Timing of cholecystectomy in mild gallstone pancreatitis – Single centre retrospective case series

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Purpose: The recommended management of mild gallstone pancreatitis (GSP) is to perform index admission cholecystectomy. This study is to assess the timing of cholecystectomy in patients presented with mild GSP in a single centre and assess the rates of complications in different timings of the surgery. **Methodology:** Patients diagnosed with gallstone pancreatitis between 2009 and 2018 in Peninsula Health were identified using a diagnosis coding system. Patients' data such as demographic information, biochemical markers, radiological findings and medical documentations were retrospectively collected using their electronic medical records. **Results:**A total of 111 patients were diagnosed with mild GSP between 2009 and 2018. 12 (10.8%) patients underwent early cholecystectomy (within 48hours of admission), 51 (45.9%) underwent delayed cholecystectomy (over 48 hours) and 48 (43.2%) underwent interval cholecystectomy. The average length of hospital stay was lower in patients who had early cholecystectomy (3 days) than patients who had delayed or interval cholecystectomy (6 days in both). The complication rates were higher in patients who had delayed (13.7%) or interval cholecystectomy (33.3%). **Conclusion:**The gold standard management of mild GSP is to perform cholecystectomy at index admission. This study showed that the patients who underwent cholecystectomy within 48hours of admission had no increased rate of perioperative complication and significantly reduced length of stay.

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