

JOINT EVENT

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Early versus delayed cholecystectomies in patient with acute cholecystitis: A prospect from Jersey

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Introduction: A continued debate exists regarding the timescale management of cholecystectomies; early versus delayed. On the contrary, delaying a procedure increases the risk of future gallstone related complications and perhaps re-admissions.

Aim of Study: This study looks to identify whether or not cholecystectomy procedures are undertaken using the most recent guidelines available and what this effect has on primary care: Our aim is: to see what proportion of patients are operated on during the initial emergency presentation and how this influences any re-admissions, complications, conversion to open cholecystectomy and total number of bed nights occupied; to examine the local effects of cholecystectomy procedures on primary care. The study will examine waiting times and effects of delayed cholecystectomies in multiple GP attendances.

Methodology: The study identified 100 patients who had undergone a cholecystectomy at Jersey General Hospital. Patients were identified using clinical coding on discharge summaries and operating theatre lists. 91 patients were admitted with cholelithiasis, 72 underwent cholecystectomies. (Reviewed discharge summary and investigations individually). Of all patients presented with acute cholecystitis 47% (17/36) were managed 'hot' gall bladders. After exclusions (frail/comorbid, patient choice): the remaining 63% i.e. 4/36 (11%) lap cholecystectomy for acute cholecystitis converted to open- All 'hot' gallbladders

Results: No statistical difference in those who developed bile duct injury, conversion to open procedure, operative length, quality of life or significant examples of mortality or morbidity." Total hospital stay reduced by 4 days in the early intervention group. Cost saving: £293 per early cholecystectomy. All acute cholecystitis presentations should be managed on initial presentation with laparoscopic/open cholecystectomy. Early laparoscopic surgery vs delayed should have a no-inferior rate of operative complications.

Conclusions: Doing more hot gall bladders in Jersey, which reduces re-presentations. Dedicated emergency list for performing acute (hot) gallbladder.

Biography

Muhammad Aleem has completed his Fellowship in General Surgery from Royal College of Surgeons Edinburgh (UK) and Dublin (Ireland). He has completed his basic and higher surgical training in Republic of Ireland and England. He has special interest in laparoscopic colorectal surgery. He is currently working as a General Surgeon at the Jersey General Hospital Channel Island of UK.

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