



AB178. 128. Economical impact and morbidity associated with interval cholecystectomy in centre with facilities of endoscopic retrograde cholangiopancreatography (ERCP)

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Background: Since the advent of minimal invasive surgery, every effort is made to improve the outcome of patients with hope of early recovery and return to routine daily life. It is beyond any doubt about laparoscopic cholecystectomy being gold standard for Symptomatic gallstones. Even being every effort made to do the early cholecystectomy for acute cholecystitis and post endoscopic retrograde cholangiopancreatography (ERCP) stone removal from common bile duct (CBD), still it is not feasible to do early cholecystectomy in acute setting when the resources are more focused to death with gynecology and other general surgery emergency. This study is focused to find out avoidable complications and investigations from diagnosis of gall stones to the timing of surgery in model 3 hospital.

Methods: This study is Cross sectional study carried

out in St Luke's Hospital Kilkenny. Data was collected retrospectively for year 2017 for all patients undergone cholecystectomy. Initial Data for cholecystectomy was taken from hospital in-patient enquiry (HIPE). National integrated medical imaging system (NIMIS) was used for imaging results. Patient charts were consulted for initial symptoms, operative details and Post-operative recovery. Data focused on time taken from diagnosis to surgery, Number of investigations, complications of gall stones, number of admissions.

Results: Total of 103 cholecystectomies were done with conversion rate of 1.96 percent and only two procedures abandoned because of difficult anatomy and needs referral to tertiary center. 21.36% developed Gall stones related complications. All patients had Ultrasound as initial investigation for diagnosis of gall stones. 17.47% needs ERCP, 7.8% Patients had MRCP, 14.56% had CT scan because of complications related Cholelithiasis. Average time from diagnosis to surgery is 374 days (range, 1–1,105 days). 75.72% admissions, 46.67% CT scans, 72% ERCP and 75% MRCP could be avoided with index admission surgery.

Conclusions: Indexed admission Cholecystectomy should be promoted in order to avoid unnecessary admissions, investigations and most importantly to decrease morbidity of patients

Keywords: Gall stones; interval cholecystectomy; gall stones investigations

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