106 Laparoscopic Cholecystectomy Following an Episode of Cholecystitis: Are We Meeting the NICE Guidance?

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Aim: On average, acute cholecystitis is responsible for 3% of admissions to emergency general surgery wards. NICE Guideline [QS104] states that adult patients admitted with acute cholecystitis should be offered a laparoscopic cholecystectomy within one week of diagnosis. This study aims to assess adherence to this guideline in a medium size district general hospital.

Method: Data was gathered retrospectively from contemporaneous electronic-based patient record system. Patients with a first case of cholecystitis within a 486-days’ time period were included; incorrect coding or repeat admissions within our time period were excluded. Data was gathered on admission length, aetiology, investigations undergone and procedure type (open vs laparoscopic). Additionally, for those that underwent a cholecystectomy, the length of time between diagnosis and operation was calculated.

Results: 72 adults were admitted with acute cholecystitis in the 486-day study period. The median length of stay was 3 days. The commonest aetiology was either gallstones or unknown (47.2% of cases each), followed by bacterial infection (5.6%). 9 patients (12.5%) underwent laparoscopic cholecystectomy, and 10 (13.9%) were placed on a waiting list. The remaining 53 (73.6%) had no mention of being listed for surgery in their notes. Of those undergoing laparoscopic cholecystectomy (n = 9), none were within the recommended one-week period from time of diagnosis.

Conclusions: Over 486 days, no patients diagnosed with acute cholecystitis in our unit were being treated according to NICE guidance. We therefore recommend reinstating the hot gallbladder list at this hospital, which will enable surgeons to deliver the biliary emergency service advocated by the national guidelines.