

AB179. Acute cholecystectomies—a time sensitive matter

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Background: Early cholecystectomy, during the index admission, has been widely accepted as the treatment of choice for acute cholecystitis offering decreased length of stay and decreased risk of further episodes of acute cholecystitis/pancreatitis. However, a definition of “early” has not yet been established in the literature. Whilst the definition of early varies between 24 hours and 10 days, three papers highlighted the first 48 hours as the optimum time for intervention. Controversy remains around the risk of early cholecystectomy and risk of common bile duct (CBD) injury. This study aims to review surgical experience with early cholecystectomies in a level three centre.

Methods: Retrospective review of charts to identify our

study cohort of patients who underwent cholecystectomy during their index admission. Data extracted: gender, age range, grading (Tokyo Guidelines 2018), time to theatre (TTT), length of stay (LOS), prior admission, complication (CBD injury) and pre-operative Endoscopic Retrograde Cholangiopancreatography

Results: Of 160 laparoscopic cholecystectomies between 01/2015 and 09/2019, 46 were identified as early. 63.5% of the patients were female. Mean age was 50.9. The average severity grading was 1.3. The average time to theatre in days was 2.8. The average LOS was 6.2 days. The average rate of prior admissions with acute cholecystitis was 0.4. One patient suffered CBD injury (1.5%). Conversion rate was 7.7% and the rate of subtotal cholecystectomies (6.5%), more than half (52%) had a robinson/subhepatic drain inserted during the time of surgery.

Conclusions: Further research is warranted. Re-auditing in the next 5 years is suggested.

Keywords: Acute cholecystitis; common bile duct injury (CBD injury); early cholecystectomy

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