Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Results: Several barriers were identified including unnecessary clinic visits, redundant pre-assessment of fit patients and missed opportunities to provide procedure information or obtain consent. Collaboration with the anaesthetic team led to development of a pre-assessment screening questionnaire which was included in a resource pack introduced for biliary admissions. This also contained a decision-making tool / pathway flowchart, information leaflets, consent and haemovigilance forms. This increases the potential to maximise decision-making and preparations during the index admission. Unfortunately, due to the impact of COVID-19 on elective operating, few patients (n=35) have completed the journey through the new pathway, but ongoing data collection and analysis is anticipated to show significant benefits.

Conclusion: Employing the principles of improvement science has led to a remodelled pathway to urgent cholecystectomy which is hoped to increase efficiency and patient satisfaction.

EP271

IMPACT OF COVID-19 PANDEMIC ON EPIDEMIOLOGY AND MANAGEMENT OF ACUTE CHOLECYSTITIS

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Purpose: The outbreak of SARS-CoV2 required changes in hospital and healthcare management. An important part of all of the available resources usually assigned to emergency and elective surgery were reallocated to attend patients with COVID-19.

The aim of the study was to assess and compare the epidemiology and the management of acute cholecystitis (AC) before and during the pandemic of SARS-CoV-2.

Method: A retrospective study of consecutive patients admitted with the diagnosis of AC 12 months before, and 9 months after the outbreak of the pandemic of COVID19 was conducted (March 2019-January 2021). Demographic, clinical, laboratory, radiological and perioperative data was analyzed.

Results: A total of 182 patients were admitted during the period of the study: 135 pre-COVID and 47 during the

pandemic. Median age was 72 years and 55.5% were female. The median age adjusted Charlson Comorbidity Index was 4. A decrease in the admissions per month after the COVID19 outbreak was observed (Figure 1), resulting in a 58.6% decrease compared with the same period the previous year.

There was a non-significant increase in the number of patients with important comorbidities during the pandemic: hypertension (57.8 vs 63.8%), diabetes (26.7 vs 38.8%), cardiopathy (29.6 vs 44.7%), and pneumopathy (20 vs 31.9%). The number of patients with chronic kidney disease was significantly higher after the COVID outbreak (9.6 vs 23.4%, $p=0.024$). Higher number of patients were admitted during the pandemic with symptoms' duration more than 72 hours without reaching the statistical significance (18.5% vs 29.8%). No other differences in terms of patients' demographic data, severity of the cholecystitis (Tokyo Guidelines 18), type of treatment (conservative vs surgical/ antibiotherapy vs cholecystostomy/ laparoscopic vs open approach), morbi-mortality, length of hospital stay and cholelithiasis related readmission rate in case of medical treatment were observed (Table 1).

Conclusion: There was an important decrease in the volume of patients admitted with acute cholecystitis during the COVID pandemic. Non-significant increase of patients with relevant comorbidities was noted. No significant differences in the severity and the management of the patients pre-COVID and during the pandemic were observed.

Figure 1 Admissions for acute cholecystitis per month.

EP271_Table 1 Characteristics of patients treated for acute cholecystitis before and during the COVID pandemic.

	Pre-Covid period n= 135	Covid period n= 47	P
Age (years)	72 (55-82)	72 (57-86)	0.333
Gender			
Female	73 (54.1%)	28 (59.6%)	0.610
Male	62 (45.9%)	19 (40.4%)	
Comorbidities:			
Hypertension	78 (57.8%)	30 (63.8%)	0.495
Diabetes	36 (26.7%)	18 (38.8%)	0.142
Pneumopathy	27 (20.0%)	15 (31.9%)	0.109
Cardiopathy	40 (29.6%)	21 (44.7%)	0.073
Chronic kidney disease	13 (9.6%)	11 (23.4%)	0.024

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