



AAST Acute Care Surgery Didactic Curriculum

Calculous/Acalculous Cholecystitis

Michele Fiorentino, MD

Stephen Gondek, MD, MPH, FACS

Highlights:

- Patients with acute cholecystitis should undergo early cholecystectomy. This is associated with decreased post operative complications and hospital length of stay when compared with late cholecystectomy. This includes both older populations and pregnant patients in all trimesters.
- Laparoscopic cholecystectomy is the preferred treatment over percutaneous cholecystostomy tube in both calculous and acalculous cholecystitis. Percutaneous cholecystostomy tube should be used infrequently and only in patients that laparoscopic cholecystectomy is not feasible. Percutaneous cholecystostomy tube in calculous cholecystitis is associated with increased rate of complications, re-intervention, and longer length of stay when compared with laparoscopic cholecystectomy.
- Subtotal cholecystectomy is a safe and effective surgical option in the difficult gallbladder when anatomy is unable to be defined. Fenestrating and reconstituting subtotal cholecystectomy are both acceptable options with overall similar rates of reintervention. The decision of which to perform should be based on patients' anatomy and resources available at your institution.
- Transcystic Laparoscopic common bile duct exploration is both safe and effective in clearance of common bile duct stones. When compared with common bile duct choledochotomy, transcystic exploration is associated with decreased post operative complications and hospital length of stay.