Methods:
We evaluated the available literature on the necessity of G&S testing for patients undergoing emergency laparoscopy.

Results:
We initially screened 194 studies of which 11 retrospective studies concluded that routine G&S is not warranted.

Conclusions:
The current evidence, though limited, suggests that G&S is not necessarily required for all patients undergoing cholecystectomy.

P-EGS02  Impact of delayed elective laparoscopic cholecystectomy on incidence and complications from gallstone ileus

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**Background:** The negative impact of the COVID-19 pandemic on the provision of elective surgery in the UK has been profound. Per the latest National figures, a total of 4.59 million patients are awaiting an elective operation (1). In our Trust, emergency operations and cancer service took precedence as we worked to minimize risks of COVID-19 while providing life-saving procedures. Subsequently, our ‘hot gallbladder’ operating list was put on hold for a period of 18 months. In our Trust, the current waiting time for an elective laparoscopic cholecystectomy is 52 weeks for symptomatic gallstone disease. Gallstone ileus is a well-recognized but rare complication of gallstones (2) and needs operative treatment. We performed this study to investigate the impact of delayed cholecystectomy on the incidence of gallstone ileus and the morbidity and mortality associated with this.

**Methods:** Retrospective study reviewing all acute admissions with gallstone ileus for 4 years from 2016 to 2020. Total number of patients was 19. Data collated from patient's notes to include demographics and comorbidities, operative notes, theatre records, and WebICE.

**Results:** Demographically, there was significant female preponderance (M : F : 1 : 18). Mean age of patients was 76.7 years. 17/19 patients underwent laparotomy as the primary operation (89%) and 1 (5%) had a laparoscopic procedure. 1 patient (5%) was managed conservatively. All patients had a CT scan as pre-operative imaging. 7 (34%) also had USS and 4 (20%) had MRCP. Mean length of stay in hospital was 13 days. 3 (15%) patients required re-admission to hospital for surgical and medical complications within 30 days. 3 (15%) patients returned to theatre for a second laparotomy within the index admission for recurrence of gallstone ileus. 8 (40%) patients had post-operative complications. There were 2 (10%) mortalities. 9 (45%) patients had gallstone related complications preceding their index presentation; majority (66%) which was calculous cholecystitis. The mean time between diagnosis of gallstone disease and emergency laparotomy for gallstone ileus was 38 months.

**Conclusions:** Gallstone ileus can be a life-threatening complication of gallstone disease and needs prompt recognition and treatment. Patients with known gallstones with symptoms of bowel obstruction should have a CT scan at time of presentation. Surgery is the mainstay treatment following resuscitation and concurrent conservative management. Early elective laparoscopic cholecystectomy can prevent mortality and morbidity from emergency laparotomy for gallstone ileus.