

### 709 Covid-19 Pandemic: Audit on The Management of Acute Cholecystitis

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**Background:** The definitive management of acute cholecystitis is laparoscopic cholecystectomy on the same admission if the patient is fit. As the Covid-19 pandemic emerged, evidence suggested adverse outcomes for asymptomatic Covid positive patients undergoing surgery, including increased mortality risk. Risks to theatre staff were also highlighted. This prompted changes in acute cholecystitis management guidelines.

**Method:** The audit aim was to assess the impact of guideline change on clinical outcomes and readmission rate for acute cholecystitis. The revised Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland (AUGIS) guidelines were the gold standard. All inpatient admissions for acute cholecystitis during the 4-week peak of the pandemic (17/04/2020 – 14/05/2020) were included.

**Result:** 24 patients were admitted with acute cholecystitis. 10 patients (41.7%) were managed with antibiotics alone, 4 patients (16.6%)

underwent cholecystostomy. 12 patients (50%) were discharged within 3 days. Lack of clinical progress/ongoing symptoms was the indication for laparoscopic cholecystectomy in 5 cases (20.8%). 5 conservatively managed patients (20.8%) were readmitted with ongoing cholecystitis or pancreatitis.

**Conclusions:** 19 patients (80%) were managed non-surgically in accordance with AUGIS guidelines. However conservative management was not always appropriate. We recommend that laparoscopic cholecystectomy should remain a management option for acute cholecystitis during the ongoing Covid-19 pandemic.