

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 often lead to infections and changes in your lab tests. Your care team will be watching your labs closely to monitor for changes.

You should 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 may 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 also allow your doctors to suggest treatment if needed.

ERCP (Endoscopic Retrograde Cholangiopancreatography)

This is a test to 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 is passed 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 threaded into the ducts, a dye is injected, and x-ray pictures are taken. Treatment can also be done at this time. Treatments allow us to:

- Enlarge the bile duct opening
- Remove stones lodged in the bile duct
- Place a stent (drain) in the duct
- Take a biopsy

MRCP (Magnetic Resonance Cholangiopancreatography)

This is a medical imaging technique which uses MRI (magnetic resonance imaging) to look at the biliary and pancreatic ducts.

If you are unable to have an ERCP, your doctors may suggest more tests if they feel your bile ducts need to be looked at. In rare instances, surgery and or another liver transplant may be needed.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©5/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6795.