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TH2.3 Elective versus emergency management of gallstone disease at a tertiary referral centre amidst the COVID-19 pandemic - should the protocol be altered?

Maxwell Renna, Aaditya Sinha, Kevin Pinto, Caitlin Roe, Chloe Koh, Katie Cheung

Guy's & St. Thomas' NHS Foundation Trust

Background: Gallstones are a common pathology affecting approximately 15% of the population in UK, 20% of which are symptomatic. It is suggested symptomatic patients undergo cholecystectomies. Guidelines recommend this is performed within one week of initial emergency presentation or 52 weeks for elective case. Surgical capacity to manage emergency cholecystectomies was limited due to the COVID pandemic. We assessed wait time discrepancy between elective and emergency cholecystectomies.

Methods: A retrospective review of all patients undergoing cholecystectomies between January and November 2021 in a major tertiary referral centre in London was undertaken. Initial pathology at the time of presentation, elective vs emergency presentation, pre-surgical biliary complications along and wait times were reviewed.

Results: 219 (74 elective, 145 emergency) patients underwent surgery, mean age 48 years (23% Male and 77% Female). Average wait times for elective cholecystectomies were 69.7 days (min 0, max 246) in comparison to 68.9 days (min 1, max 253) for emergency surgery. 22 (15%) of the patients of initial emergency presentation re-attended hospital and 6 (4%) had adverse events such as gallbladder perforation or pancreatitis due to delayed treatment. Comparatively, 9 (12%) elective patients attended A&E due to pain, with no adverse outcomes.

Conclusions: Overall wait time of emergency vs elective cholecystectomies were similar. This review indicates emergency cases require prioritisation over elective cholecystectomies due to the higher number of re-attendance and adverse events. Emergency cases need to be prioritised to meet guidelines, which could also reduce complication rates whilst awaiting surgery and lead to fewer adverse outcomes.