

# Cholecystectomy following Calcular pancreatitis

According to the RCS guideline published in 2016, patients with **mild acute gallstone pancreatitis** should undergo definitive treatment (usually **cholecystectomy**) ideally on the **same admission** or **within 2 weeks of presentation**.

**Aim:** To assess the quality of management for biliary pancreatitis against the RCS guidelines.

## Methods

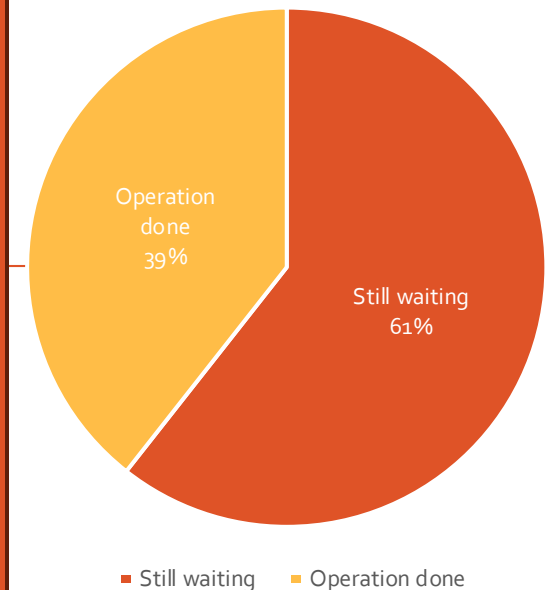
- Data collected for **4.5 months** using the surgical take list and the electronic medical records.
- **Exclusion criteria:** previous cholecystectomy, other aetiology, e.g excess ETOH.
- **Inclusion criteria:** mild pancreatitis with confirmed GB stones on imaging. **33 patients were included.**

## Results:

- 39% had their operation by the time of this audit.
- Only 15% had the surgery during admission, and in total only 12% had the surgery within 2 weeks of pancreatitis attack.
- **Waiting time** ranged between **2 days to 156 days**.
- **Mean waiting time was 6-7 weeks.**
- Causes of the delay mostly not reported, only in few cases the patient deteriorated due to other medical conditions whilst waiting.

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## Cholecystectomy



**Conclusion:** We have found that the quality of the ongoing management of acute biliary pancreatitis has been adherent to the RCS guidelines by 12 % mainly due to long waiting lists in the NHS. Our recommendations are to encourage the teams to adhere to the RCS guidelines and investigate further the causes of delay in the system and re-audit.