



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## MEDIA RELEASE

# The Acute Surgical Unit – an effective model of care for patients with acute cholecystitis

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Delegates to the 80<sup>th</sup> Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told that an Acute Surgical Unit (ASU) is proving a very effective model of care for patients presenting with acute cholecystitis, or acute inflammation of the gallbladder.

Professor Michael Cox, a General Surgeon at Western Sydney's Nepean Hospital, noted that current evidence supports early laparoscopic cholecystectomy in cases of acute cholecystitis; the aim of the study was to determine if the introduction of the ASU in 2006 resulted in a greater proportion of patients receiving their definitive surgery on index admission with no adverse change in surgical outcomes. The research was carried out and presented to delegates by Dr Lester Pepingco.

Medical records for acute cholecystitis patients were sampled over a four year period. This cohort of patients was divided into two groups – pre-ASU (November 2004 to October 2006) and post-ASU (November 2006 to October 2008) – which were compared. There were 271 cholecystectomy patients in total (114 pre-ASU and 157 post-ASU).

Dr Pepingco reported that more post-ASU patients were receiving surgery on the index admission (89.8 per cent compared with 55.3 per cent of patients before the introduction of the ASU). The average time to diagnosis was significantly reduced under the ASU (10.8 hours compared with 14.9 hours). The ASU also provided a shorter waiting time until surgery (2.1 days compared with 5.6 days). Under the ASU the total duration of stay at hospital decreased from an average of 4.9 days to 4.0 days.

The rate of intra-operative conversion to an open procedure decreased by more than threefold, from 14.9 per cent to 4.5 per cent, and the rate of post-operative infection decreased from 4.4 per cent to 2.7 per cent. A greater proportion of patients were operated on during daylight hours (82.5 per cent pre-ASU compared with 92.4 per cent post-ASU).

“The introduction of the ASU at Nepean Hospital has resulted in significantly more patients receiving surgery on their first admission to hospital,” Dr Pepingco concluded. “ASU patients are more rapidly diagnosed and have a shorter hospital stay with a faster return to normal activities.”

Dr Pepingco's presentation is one of hundreds at this year's ASC, covering all surgical specialties and aspects of surgical history and education. Nearly 2,000 delegates are expected to attend the ASC, which runs from 2 to 6 May and is being held at the Adelaide Convention Centre. The ASC program is available online at [www.surgeons.org](http://www.surgeons.org)

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