

1 **Supplementary Information. 1**

2 The laparoscopic surgical procedures

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4 Laparoscopic surgery was performed with the patients in the supine position using five trocars: two at  
5 the umbilicus and one each in the right upper and middle flanks and the left upper abdomen, using an 8–  
6 10 mmHg artificial pneumoperitoneum. The common hepatic duct was typically divided 0.5 cm below  
7 the bifurcation of the right and left hepatic ducts and 0.5 cm above the junction with the pancreatic duct.

8 The ductal junction was confirmed using intraoperative cholangiography. **After creating a Roux-en-Y**  
9 **limb and exteriorizing it through the umbilical incision, the limb was introduced to the hilum via the**  
10 **retrocolic route. An end-to-side hepaticojejunostomy was performed laparoscopically with a single layer**  
11 **of simple interrupted 5-0 monofilament absorbable sutures.**

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13 **Title:**

14 Safety and efficacy of robot-assisted bile ductoplasty and intrapancreatic bile duct resection in congenital  
15 biliary dilatation: **a single-center retrospective cohort (2013–2024)**

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17 **Journal:**

18 Journal of Robotic Surgery

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