coding. Demographics, clinical outcomes, comorbidities, Tokyo grade, and intervention descriptors were collected. Logistic regression was performed to identify characteristics of patients receiving a drain, and to propensity match for clinical outcomes.

Results: Seven centres reported on 1130 patients. Median age was 62 years, and 145 (12.8%) had grade III cholecystitis. Grade III cholecystitis was present in 19 (25.6%) of those who underwent cholecystostomy, 34 (9.3%) of those who underwent index cholecystectomy, and 92 (13.3%) of those who were conservatively managed. Overall complication rates were higher for those managed with cholecystostomy (36.5%) or conservatively (22.6%) vs index cholecystectomy (7.5%) ($p < 0.001$). Logistic regression found CCI and grade III cholecystitis were associated with increased rates of any complication. Increased CCI and grade II/III cholecystitis were associated with increased rates of major complications.

Conclusions: 'Hot' laparoscopic cholecystectomy seems to be offered to mild cases in fit patients. Patients with grade III disease and moderate comorbidities may not have cholecystectomy in a timely manner, leaving them at risk of repeated severe episodes.

921 Management of Acute Cholecystitis - the MACHO Study

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Background: Acute cholecystitis is a common surgical condition. Gold standard treatment is index cholecystectomy, although there are reasons this might not be offered. The aim of this study was to explore treatments and outcomes in patients with acute cholecystitis.

Method: A multicentre retrospective study was carried out to identify a historic three-month cohort. Patients were identified through clinical