

EMERGENCY LAPAROSCOPIC CHOLECYSTECTOMY DURING THE COVID-19 PANDEMIC, IS IT SAFE?

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Our experience from East Surrey Hospital

Background

- NICE recommends early laparoscopic cholecystectomy within 1 week from presentation for acute cholecystitis
- COVID-19 pandemic:
 - aerosolization risk
 - electives cancellation
 - risks of surgery
 - ‘COVID-19 light’ areas
 - uncertainty
 - RCS and ALSGBI guidance

Objectives

To ascertain the safety of laparoscopic cholecystectomy as the treatment of choice for patients presenting with acute cholecystitis in the COVID-19 pandemic

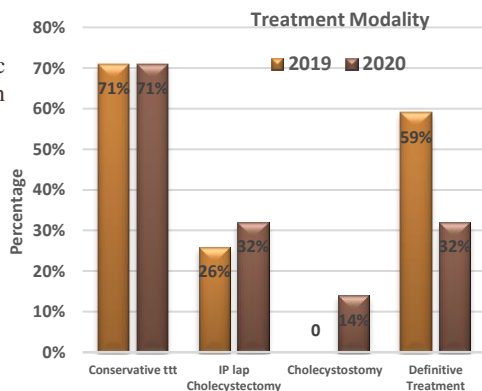
Methods

Retrospective review of prospectively managed database; COVID-19 group (12th March 2020 - 12th May 2020) vs Comparison group (12th Sep 2019 - 12th Nov 2019)

Diagnosis based on clinical, biochemical and radiological parameter

Results

	2019	2020
Number of patients studied	68	37
Mean age	60	59
Mean Charlson Co-morbidity index score	3	3
Sex (F/M)	49/19	19/18
COVID-19 status	N/A	2/23
Mean WCC (per μ L)	11.1	14
Mean CRP	67.3	100
Mean PT (sec)	14.3	19
Mean Bilirubin (μ mol/L)	26.6	33
Average Tokyo Severity Grade	0.95	1.1
Average Tokyo Severity Grade >1	17%	31%
Mortality	0.029% (n=2)	0.027% (n=1)
Mean length of stay (days)	5	6
Number of re-admissions	16	6



	Cholecystostomy	Inpatient Lap Cholecystectomy
Mean age (years)	83	47
Average Charlson Co-morbidity Index Score	7	1.4
Average Tokyo Severity Grade >1	80%	25%
Complications	60%	5%
LOS (days)	17	4

Conclusions

Our experience highlighted that on average patients presented with more severe disease in 2020.

Inpatient laparoscopic cholecystectomy, after careful patient selection, has continued to prove to be the management of choice for patients presenting with acute cholecystitis even in the COVID-19 pandemic.

References

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