COVID-19 BBUGSS

COVID-19 has brought about major changes to our surgical practice, risk assessment has changed not only for our patients but now also involves ourselves as healthcare providers. We are all aware of Royal College and Intercollegiate guidelines of practice which has created much debate. However acute biliary surgical pathology can be a cause of serious harm, or even death in some cases. We have to be mindful that not treating emergency biliary pathology to the recognised standard because of COVID-19 risk is a significant cause for concern. We are certainly seeing in our surgical unit the effects of this, with examples of gallbladder perforation and biliary peritonitis following conservatively treated cholecystitis and re-presentation of gallstone pancreatitis following no treatment.

Clearly the broad recommendation for same admission/7 day laparoscopic cholecystectomy in cases of acute cholecystitis is not valid at present and as much as possible conservative treatment should be delivered. However the highest risk patients-gallstone pancreatitis/failed conservative management of cholecystitis and choledocolithiasis need to be considered carefully. Cholecystostomy is associated with complications that might bring a patient back into hospital and expose them to risk. Open cholecystectomy is likely to be associated with a longer hospital stay and greater risk of complications and hospital resource. Extensive use of ERCP simply exposes another team to risk.

BBUGSS recommendation would be to consider laparoscopic surgery for acute biliary pathology in selected cases. This would be in close discussion and support with your surgical, gastroenterology and radiology colleagues, also with your theatre teams.

It is impossible in such a complex time to advise specific instructions but principles would involve

- Patients with failed conservative management of acute cholecystitis and gallstone pancreatitis are at greatest risk of harm by no, or sub-optimal treatment.
- The UK has different prevalence of COVID-19, risk balance assessment can therefore significantly vary geographically.

- Careful patient screening for COVID symptoms and pre-operative COVID testing is useful in reducing risk.

- Older, more co-morbid patients stand to gain least in risk balance assessment for potential surgical intervention.

- Focus on team discussion with surgical colleagues and colleagues from other specialities as to what is best for your patient, and safe for you and your staff on a case by case basis.

- Informed consent is key and discussion with your patient about risks and benefits is essential.

- Use PPE, be mindful of your safety and those of your healthcare colleagues who support you in the treatment of patients.