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Scientific Exhibit Abstract

**Category:** Quality, Outcomes and Costs

**Title:** Cholecystectomy for Symptomatic Gallbladder Disease: Time to Surgery and Cost.

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**Introduction:** Gallbladder disease is the most costly of all digestive disorders requiring hospitalization, and cholecystectomy is the most common abdominal operation undertaken, with 750,000 operations annually in the USA

**Methods:** A retrospective analysis of the cost data on all patients presenting to the University of North Carolina health system in 2008 who underwent cholecystectomy was performed. Demographic, insurance and comorbidity data was collected. Location (emergency room(ER) or clinic) and number of preoperative patient-physician clinical contact was determined. The hospital charge for care was summated based on patient-physician interaction from symptomatology to surgery.

**Results:** 383 patients were included in this cohort. 74% (n=285) were female and 72% (n=275) had health insurance. Mean age for this cohort is 44.7± 18 years. The mean number of primary care physician visit prior to referral to a surgeon is 0.94. The average number of preoperative ER and general surgical clinic visit is 1.5 and 2.14, respectively. The average imaging studies performed is 2.6 (Ultrasound, HIDA, CT). The average hospital charge for each patient from symptomatology to surgery is \$5,292. A potential reduction in charge of 50% could be achieved with 2 preoperative visits, 1 imaging study.

**Conclusions:** After controlling for preexisting comorbidities and insurance status, delays in surgical care potentially resulted in avoidable ER visits and diagnostic reimaging. With the increasing cost of health care and as we enter the era health care reform, cost containment by provision of timely surgical care is imperative.