

Laparoscopy now is the gold standard technique for cholecystectomy. Post laparoscopic cholecystectomy (LC) bile leak may occur. This prospective study includes 38 patients from a period of May 2014 to May 2016 in Hilla teaching general hospital to assess options of management of bile leak following LC. Conservative supportive measures alone was successful in 20 patients. ERCP intervention applied in 9 patients with a stent application, papillotomy or CBD stone extraction with subsequent resolution. Explorative laparotomy by expert surgical team was done for 9 patients with Roux-en-Y-hepaticojejunostomy as a result of iatrogenic massive injury to main biliary duct. Mortality rate was zero. Male to female ratio was 2:1 for whole bile leaked patients, and 3:1 for patients treated with interventions. Post laparoscopic cholecystectomy bile leak can be managed conservatively with close monitoring in a start. MRCP is valuable noninvasive test to assess biliary duct system. ERCP as a diagnostic and therapeutic measure was effective minimal invasive approach to control leak. Laparoscopic cholecystectomy should be performed meticulously in order to avoid catastrophic biliary ductal injury with a wise conversion to open when indicated. Proper clipping technique of cystic duct is essential to avoid cystic duct leak.