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Readmissions After Cholecystectomy in a Tertiary UK Center: Incidence, Causes and Burden

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Context: Although cholecystectomy is a widely performed procedure, postoperative readmissions place a heavy burden on healthcare facilities.

Aims: This study assesses the incidence, causes and burden of 30-day readmissions after cholecystectomy in a tertiary UK center.

Settings and Design: University Hospital, Retrospective Cohort Study.

Methods and Material: Information was obtained from our prospectively maintained database and hospital's computerised records.

Statistical analysis: The encounters are expressed in numbers and percentages. The hospital stay, BMI and age are expressed in mean, standard deviation (SD), min-max and median. Microsoft Excel[®] was used to calculate the means, SD, min-max and median.

Results: Out of the 1,140 cholecystectomies performed over this time, there were 75 true readmissions and 29 revisits; thus, the actual readmission rate is 6.58%. Non-specific abdominal pain ± deranged liver function tests (LFT) is the most common cause of readmission at (38;36.54%) cases, followed by (18;17.31%) wound infections and (12;11.54%) collections/bile leaks/abscess. This costed the center 93 scans; 30 procedures and 295 days of hospital stay.

Conclusions: Non-specific abdominal pain ± deranged LFT is the most common cause of readmissions/revisits in the center. Readmissions after a cholecystectomy are a significant encumbrance.