Background: Laparoscopic cholecystectomy (LC) is the gold standard treatment for acute cholecystitis (AC). Percutaneous cholecystostomy (PC) has been developed to reduce the morbidity and mortality associated with high-risk patients. PC offers advantages such as general anaesthesia is not required, can be performed at the bedside, success rate is above 95%, low complication rate and can be used as bridging therapy before elective surgery.

Aim: To investigate the demographics, clinical factors, and the outcomes of cholecystostomy in management of cholecystitis.

Method: The sample includes 24 inpatients at North Cumbria trust who had cholecystostomy drain insertion in 2019 and 2020 (retrospective audit).

Results: One patient was less than 40 years old. 6 were between 40 and 60 years old while 17 were above 60 years old. 21 patients had 1 drain, 2 patients had 2 drains and 1 patient had 3 drains in total. Duration of the drain insertion 0–7 days 5 patients, 8–21 days 7 patients, more than 3 weeks 12 patients. Numbers of patients attended SDEC 1 times.
patients 2–5 times 15 patients more than 5 times 5 patients. 5 patients had no investigations, while 12 (50%) patients had more than one investigation post procedure.

**Complications:**

- 1 patient had cholecysto-cutaneous fistula 5 months
- 1 patient developed abscess collection 20 days after drainage.
- Out of 24 patients, 8 underwent cholecystectomy. 3 have died (not related to cholecystostomy).

**Conclusions:**

- Cholecystostomy offers advantages, however it creates burden on the NHS: requiring more than one procedure (another drain/ future cholecystectomy), multiple visits to the surgical ambulatory care, and post procedure investigations. The patient’s recovery times/length of drain stays.
- Pathway for cholecystostomy drain has been developed.