Use of Cholecystostomy Tube for Acute Cholecystitis: What is common practice?

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Introduction

• Acute cholecystitis can be managed with cholecystectomy or cholecystostomy
• High risk patients (Comorbidities, hostile abdomen, life threatening acute illness) are more likely to undergo cholecystostomy
• Limited data exists to identify parameters for treatment selection

Objective

• To survey practicing surgeons in rural, academic, and community hospitals to identify current use of cholecystostomy tubes for treatment of acute cholecystitis

Methods

• 19 question survey developed
• Survey distributed using the ACS Communities message board
• Surgeons self selected to participate
• Survey results collected and statistical analysis performed utilizing SPSS Software

Survey Results

What clinical criterion causes you to recommend cholecystostomy tube?

1% Calculated Risk Score 55% Critical illness 26% Comorbidities 2% Difficult Surgical Abdomen 4% Laparoscopic 3% No Surgeon 3% Terminal illness 6% Other

What causes you to NOT perform cholecystectomy after cholecystostomy?

Critical illness: 25% Terminal illness: 16%
Comorbidities: 23%
Difficult abdominal: 13%
Resolution of cystic duct obstruction: 13%
Death: 8%
Transfer: 2%
Other: 5%

What calculated risk score do you use?

67% None 14% NSQIP Risk Calculato 19% APACHE II 2% APACHE III 1% Tokyo Guidelines 1% SOFA 1% MODS 3% Other

Conclusion

• Lack of consensus or utilization of calculated risk score in determining patients who should undergo cholecystostomy
• No statistical correlation between location of practice and use of cholecystostomy tube
• Surgeons are less likely to attempt and complete a laparoscopic cholecystectomy if a cholecystostomy tube is placed pre operatively