P-EGS06  Evaluating the impact of COVID-19 on the trend of emergency laparoscopic cholecystectomy

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Background: Since the spread of the new SARS-CoV2 coronavirus in March 2020 to the UK, contradictory recommendations on the practice of laparoscopic cholecystectomies fuelled some debates among surgeons. The British Intercollegiate General Surgery Guidance recommended laparoscopic cholecystectomy as the treatment of choice for acute cholecystitis during the COVID-19 pandemic. Contradictorily, the Royal College of Surgeons of England warned about the unknown risk of viral infection and the release of pressurised gas from laparoscopic surgery. The audit aimed to identify the differences in surgical care before and during the pandemic to study their impact on patients.

Methods: Retrospective patient data was obtained from September 2019 to September 2020 to include data six months before the pandemic and six months during the pandemic. The data obtained had the patient hospital number, fitness for cholecystectomy, decision made regarding surgery, date of admission and date of surgery.

Results: 178 patients before COVID-19 and 242 patients during COVID-19 were admitted with gallstone disease. Before COVID-19, 60.67% (n = 108) patients were fit and consenting for surgery. Of these patients, 60.19% (n = 65) were discharged for surgery later and 39.81% (n = 43) had inpatient emergency surgery. During COVID-19, 71.49% (n = 173) patients were fit and consenting for surgery. However, 87.86% (n = 152) were discharged for surgery and only 12.14% (n = 21) had inpatient surgery. The average time from admission to surgery increased from 8 days to 51 days during COVID-19. Although majority of inpatient surgeries were performed within eight days, the percentage performed was fewer during COVID-19.

Conclusions: The COVID-19 pandemic significantly affected emergency laparoscopic cholecystectomies performed in the hospital with a substantial increase in the average time taken from admission to surgery. More emergency laparoscopic cholecystectomies should be included in the weekly elective lists, design for dedicated emergency cholecystectomy lists and increase utilisation of the CEPOD theatres along with staff availability are required to achieve the emergency cholecystectomy service as guided by the Royal Colleges.