LETTER TO THE EDITOR

Re: Index admission laparoscopic cholecystectomy for patients with acute biliary symptoms: results from a specialist centre

We enjoyed reading the report by Young et al. on their experience with acute laparoscopic cholecystectomy (ALC) in Leeds.\(^1\) We recently presented similar findings from our district general hospital at the 14th Annual Scientific Meeting of the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland (8–10 September 2010, Oxford). In 2005, a change in service configuration was developed to manage surgical emergencies. The emergency surgical take team consists of two upper gastrointestinal surgeons (UGI) and eight non-UGI (NUGI) surgeons.\(^2\)

In 2000 and 2001, ALC was performed in 16% of all emergency biliary admissions (67 patients). Between November 2008 and November 2009, this figure rose to 55% (99 patients). Of the 99 patients, 30 (30%) had biliary colic, 34 (34%) had acute cholecystitis, 24 (24%) had pancreatitis and the remaining 11 patients had obstructive jaundice or cholangitis. Six patients (6%; two UGI and four NUGI) required conversion to open surgery. Reported difficult intraoperative haemostasis occurred in 10 cases, of which one involved a UGI surgeon and nine involved NUGI surgeons ($P = 0.043$), although UGI patients have a higher average grading for operative difficulty. There was no difference in overall rates of postoperative complications, which occurred in seven of 43 UGI patients (16%) vs. 11 of 56 NUGI patients (20%) ($P = 0.611$). There were two cases of common bile duct injury and three readmissions for pain in the NUGI group, compared with none for either in the UGI group, but these differences were not statistically significant.

A reconfigured emergency service has increased the proportion of patients undergoing cholecystectomy during their index admission, although our experience has confirmed the reports of others that acute surgery may be more challenging.\(^3\)\(^5\) Our experience also suggests that outcomes are improved when surgery is performed by UGI surgeons.

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References