

PEDIATRIC SURGERY

Choledochal cyst resection

Preference Card

1. Right subcostal incision with chevron extension to the left.
2. Mobilize the right colon and duodenum.
3. Take down the gallbladder and place a catheter in the gallbladder. Empty the cyst then obtain a cholangiogram to define anatomy.
4. Dissect around the cyst. Get control of the distal segment and the right and left hepatic ducts.
5. Divide distally. Oversew the distal end (heading to the ampulla) with running 5-0 PDS or a suture ligature if small.
6. Dissect proximally, dividing any small vessels along the way. If the cyst is inflamed and densely adherent to the portal vein, leave the posterior wall intact--just resect the mucosa, leaving the muscular portion of the wall intact.
7. Resect proximally. Leave a patch of cyst rather than dividing the left and right hepatic ducts separately.
8. Construct a Roux-en-Y limb. Leave about 30 cm from the cyst to the jejunojejunostomy. Construct the jejunojejunostomy end-to-side with 5-0 PDS or staple.
9. Bring the Roux-en-Y limb retrocolic and tack it to the transverse mesocolon.
10. Construct the hepatico-jejunojejunostomy end-to-side with 5-0 PDS. Lay in the corners first then the back wall. When all the sutures are in place, parachute the back wall anastomosis down and tie sequentially. The knots will be on the inside. Place the sutures in the front wall.
11. Place a JP under the anastomosis.