CBD stones. Consider LCBDE/LC as the gold standard in managing patients with surgical site infections, haemorrhages, acute cholangitis, perforations, or duration of hospital stay with ERCP followed by LC. The objective of this study is to assess whether LCBDE/LC should be the gold standard in managing CBD stones by offering many advantages. MRCP and ERCP utilization is minimized in facilitating haemobilia clearance. Vascular haemoglobin, bleeding and clotting disorders, those known to have abnormal blood antibodies and significant cardiovascular comorbidities.

Results:

849 patients from 7 RCTs were included in the study, 426 patients (50%) who underwent ERCP were included. Resulted patients have no CBD stones. Simple transcystic explorations with acute pancreatitis and jaundice is extracted. In the absence of suspected malignancy there was a limited role for preoperative IOC; two thirds of pancreatitis patients and one third of jaundice patients. The primary outcome is the difference between the incidence of perioperative blood transfusion (PBT) between the studied groups. The overall cost-effectiveness is considered as a secondary outcome. The categorical data were analysed using the Chi-square test; a p-value <0.05 is considered statistically significant.

Conclusions:

Our study has demonstrated that preoperative G&S is not indicated for all emergency cholecystectomies. It takes approximately 1 hour for G&S to be processed unless crossmatching is required. Group O-negative or O-positive blood can be provided to patients when urgent blood transfusion is needed depending on their age and gender. Thus, we conclude that G&S should be restricted to patients with low preoperative haemoglobin, bleeding and clotting disorders, those known to have abnormal blood antibodies and significant cardiovascular comorbidities.

O-EGS04 Is Group and Save necessary for all patients undergoing emergency cholecystectomy: A 6-year retrospective audit

Kishore Pursnani, Ahmed Mohammed, Ilayaraja Rajendran, Paul Turner, Christopher Ball, Ravindra Date, Nitya Krishnamohan, Jeremy Ward, Kishore Pursnani, Vinutha Daya Shetty
Lancashire Teaching Hospitals NHS Foundation Trust, Preston, United Kingdom

Background: Emergency cholecystectomy (EC) has a low perioperative bleeding risk. There is no current national guideline to suggest routine preoperative Group and Save (G&S) is necessary. Our Trust guideline recommends preoperative G&S for all EC operations. In 2018, a Trust-wide policy was adopted based on an audit, which concluded that routine preoperative G&S is unnecessary for elective cholecystectomy. All G&S require 2 samples taken separately, which can delay surgery. The cost to process one sample for G&S is £28. Therefore, a study was set up to assess the need for routine G&S in patients undergoing EC.

Methods: This retrospective observational study was based on a prospectively collected hospital database from March 2015 to March 2021 using MS-Excel. All patients who underwent EC (laparoscopic and/or open) within 10 days during index admission were included. All elective cholecystectomies were excluded. Patients were divided into GS-patients (patients with G&S) and NGS-patients (patients without G&S). The primary outcome is the difference between the incidence of ‘perioperative blood transfusion’ (PBT) between the studied groups. The overall cost-effectiveness is considered as a secondary outcome. The categorical data were analysed using the Chi-square test; a p-value <0.05 is considered statistically significant.

Results: In this 6-year period, 2210 patients underwent cholecystectomy. Of these, 496 patients (22.4%) who underwent EC were included. 447 patients (90.1%) were in GS group and 49 patients (9.9%) were in the NGS group. None from the NGS group required PBT, whereas 3 patients (0.6%) in the GS group received blood transfusion. However, PBT was truly indicated in 1 patient due to the associated cardiovascular comorbidities. On the contrary, 2 patients did not fit the ‘restrictive transfusion threshold’ criteria of JPACE. There was no statistically significant difference in PBT requirement between the studied groups (p = 0.331). Deferring routine G&S for EC could have saved our institution £24,976.

Conclusions: Our study has demonstrated that preoperative G&S is not indicated for all emergency cholecystectomies. It takes approximately 1 hour for G&S to be processed unless crossmatching is required. Group O-negative or O-positive blood can be provided to patients when urgent