

### 883 Modified Framework for The Management of Acute Gallstone Disease During The COVID-19 Pandemic

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**Introduction:** On 12/03/2020 WHO declared SARS-CoV-2 a global pandemic. PHE and RCS advised non-operative management wherever possible, changing management of acute gallstone disease from early laparoscopic cholecystectomy to conservative treatment and frequent percutaneous drainage. Planning, prioritisation, and implementation of “COVID-Safe” pathways presented multi-factorial challenges throughout the NHS.

**Method:** Prospective data of patients admitted with acute gallstone pathology was collected at Chelsea & Westminster Hospital (23/03/2020-16/08/2020), and prioritised using Tokyo, FSSA and RCS Guidance. A restructured “Gallbladder-pathway” was implemented comprising trust-wide referral proforma, weekly clinical planning MDT meetings and dedicated theatre lists.

**Results:** Sixty-eight patients were prioritized as either “Urgent” (25), “Expedited” (12) or “Elective” (31); comprising gallstone pancreatitis (11), acute cholecystitis (53), obstructive jaundice (12) and biliary colic (8). 12 patients required cholecystostomies.

During the “Peak” (23/3/20-02/06/2020) no cholecystectomies were performed, 10 in “Recovery” (02/06/20-06/07/20) in NCEPOD theatre, 21 in “Resolution” (06/07/20-18/08/20) since implementation of the “Gallbladder-Pathway”. Eleven patients (16%) re-presented while awaiting definitive treatment, none critically ill. The highest number of re-presentations was in “Urgent” patients (36%) and those with cholecystostomy (45%).

**Conclusions:** Early adoption of a modified “Gallbladder-pathway” during the pandemic allowed accurate case stratification, efficient resource allocation and safe care. Our model enabled prompt service recovery and a framework to navigate future disruption.