

# Non-operative management of cholecystitis and biliary colic

Shilpa Rath<sup>1</sup>, Mr Russell Hodgson<sup>2</sup>



## Trend in non-operative admissions

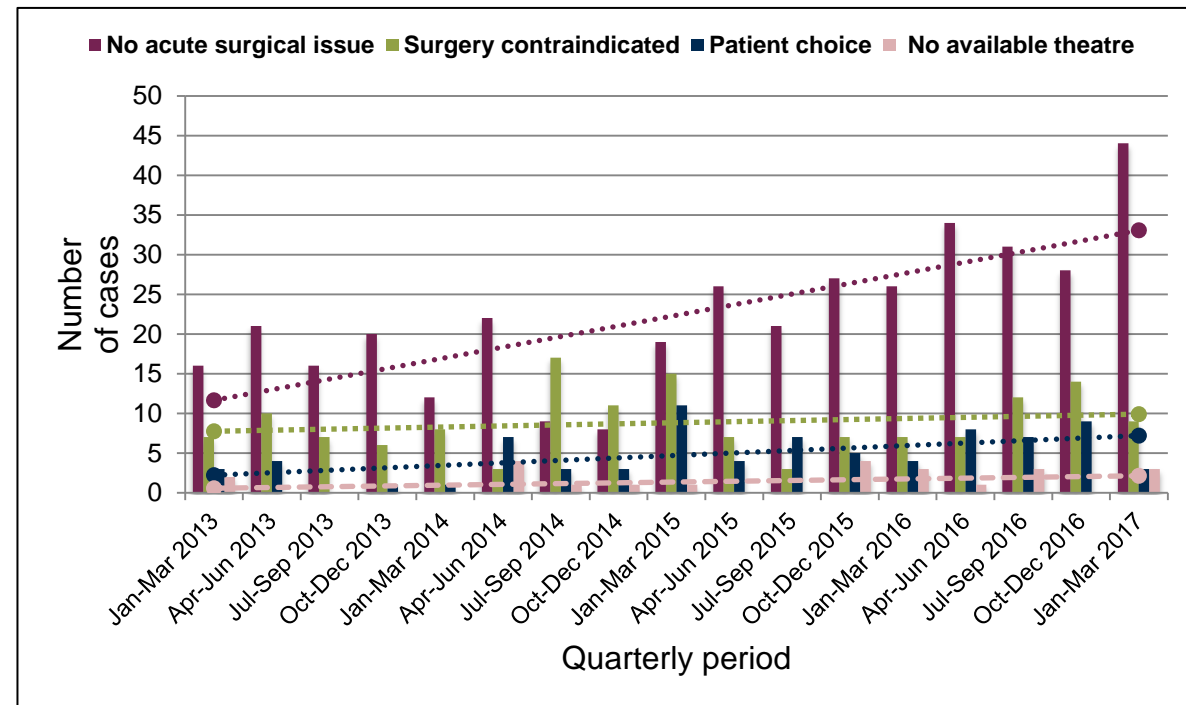
**At Northern Health, the number and percentage of non-operative admissions for cholecystitis/biliary colic has been steadily increasing over several years, despite the addition of an Acute General Surgical Unit in 2013.**

- Study period: **January 2013 – March 2017 inclusive**
- Total number of patients: **633**
- Mean age: **54.3y** ( $\pm 22.1$ )
- Female: **412** (65.1%)

In Fig. 1, the increasing trend of non-operative patients discharged with “No acute surgical issue” may be explained by:

- Patients are presenting to TNH at a lower threshold of symptomatic acuity
- Gallbladder pathology is being more readily identified as a potential cause of non-specific symptoms (e.g. epigastric pain, nausea/vomiting, fever)

Figure 1: Reasons given for discharge without operation

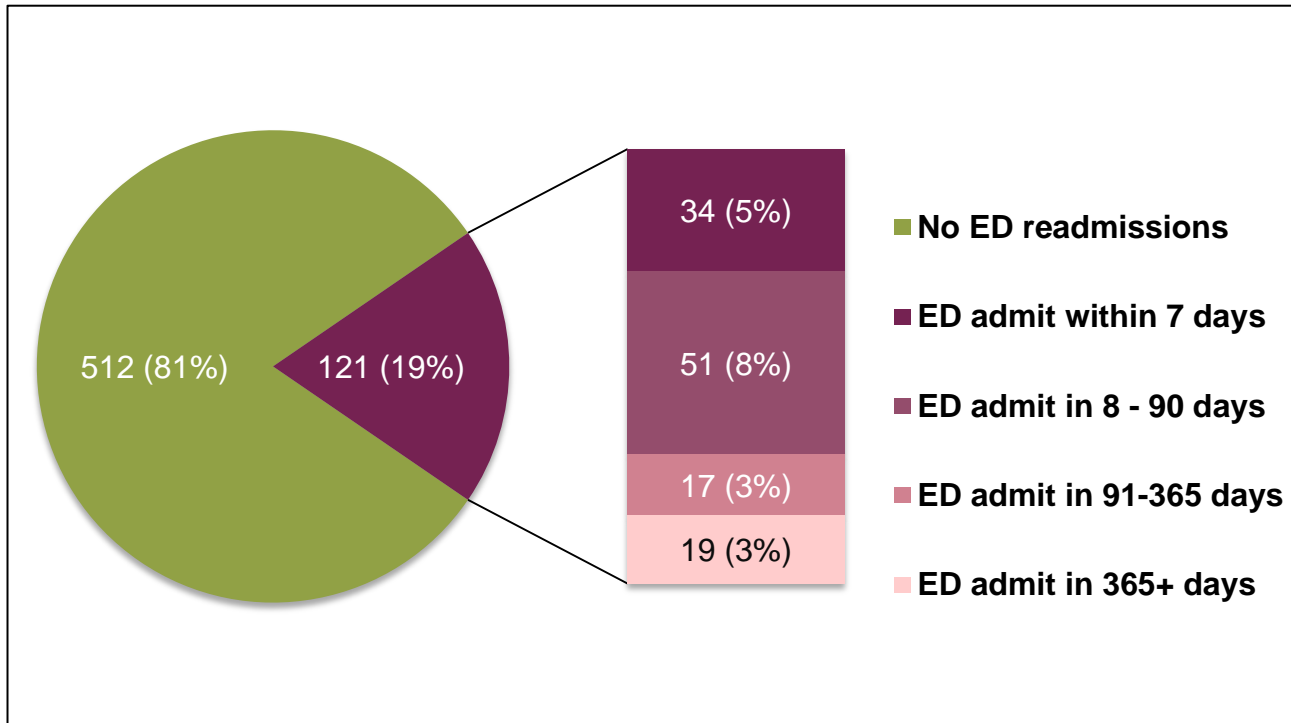


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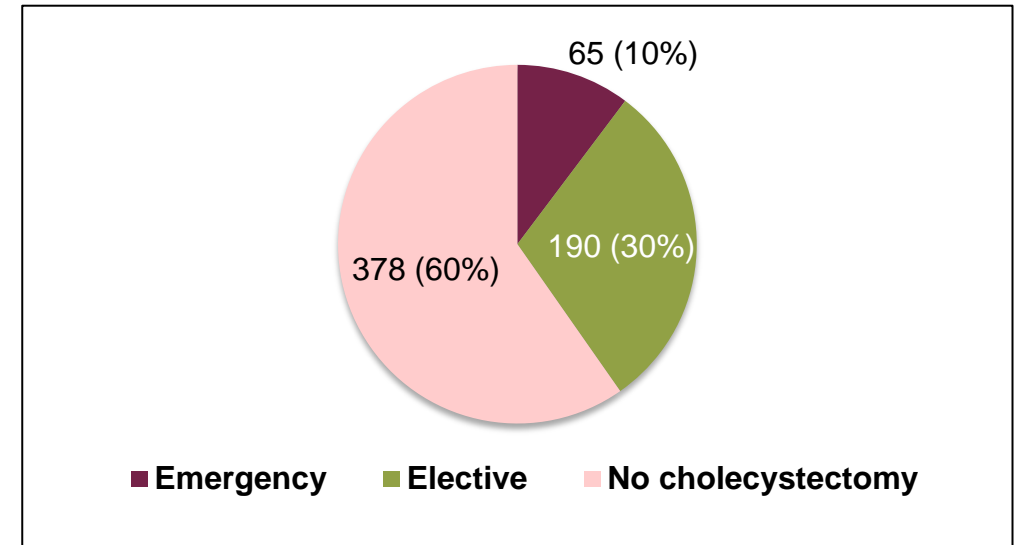
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## Subsequent admissions and management

**Figure 2. Rates of subsequent ED admissions for recurrent symptoms following non-operative admission**



**Figure 3. Rates of subsequent cholecystectomy following non-operative admission.**



Of all subsequent cholecystectomies, 25% of these (65/255) were performed at emergency readmission.

**Conclusion I:** There are substantial readmission and emergency surgery rates but more analysis is needed to quantify predictive factors for recurrence of cholecystitis and biliary colic.

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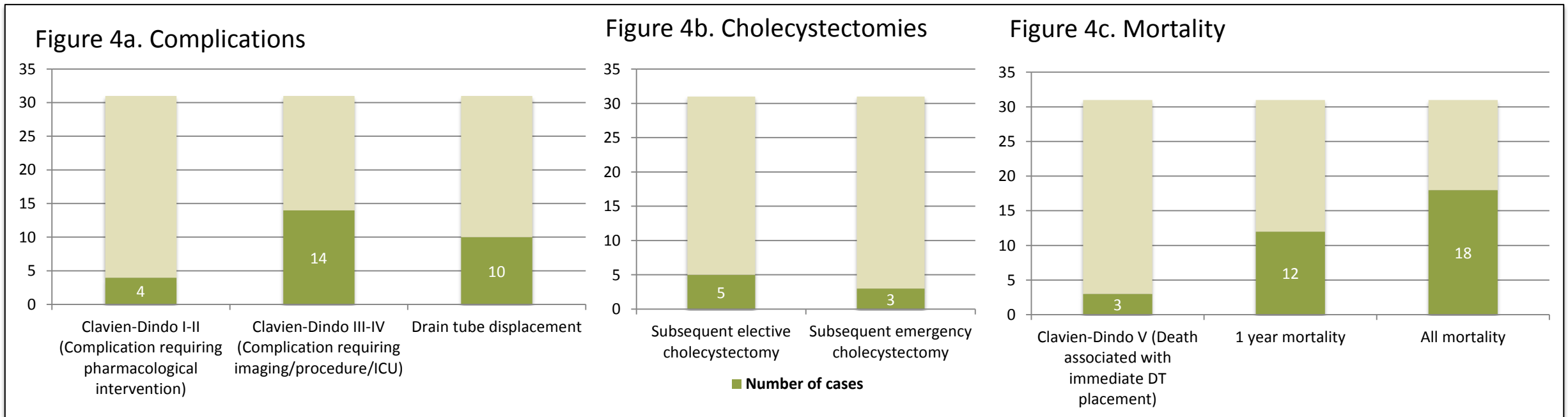
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## Percutaneous cholecystostomy

Percutaneous cholecystostomy was performed in **31 patients** (4.9%) during the study period. The average age of these patients was **76.3y** ( $\pm 9.9$ ), which is 23.2y older than those only managed conservatively ( $p < 0.001$ ).

**Figure 4. Complications and outcomes associated with percutaneous cholecystostomy at index admission**



**Conclusion II:** Percutaneous cholecystostomy has not been widely implemented at Northern Health, likely due to the associated high complication rate, but remains a viable option for elderly patients with greater risk of complications from surgery.