

The invention relates to medicine, in particular to surgery, and can be used for treating main biliary strictures.

Summary of the method consists in that it is performed the upper midline laparotomy, it is objectively determined the localization of the biliary stricture, is prepared the Roux jejunal loop along a length of at least 80 cm by transection of the jejunum 20...30 cm distal to the ligament of Treitz, the tightly closed end of the Roux jejunal loop is reinforced with interrupted sutures of polydioxanone 4-0 with its retrocolic and anteduodenal translocation, at the level of the middle vessels of the large intestine, in the right upper part of the abdomen is made a cut with the formation of a hole of 6...10 mm on the antimesenteric side of the Roux loop and 3...5 cm distal to the sutured jejunal stump to form the end-to-side hepatoenterostomy, then is mobilized the bile duct and is opened in the anterior part with a longitudinal incision the left hepatic duct, preserving the posterior wall of bifurcation, according to the Hepp-Couinaud technique, if necessary, the incision is also widened along the right hepatic duct, the first two sutures of polydioxanone 4-0...6-0 are applied in the right and left corners of the ends for anastomosis of the jejunum and bile duct, i.e. at the level of 3.00 and 9.00 o'clock, which in the bile duct pass from the outside to the inside, and in the jejunum from the inside to the outside, then are applied uninterrupted single-layer sutures through the serous and muscular layers of the jejunum and bile duct, with the distance between the sutures of 2...3 mm, after which the jejunal loop is moved downwards to the hepatic duct, and the sutures are tied together after the synchronous tightening of all threads for each anastomosis lip separately with the sealing and application of the bile duct and jejunum mucosae, covering the suture line, after which is carried out the sealing control and the tissues are sutured in layers.

Claims: 1