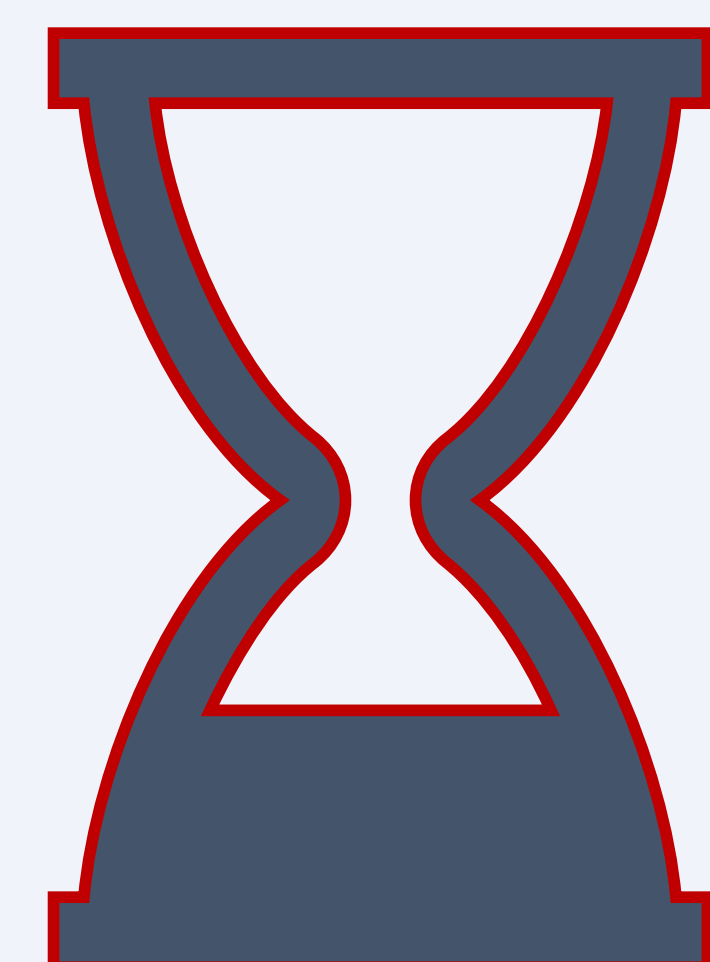


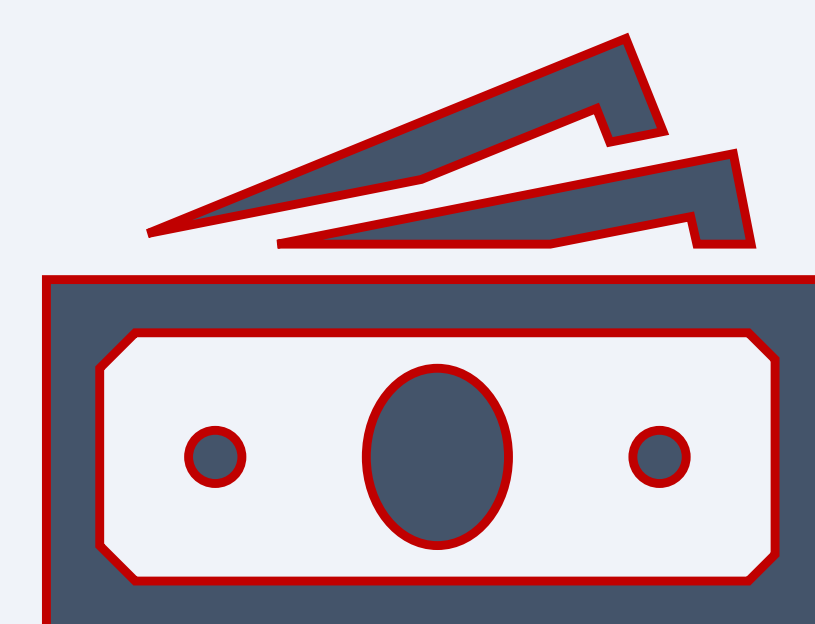
IMPACT OF DELAYED LAPAROSCOPIC CHOLECYSTECTOMY ON OUTCOMES AND COST: EVIDENCE FOR NATIONAL STANDARDS

Himani Bhatt, MD, **Juliana Colvin, MD**, Nancy Orduno Villa, MD, Jayant Kumar, MD, Sahajpreet Singh, MD, Joshua Parreco, MD
Memorial Healthcare System

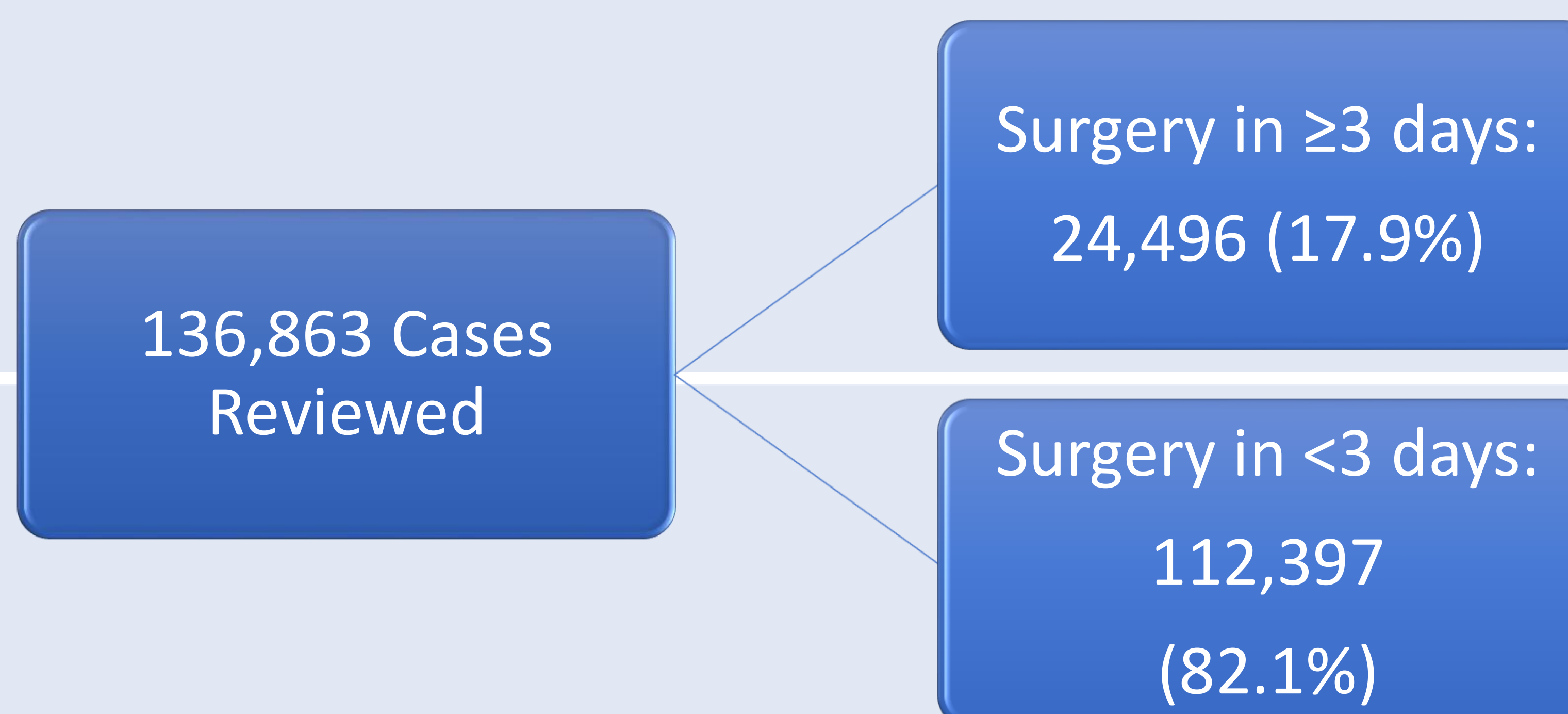
The timing of laparoscopic cholecystectomy remains highly variable for acute cases, with delays common. This may contribute to worse patient outcomes and increased resource use.



AIM: To quantify the clinical and financial burden of delayed operations across the United States.



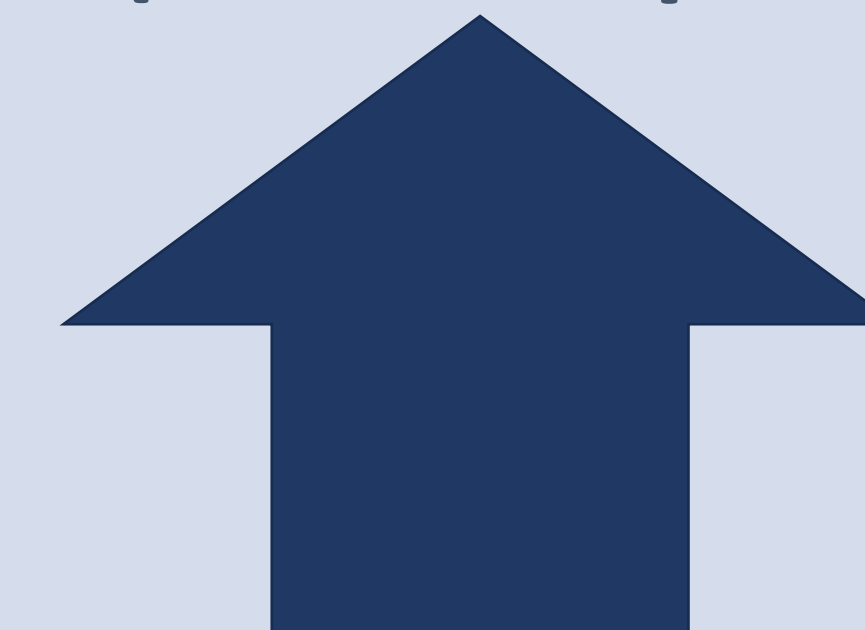
Patient selection: Age ≥ 18 undergoing urgent laparoscopic cholecystectomy in the Nationwide Readmissions Database (2021-2022).



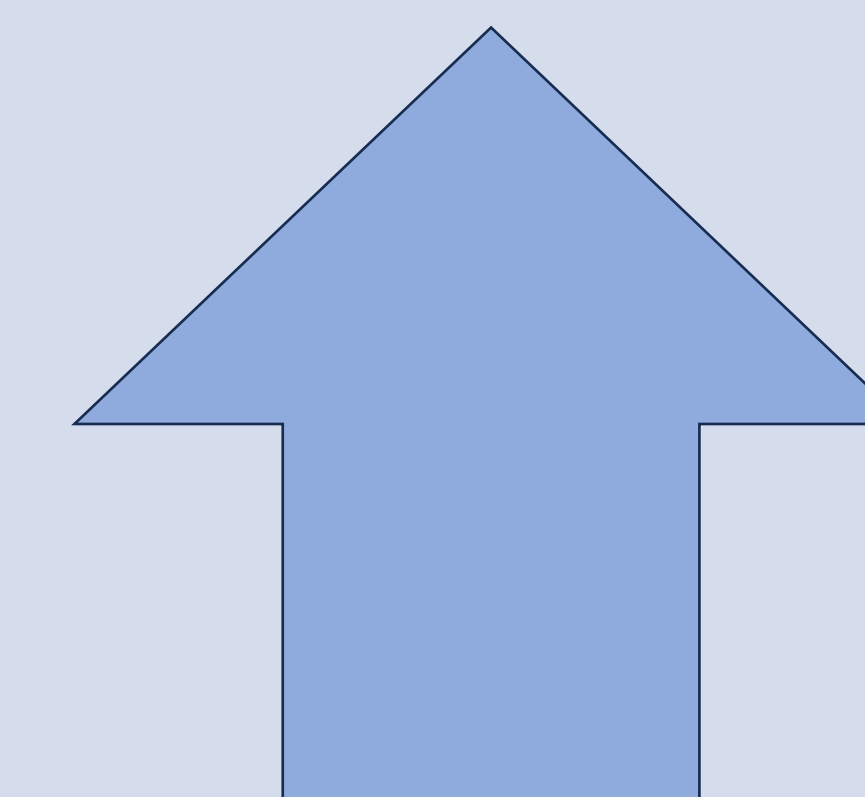
Propensity score matching and multivariable regression adjusted for demographics, comorbidities, and hospital type.

Delays in surgery ≥ 3 day increased:

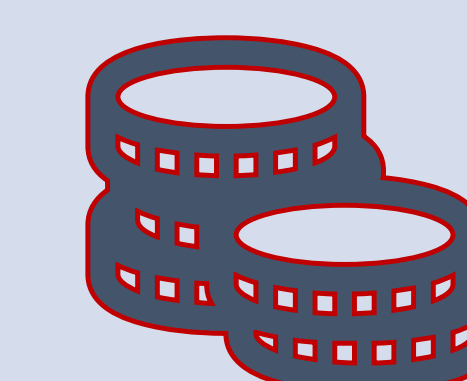
Readmission
(OR 1.22, $p < 0.001$)



Venous thromboembolism
(OR 1.51, $p < 0.001$)



Surgery ≥ 3 day	\$\$\$\$\$	\$25,957
vs		
Surgery < 3 day	\$\$\$\$	\$20,784



Each additional preoperative day increased costs by \$1,695 overall and \$2,071 in safety-net hospitals.

Conclusion: Even short inpatient delays before cholecystectomy add measurable risk and cost. National standards for operative timing are needed to optimize care and address inequities across hospital systems.

