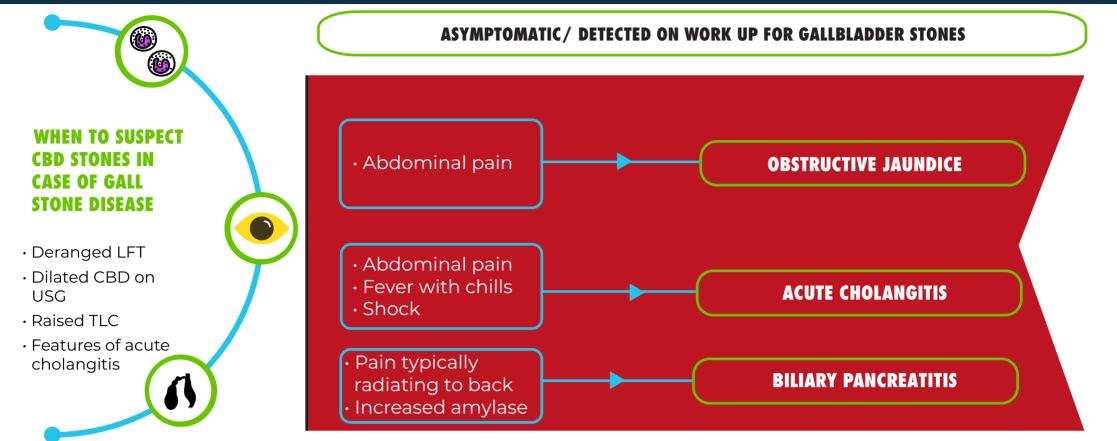
not seen on USG

## **Standard Treatment Workflow (STW)**

# **COMMON BILE DUCT STONE**

ICD-10-K 80.5

## **CLINICAL PRESENTATION OF CBD STONES**



### **WORK UP OF A PATIENT WITH SUSPECTED CBD STONES**

Palpable Gall bladder with jaundice may be due to malignancy and grossly dilated CBD may be due to choledochal cyst-should be referred to higher centers

#### **Biochemical investigations**

- · Haemogram (TLC), blood urea, serum creatinine, amylase/lipase
- LFT- Serum bilirubin, AST/ALT, ALP, PT/ INR
- Other investigations depending on comorbidities

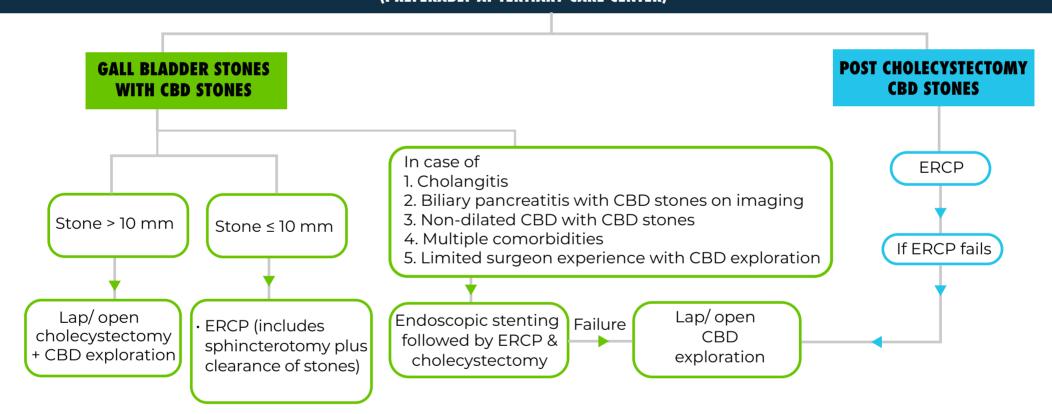
## **USG Abdomen**

- Gall bladder stones
- · IHBRD, cholangitic abscess

#### MRCP / endoscopic USG -Investigation of choice

- Anatomy of biliary tree, IHBRD, stone size, location and CBD diameter
- Roadmap for intervention

#### **MANAGEMENT OPTIONS** (PREFERABLY AT TERTIARY CARE CENTER)



#### **OPTIONS FOR CBD CLOSURE AFTER CBD EXPLORATION PRIMARY CLOSURE WITH PRIMARY CLOSURE DRAINAGE PROCEDURES** T TUBE PLACEMENT **ENDOBILIARY STENT INDICATIONS INDICATIONS** 1. Multiple stones/hepatolithiasis 1. Prevents bile leak 1. Purulent cholangitis 2. Needs endoscopy for 2. CBD > 2 cm dilated 2. Excessive CBD stent removal within manipulation 3. Ampullary stricture 6 weeks 3. Incomplete clearance **SURGICAL OPTIONS** Choledochoduodenostomy Hepaticojejunostomy Removal after T-tube Transduodenal sphincterotomy/ cholangiogram to sphincteroplasty

## **ABBREVIATIONS**

confirm pathway

**ALP**: Alkaline phosphatase **ALT**: Alanine Transaminase **AST**: Aspartate transferase

**CBD**: Common Bile Duct

**ERCP**: Endoscopic Retrograde Cholangiopancreatography IHBRD: Intrahepatic Biliary Radical Dilatation

INR: International Normalised Ratio

**LFT**: Liver Function Test

MRCP: Magnetic Resonance Cholangiopancreatography PT: Prothrombin Time

## **THE KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**