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

Yegi Sandy Kim Kristina Maria Vanguardia, Charles Pilgrim

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.

Biography

Dr Yegi Sandy Kim (lead author) is a surgical registrar at Peninsula Health in Melbourne, VIC, Australia. She attained MD degree at University of Melbourne and Bachelor of Medical Science at the Australian National University. Dr Kristina Vanguardia, MBBS, MSurg, FRACS, is a research fellow at the Alfred Hospital, Melbourne, Australia. Dr Charles Pilgrim, MBBS (Hons) FRACS, FACS, PhD, is an Upper GI and HPB surgeon who has completed his fellowship in Upper GI at the Alfred Health in Melbourne, Australia and in Surgical Oncology HPB at the Medical College of Wisconsin, USA.

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