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Establishing A Hot Gallbladder Pathway: An Advantageous Pathway

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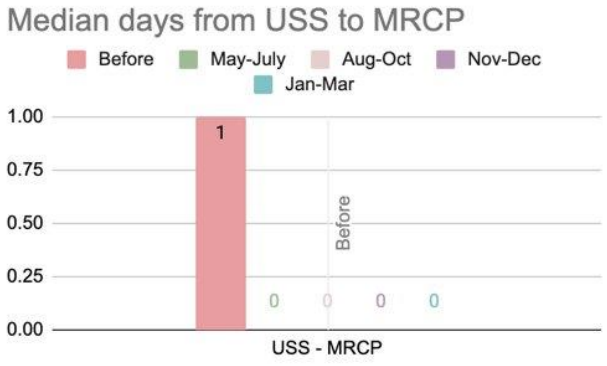

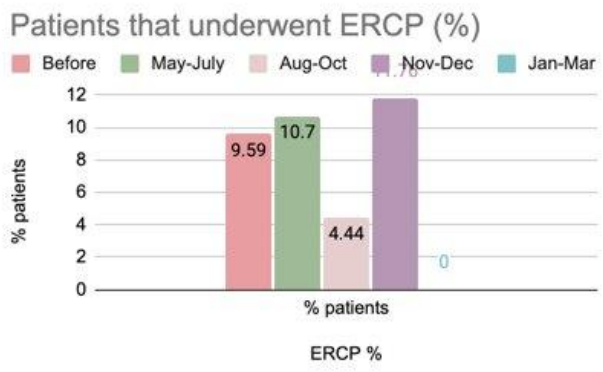

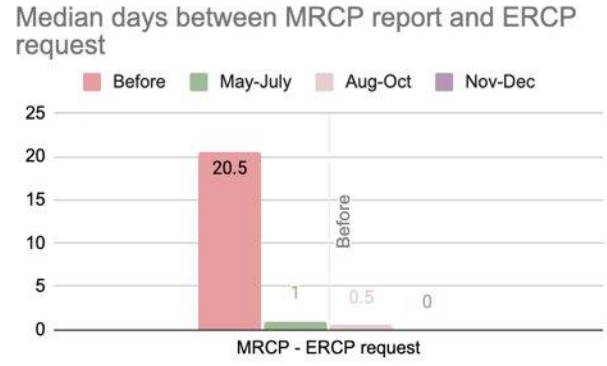

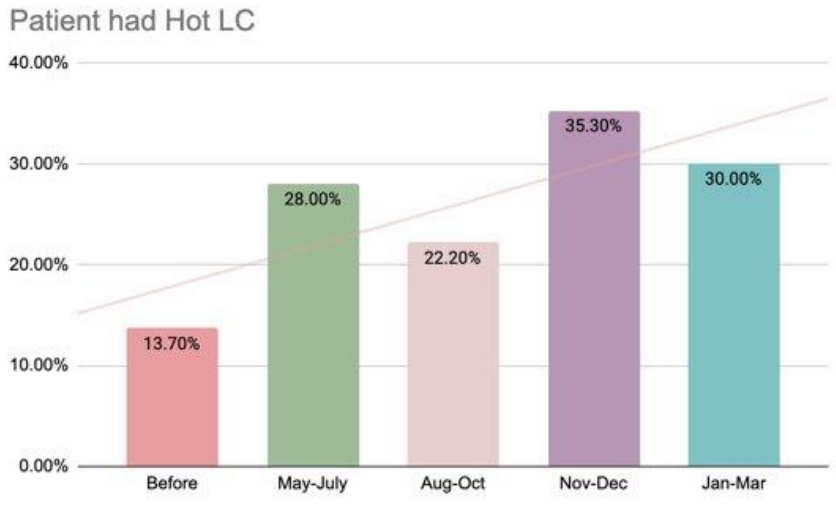

Recommendations:

- Re-educate and remind the doctors about the HGB pathway every pathway every 2-3 months
- Try to book MRCP and ERCP the same day to receive previous results
- Discuss with radiology and endoscopy department to assign dedicated MRCP and ERCP slots every week
- Book ONLY HGB USS at 9am, 9:20am and 9:40am

Abstract

Introduction: NICE, AUGIS and Tokyo guidelines recommend early laparoscopic cholecystectomy (ELC) in symptomatic gallstone disease. We highlight our implementation of a hot gallbladder (HGB) pathway, dedicated to HGB cases in Walsall Manor Hospital, a district general hospital with a 550-bed capacity.

Methods: To implement a HGB service we established a formal evidence-based SOP alongside two theatre lists and six clinic slots a week. Ongoing retrospective data collection allowed us to analyse the efficacy of our interventions between January and March 2024 (n=286).

Results: In our cohort, Biliary colic remains the commonest diagnosis (51.2%) versus Acute Cholecystitis (27.5%), with female predominance (80% v 20%). Prior to HGB pathway introduction in April (January–March, n=73), 13.7% underwent HGB surgery. After HGB pathway implementation (May–Dec, n=171), 28.7% had HGB surgery with a mean waiting time of 9.6 days from admission. There has additionally been an 18% decrease in patients awaiting cholecystectomy since HGB pathway implementation. Significant delays exist in obtaining an MRCP (8.48 days) and ERCP (5.87 days) when required. Complication and readmission rates were consistent with those published in literature.

Conclusion: Establishing a HGB pathway facilitated earlier treatment for patients and notably decreased the numbers awaiting cholecystectomy. Significant delays in obtaining MRCP/ERCP could be improved with dedicated MRCP or ERCP slots. Favourable patient outcomes alongside the almost double NHS tariff payments given to ELC compared to elective cholecystectomy, provides incentive for hospitals to implement HGB lists.

Walsall Healthcare NHS Trust / General Surgery

References:

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- Augis: Gallstone Disease Commissioning Guidance 2016. Available at: https://www.augis.org/Portals/0/Guidelines/Gallstone-disease-commissioning-guide-for-REPUBLICATION-1.pdf?ver=OKJgTeTNhxWCN5TlTerfeQ%3D%3D 3)
- Nice guidance: Diagnosis and management of cholelithiasis, cholecystitis and choledocholithiasis. Available at: https://www.nice.org.uk/guidance/cg188/evidence/cg188-gallstone-disease-full-guideline3 (Accessed: 11 October 2023).

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