

Impact of COVID -19 on Gallstones Patients

Abstract

We compared our own center gallstones related activities before, during and after the pandemic to evaluate the impact of the pandemic on gallstones patients. We reviewed also the number of elective laparoscopic cholecystectomies during these periods. Data were obtained from the hospital recording system. It is well known that most of the healthcare centers have redistributed their material and human resources to face the health issues associated with this pandemic. we recommend that laparoscopic cholecystectomies should be considered whenever possible, taking all relevant measures to avoid contagion of patients and the health team.

Keywords: Gallstone disease, cholecystectomies, healthcare,

Introduction:

Gallstone disease is considered the most common gastrointestinal disorder for which patients are admitted to hospitals ⁽¹⁾. It was estimated that the risk of developing acute complications that require hospitalization (pancreatitis, acute cholecystitis, gall bladder perforation, ileus and choledocholithiasis) is about 1-3% per year ⁽²⁾. Although the management of gallstones has undergone some modifications because of the COVID-19, laparoscopic cholecystectomy remains the gold standard ⁽³⁾. It is well known that most of the healthcare centers have redistributed their material and human resources to face the health issues associated with this pandemic. The management of gallstones has been affected by the pandemic as most of the centers adopted more non-surgical approaches for the manahement of gallstones related complications and the majority of the elective cholecystectomy operations have been rescheduled ⁽⁴⁾.

In the current study, we compared our own center gallstones related activities before, during and after the pandemic to evaluate the impact of the pandemic on gallstones patients.

Methods:

Presentation	Feb & Mar 2019	Feb & Mar 2021	June and July 2021
Acute Cholecystitis	28 (50.9%)	39 (57.4%)	29 (64.4%)
CBD stone	11 (20%)	17 (25%)	2 (4.4%)
GB perforation	7 (12.7%)	6 (8.8%)	2(4.4%)
Pancreatitis	9 (16%)	5(7.4%)	10 (22.2%)
GS ileus	0	1(1.5%)	2(4.4%)
Total	55	68	45

Table 1: Number patients admitted with GS related complications before, during and after the pandemic

We carried a retrospective review of the number of emergency admissions of patients who gallstones related complications (mainly; pancreatitis, acute cholecystitis, gall bladder perforation, ileus and choledocholithiasis) within two months during the COVID-19 pandemic and comparing it with a similar two months in 2019 before the pandemic. These numbers are compared another two months (June and July 2021) when most of our elective surgeries have been restored but still under control. We reviewed also the number of elective laparoscopic cholecystectomies during these periods. Data were obtained from the hospital recording system.

Results:

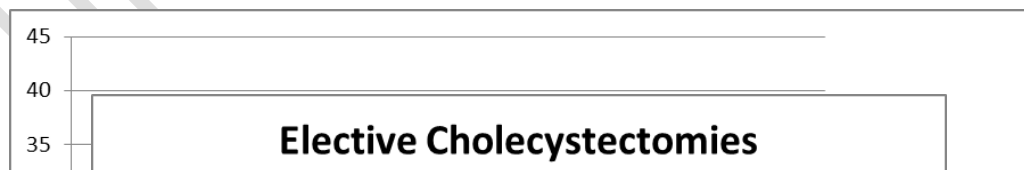


Chart 1: Comparison of the GS related admissions before, during and after the pandemic

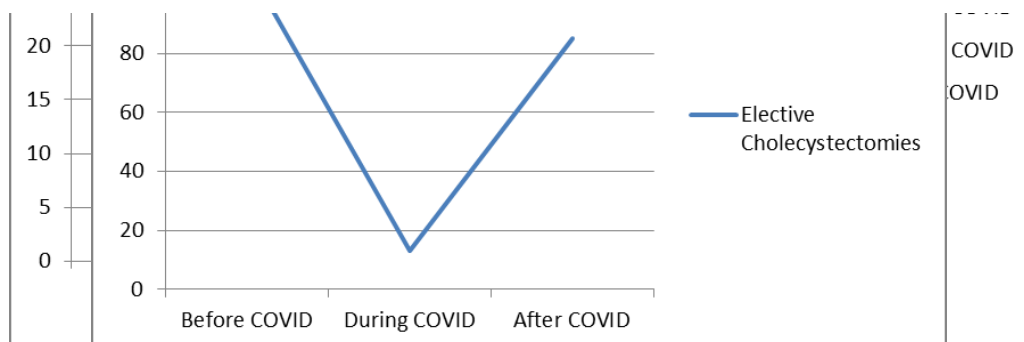


Chart 2: Comparison of number of elective LC before, during and after the pandemic

We found that the total number of admissions of the complications related to GS has increased from 55 before the pandemic within two months to 68 during similar two months during the pandemic. This number has decreased again to 45 when most of the elective services have been restored. The details of the findings are present in table 1.

On the other hand, the number of elective LC during the same two months in 2019 before the pandemic was 110, this number decreased to 13 during similar two months during the pandemic. Again, the number of LC has increased to 85 during the period from June-July 2021.

Conclusion:

The impact of COVID-19 on gallstone patients is obvious. With the delay in most of the gall bladder elective surgeries, the number of patients admitted with gallstone related complications has increased. With restoration of most of the elective healthcare services, these numbers have returned to the pre-COVID levels. Thus, we recommend that laparoscopic cholecystectomies should be considered whenever possible, taking all relevant measures to avoid contagion of patients and the health team.

References

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