AB107. 84. Index laparoscopic cholecystectomy, our experience after the inception of acute care surgery program

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Background: Laparoscopic cholecystectomy has become the gold standard for the treatment of symptomatic gallstone disease. Although multiple studies have confirmed its safety, laparoscopic cholecystectomy at index admission is still not widely practiced in Ireland. We present our experience of a cohort of patients who underwent index cholecystectomy in Cork University Hospital after the start of acute care surgery program in May 2017. The aim of this study is to determine the safety of laparoscopic cholecystectomy at index admission, the rate of complications, re-admissions, length of hospital stay.

Methods: Integrated Patient Management System, Theatre records and imaging reporting system were searched to enrol all patients who underwent laparoscopic cholecystectomy for gallstone disease at index admission from May 2017 to October 2018. Patient demographics, indication for surgery, postoperative complications, readmission and conversion rate were recorded. In addition, timings of magnetic resonance cholangiopancreatogram, endoscopic retrograde cholangiopancreatogram, imaging findings, and length of hospital stay were also noted.

Results: A total of 117 patients underwent laparoscopic cholecystectomy at index admission for various indications. Median age was 47 years with age ranging between 18–79. Male to female ratio was 1:1.78. Seventy-five (64%) patients had acute cholecystitis, 12 (10%) had acute biliary pancreatitis, 10 (8.5%) biliary colic and 9 (7.6%) had cholecystitis with signs of CBD obstruction. Seven (5.9%) patients had obstructive jaundice and one with adenomyomatosis. Fifty patients (42%) had pre-op MRCP while 23 (19%) underwent pre-op endoscopic retrograde cholangiopancreatogram. All except 3 patients undergoing ERCP had pre-procedure MRCP. Two patients had pre-op cholangiograms. In terms of complications, 2 (1.7%) patients had bile leak and 1 (0.85%) had re-operation. One patient had the post-op hematoma which was drained percutaneously, one patient had procedure abandoned because of bradycardia upon induction of anesthesia, so she was cancelled for a pre-op cardiology assessment. There was no common bile duct injury, no conversion to open and no 30 days mortality was reported. The average length of hospital stay has been 6 days (ranging from 2 to 18 days).

Conclusions: Laparoscopic cholecystectomy at index admission for cholecystitis, choledocholithiasis, and biliary pancreatitis, has been a safe and feasible treatment option in our hospital. A safe practice can be ensured by adherence to a care pathway and a multidisciplinary, consultant-led service. Index cholecystectomy service can be provided safely across the country to prevent disease-related morbidity and multiple re-admissions in patients awaiting interval surgery.

Keywords: Acute cholecystitis; biliary colic/laparoscopic cholecystectomy; urgent cholecystectomy; complications; endoscopic retrograde cholangiopancreatogram; choledocholithiasis

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