P-EGS30  Audit of the management of patients presenting with gallstone pancreatitis during the COVID-19 pandemic

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Background: In the UK around 50% of cases of pancreatitis are caused by gallstones. BSG guidelines recommend ERCP is undertaken within 72h of onset of pain and patients should undergo definitive treatment with cholecystectomy if fit enough during the index admission or within two weeks of discharge to avoid the risk of potentially fatal recurrent pancreatitis. A national audit in 2015 showed that 34.2% of patients receive definitive treatment. During the first COVID-19 wave our surgical service was forced to modify practice including more conservative/non operative management potentially increasing the possibility of recurrent pancreatitis and thus complications.
Methods: We performed a retrospective audit of patients presenting to our unit with gallstone pancreatitis during the first wave of the COVID-19 pandemic from March to August 2020 (COVID) and compared this to the same period in 2019 (pre-COVID). Patients were filtered from a larger dataset of all admissions with an ICD-10 coding of any biliary disease. Patient demographics, admission details, investigations, surgical management and post-operative complications were recorded. This was then audited against the standards in the BSG guidelines for the management of pancreatitis.

Results:

### Table

|                          | Pre-COVID | COVID |
|--------------------------|-----------|-------|
| Presentations with GS pancreatitis | 52        | 64    |
| Unique patients          | 50        | 56    |
| No. of repeat presentations in study period | 2         | 7     |
| Median age (years)       | 65        | 69    |
| Median length of stay    | 4         | 4.5   |
| ERCP [ERCP < 72 hours]   | 5 [2] (40%) | 11 [6] (54%) |
| Average time to ERCP (days) | 3.8     | 3.5   |
| Cholecystectomy          | 37 (74%)  | 32 (57%) |
| Hot procedures < 2 weeks [CT1] | 30 (60%) | 17 (30%) |
| p = 0.002                | p = 0.002 |       |
| BSG guidance fulfilled   | 33 (77%)  | 27 (47%) |
| Complications            | 3         | 7     |

* Patients with severe pancreatitis and those unfit for intervention excluded.
† p < 0.001

Conclusions: There were significant differences in the management of the groups. Most significantly in the number of hot procedures and number of patients receiving definitive treatment, a consequence of the conservative approach during COVID. Our pre-COVID results are similar to our previous audit in 2016; 76% received definitive treatment. Those that didn’t have definitive treatment were generally due to frailty/co-morbidities. Majority of ERCP delays were due to weekend effect. Of the 40 patients who didn’t receive definitive treatment 16 had represented with biliary flares/pancreatitis in the year following the study period highlighting the importance of definitive treatment.