

INDEX LAPAROSCOPIC CHOLECYSTECTOMY, SINGLE CENTRE EXPERIENCE AFTER IMPLEMENTING AN ACUTE CARE SURGERY PROGRAM.

M.Aakif, J.Byrne, H.Prins,M.Corrigan, M.Yasser Kayyal

Cork University Hospital, Cork, IRELAND

Abstract

Laparoscopic cholecystectomy has become the gold standard for treatment of symptomatic gallstone disease. Although multiple studies have confirmed its safety, laparoscopic cholecystectomy at index admission is still not widely practiced in Ireland. We present our experience of a cohort of patients who underwent index cholecystectomy in Cork University Hospital after the start of acute care surgery program in May 2017. We concluded that Laparoscopic cholecystectomy at index admission for cholecystitis, choledocholithiasis, and biliary pancreatitis, has been a safe and feasible treatment option in our hospital. A safe practice can be ensured by adherence to a care pathway and a multidisciplinary, consultant-lead service. Index cholecystectomy service can be provided safely across the country to prevent disease-related morbidity and multiple re-admissions in patients awaiting interval surgery

AIM

To analyse the safety & feasibility of early Lap cholecystectomy at index admission for all gallstone related ED admissions under Acute Care Surgery team

Material & Methods

Retrospective cohort study of all patients who underwent LC at CUH between 05/2017 to 10/2018
Theatre records, IMPAX radiology imaging, CITRIX National Portal and patients notes
Demographics , diagnosis at admission ,preoperative and post operative imaging ,complications ,readmission ,reoperation and length of hospital stay.

Results

During the study period n=117
LCs were performed at index admission for various indications.

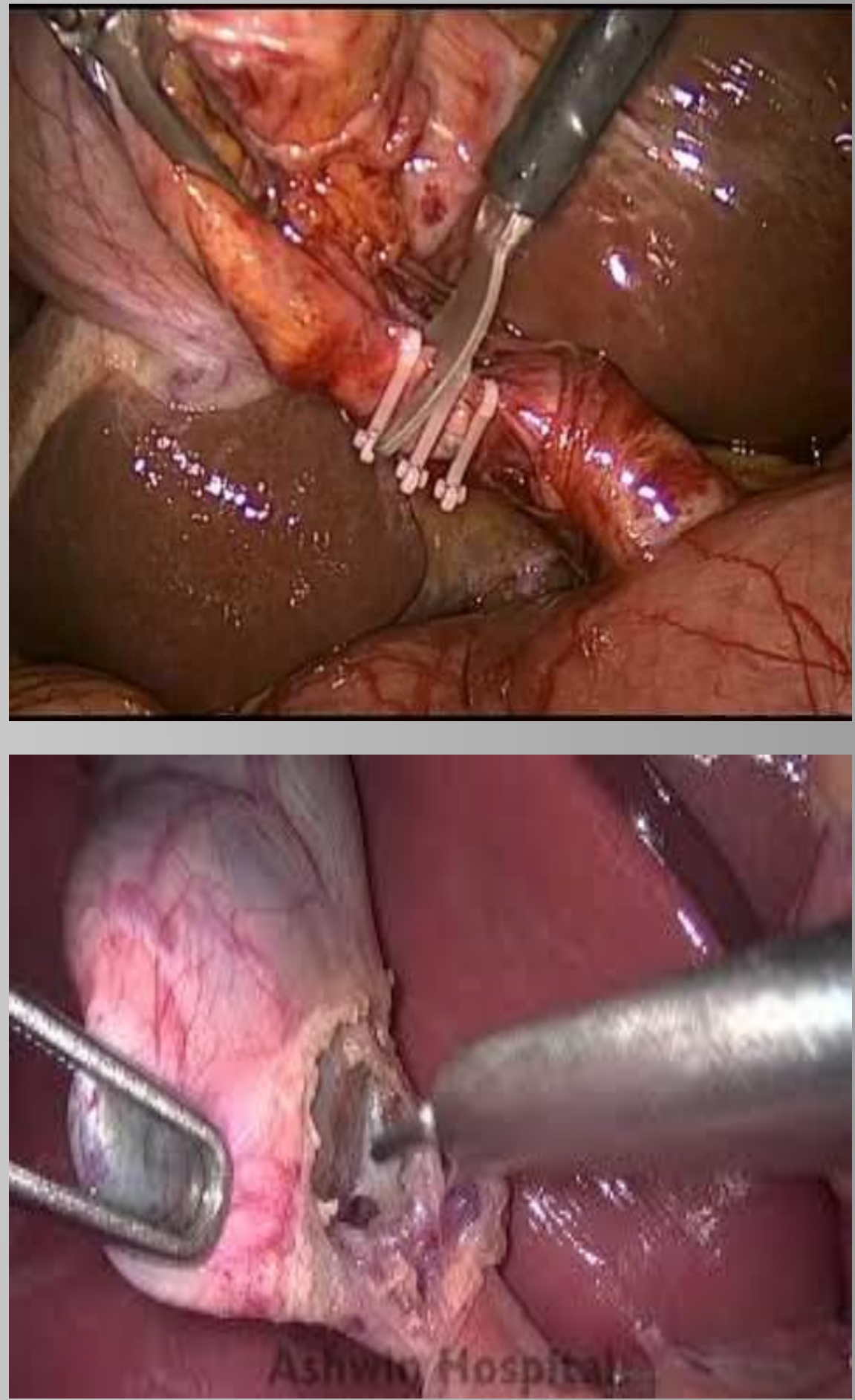
64 % Females

Median age was 47 years (18-79)

100% ED admissions.

Conclusion

Laparoscopic cholecystectomy at index admission is safe and feasible for various gallstones related emergencies
A safe practice can be ensured by adherence to a care pathway and a multidisciplinary , consultant led service
Index cholecystectomy can be practiced safely across the country to prevent disease related morbidity including multiple readmissions



Indication for LC

DIAGNOSIS	NUMBER	FREQUENCY
ACUTE CHOLECYSTITIS	75	64%
CHOLEDOCHOLITHIASIS	18	15.2%
ACUTE PANCREATITIS	12	10.25%
BILIARY COLIC	10	8.5%
ADENOMYOMATOSIS	1	.85%
TOTAL	117	

Preoperative imaging

Investigation	No	Percentage
USS	117	100%
CT AP	30	25.6%
MRCP	50	42%
ERCP	23	19.6%
ERCP and CBD stent	3	2.56%

18/23 (78%)patients had their ducts cleared before surgery

Length of Hospital Stay

Diagnosis	Average LOS	Range
Obstructive jaundice	10 days	8-14
Acute Cholecystitis	6 days	4-8
Acute pancreatitis	5 days	4-10
Biliary Colic	2	1-3

6 Readmissions all related to complications

Complications

Complications	No.	Frequency of complications
Bile leak	2	1.7 %
Haematoma	1	0.85%
Retained stones	1	0.85%
Re-operation	1	0.85%
Post ERCP pancreatitis	1	0.85%
CBD injuries	0	0%
Conversion to open	0	0%
Total	6	4.2%