

surgery. Patients receiving surgery within 6 weeks, which has been set by our trust as an acceptable standard.

Results: Patients with acute presentation (acute cholecystitis, gallstone pancreatitis, cholangitis) 162 (PC19), 80 (IC19), 145 (AC19). Gender Ratio M:F 1:2 for all groups. Average wait to surgery 93 (PC19), 44 (IC19), 69 (AC19) days. Patients receiving surgery within 6 weeks 24.7% (PC19), 32.5% (IC19), 51.7% (AC19). Patients who were still awaiting surgery at the end of each time frame 49% (PC19), 51% (IC19), 48% (AC19). Mean length of surgical stay 1.75 (AC19) days.

Conclusions: Further changes are required, as guidelines are still not being met, with average wait times significantly above the recommended wait to undergo laparoscopic cholecystectomy.

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TH2.12 Difficulties in managing acute gallstone disease at a Tertiary Referral Centre amidst COVID-19

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Background: Acute biliary disease, a surgical emergency, is predominantly treated conservatively initially. Specialist units aim to follow guidelines set by the Royal College of Surgeons and NICE to provide a cholecystectomy within a set time. Clinical practice at St Thomas' Hospital was reviewed along with the difficulties during the COVID-19 pandemic.

Aims: Reassess practice at a specialist unit failing to meet guidelines during the start of COVID-19. Prospective data collection, on patients booked for a laparoscopic cholecystectomy (LC) after emergency attendances.

Method: Initial retrospective data analysis, reviewing pre-COVID (PC19) practice (03/19–02/20), initial COVID-19 (IC19) management (03/20–12/20). Prospective data (01/21–11/21) after implementing changes (AC19). Identifying demographics, pathology, length of stay during acute admission, average wait for surgery and readmission rate prior to