

Bile Duct Problems After Liver Transplant

Bile Duct Problems

After liver transplant, 15-30% of people may have bile duct problems. Most bile duct problems can be treated.

Bile is made in the liver and drains into the intestine through the bile duct. Bile is a dark brown, gold colored fluid that is thick and sticky. Bile can turn into sludge or stones and cause the bile ducts to get plugged. To prevent this from happening after liver transplant, your doctors may put you on a medicine called ursodiol to “thin the bile.”

Bile duct problems can occur any time after liver transplant. They can occur right away and years later. Problems can happen when bile leaks from the area where ducts are connected, or if the bile ducts in the liver are damaged. They can also occur when there is narrowing of bile ducts (strictures). Problems with the bile ducts may lead to infections and changes in your lab tests. Your care team will be watching your labs closely to monitor for changes.

Call your transplant coordinator if you have any of the symptoms listed below.

- Fever (over 100° F or 37.7°C) or shaking chills
- Pain over liver site
- Jaundice— yellow color seen in skin and white part of eye (sclera)
- Dark (tea-colored) urine
- Clay-colored (pale) stools
- Increase in bilirubin level and/or other liver blood tests
- Drainage at T-tube site
- Increased itching (pruritus)

If your doctors think you might have a problem with your bile ducts, they will often order a test called an “ERCP” or “MRCP” to look at your bile ducts. These tests help us check for bile duct narrowing (strictures) or enlargement (dilatation). They may also order a CT scan to look for a bile leak. The test results guide treatment decisions.

ERCP (Endoscopic Retrograde Cholangiopancreatography)

This test helps us look at your bile and/or pancreatic ducts. It can help to diagnose problems of the pancreas, bile ducts and liver.

During the exam, a tube passes through your mouth, esophagus (the tube that connects the throat to the stomach), stomach, and the first part of the small bowel. Once in place, a small plastic tube is placed into the ducts, a dye is injected, and x-rays are taken. Treatment can also happen at this time. This might include:

- Enlarging the bile duct opening.
- Removing stones lodged in the bile duct.
- Placing a stent (drain) in the duct.
- Taking a biopsy.

MRCP (Magnetic Resonance Cholangiopancreatography)

This is an imaging test that uses MRI (magnetic resonance imaging) to look at the biliary and pancreatic ducts.

If you cannot have an ERCP, your doctors may suggest other tests. In rare instances, surgery and or another liver transplant may be needed.