Describing Difficult Gallbladders: Does Operative Documentation Reflect Case Complexity?

Rebecca E Wu, MD, MEd; Sylvia Martinez, MD; Nicole M Tapia, MD; Houston Methodist Hospital

Background

- Cholecystectomy is common, but complexity varies widely
- Current grading systems stratify disease severity, but no standardized method for documenting operative difficulty

Goal

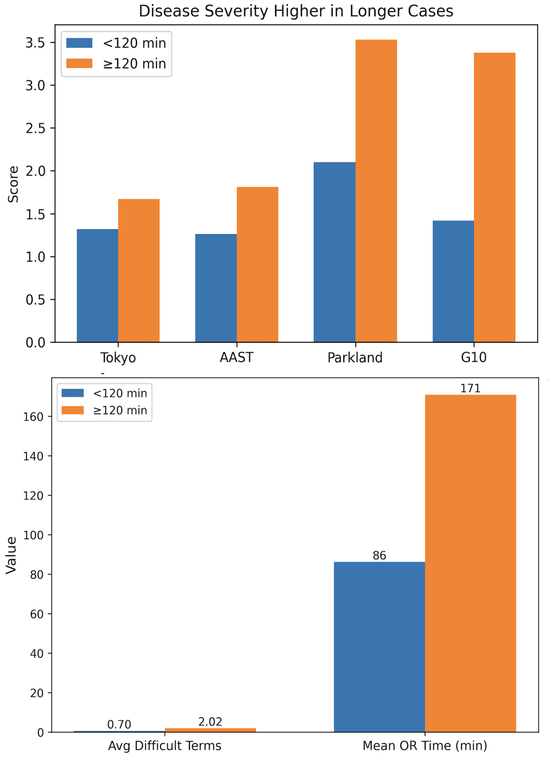
- Create a consensus-derived lexicon and evaluate if operative documentation reflects objective case complexity

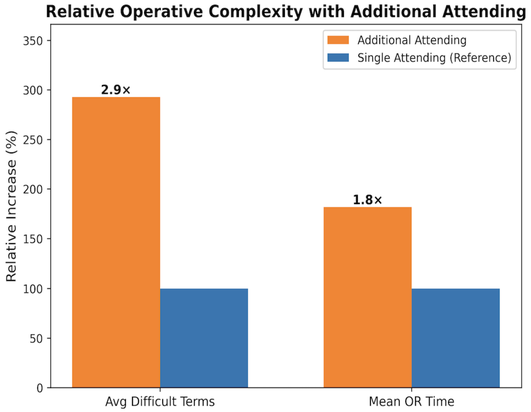
Methods

- Modified Delphi panel developed difficulty terminology
- Retrospective review (Apr-Sep 2024)
- Reports assessed for difficulty markers & intraoperative variables
- Cases graded with: Tokyo, AAST, Parkland, and G10 grading scores
- Correlation between documentation and severity analyzed

Results

- 210 cases reviewed
- Mean difficult terms: 1.27
- Most common terms:
  - Inflammation (70)
  - Adhesions (67)
  - Gangrenous (17)
- Avg. operative time: 122 min.
- Longer cases (≥120 min) had:
  - More difficult terms (2.0 vs 0.7, p<0.0001)
  - Higher severity across all grading systems (p<0.0001)





- Operative documentation often underrepresents objective complexity
- Standardized templates incorporating consensus terminology and validated grading systems may improve documentation accuracy, justify resource utilization, and support appropriate reimbursement