



AB113. SOH22ABS003. Auditing the rate of representation and complications due to gallstones in patients awaiting cholecystectomy during coronavirus disease 2019 (COVID-19) theatre restrictions

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Background: Symptomatic Cholelithiasis is a surgical pathology commonly treated with elective cholecystectomy (EC). Guidelines from EASL/NICE recommend early cholecystectomy due to the risk of further gallstone related complications. During the coronavirus disease 2019 (COVID-19) Pandemic significant restrictions have been placed on elective surgery which may delay EC risking further complications.

Methods: EC cases from an elective surgical unit attached to a tertiary hospital were reviewed. Patient records from two groups were assessed: pre-COVID (surgery from 01/04/19 to 01/04/20) and during COVID (from 01/04/20 to 01/04/21). Date of first presentation with symptomatic gallstones was recorded as was the date of waitlisting. Subsequent ED presentations, admissions, and procedures prior to surgery were also compared.

Results: There was a 44% reduction in EC performed during COVID compared to pre-COVID. Median time from first presentation to surgery was 240 days (159 days on waitlist), compared to 156 and 98 days pre-COVID. Fourteen patients during COVID (34.15%) represented before their surgery with 5 (12.2%) readmitted, compared to the pre-COVID group where 26 patients (35.14%) represented and 17 (22.97%) readmitted. In the pre-COVID group 1 patient (1.3%) required emergency ERCP

between index presentation and surgery compared to 2 (4.9%) during COVID.

Conclusions: The COVID-19 pandemic saw a clear reduction in EC and longer waiting times for surgery for these patients. While there was not a significant increase in patients representing or being readmitted during this period, the higher rate of emergency ERCP is cause for concern. Timely EC remains important as COVID-19 and the restrictions on elective surgery continue to pose challenges.

Keywords: Cholecystectomy; complications; coronavirus disease 2019 (COVID-19); elective surgery; gallstones

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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