

## Early Versus Delayed Cholecystectomies in Patient with Acute Cholecystitis, A Prospect from Jersey

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### Keywords

Gallbladders, Cholecystectomy, Clinical coding.

### Introduction

A continued debate exists regarding the timescale management of cholecystectomies; early versus delayed. On the contrary, delaying a procedure increases the risk of future gallstone related complications and perhaps re admissions. This study looks to identify whether or not Cholecystectomy procedures are undertaken using the most recent guidelines available and what this effect has on primary care. To see what proportion of patients are operated on during the initial emergency presentation and how this influences any re-admissions, complications, conversion to open cholecystectomy and total number of bed nights occupied. To examine the local effects of Cholecystectomy procedures on primary care. The study will examine waiting times and effects of delayed Cholecystectomies in multiple GP attendances.

### Evidence

Evidence:

- Systematic review
- 6 trials
- 488 participants
- Randomisation to early or late Cholecystectomy
- "No statistical difference in those who developed bile duct injury, conversion to open procedure, operative length, quality of life or significant examples of mortality or morbidity."
- Total hospital stay reduced by 4 days in the early intervention group
- Cost saving: £293 per early cholecystectomy

### Methodology

The study identified 100 patients who had undergone a

Cholecystectomy at Jersey General Hospital. Patients were identified using clinical coding on discharge summaries and operating theatre lists. 91 patient were admitted with Cholelithiasis, 72 underwent cholecystectomies (Reviewed discharge summary and investigations individually). Of all patients presenting with acute cholecystitis 47% (17/36) were managed 'hot'. After exclusions (frail/comorbid, patient choice): 63%, 4/36 (11%) lap cholecystectomy for acute cholecystitis converted to open- All 'hot' gallbladders.

### Results

No statistical difference in those who developed bile duct injury, conversion to open procedure, operative length, quality of life or significant examples of mortality or morbidity."

Total hospital stay reduced by 4 days in the early intervention group.

Cost saving: £293 per early cholecystectomy.

### Discussion

All acute cholecystitis presentations should be managed on initial presentation with laparoscopic/open cholecystectomy. Early laparoscopic surgery vs delayed should have a no-inferior rate of operative complications.

### Conclusion

Doing more hot gall bladders in Jersey, which reduces re-presentations?

Dedicated emergency list for performing acute (hot) gallbladder.

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