

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 of 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. It 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. Then are applied single-layer sutures through all layers of polydioxanone 4-0 at a distance of 2...4 mm between them on the posterior wall, and then are applied on the anterior wall. Are synchronously tightened all the sutures on the posterior wall and are ligated, then the procedure is repeated on the anterior wall, on which are applied the seroserous sutures. The anastomosis is fixed with apposition sutures to the hepatic capsule. Then is carried out the sealing control and the tissues are sutured in layers.

Claims: 1