

Early laparoscopic cholecystectomy beneficial for biliary colic

Clinical question	What are the benefits and harms of early versus delayed laparoscopic cholecystectomy for patients with biliary colic due to gallstones?
Bottom line	Based on evidence from only 1 trial with a high risk of bias, it appears that early laparoscopic cholecystectomy (<24 hours after diagnosis of biliary colic) decreases the morbidity during the waiting period for elective laparoscopic cholecystectomy, decreases the rate of conversion to open cholecystectomy (0% v 20%), decreases operating time (by about 15 minutes), and decreases hospital stay (by 1 day). Fourteen patients (35%) required 18 hospital admissions for symptoms related to gallstones during the mean waiting period of 4.2 months in the delayed group – equivalent to 11 admissions per 100 persons per month.
Caveat	These results are based on 1 trial which involved only 75 patients, and had a high risk of systematic errors due to unclear allocation concealment and lack of blinding and sample size calculation.
Context	Cholecystectomy for symptomatic gallstones is one of the commonest abdominal operations performed. Laparoscopic cholecystectomy is usually performed on a delayed (elective) basis for gallstone pain (without gallbladder inflammation), ie, biliary colic, but can be performed as an emergency surgery. Patients can develop life-threatening complications while waiting for surgery.
Cochrane Systematic Review	Gurusamy KS et al. Early versus delayed laparoscopic cholecystectomy for biliary colic. Cochrane Reviews 2008, Issue 4. Article No. CD007196. DOI: 10.1002/14651858.CD007196.pub2. This review

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

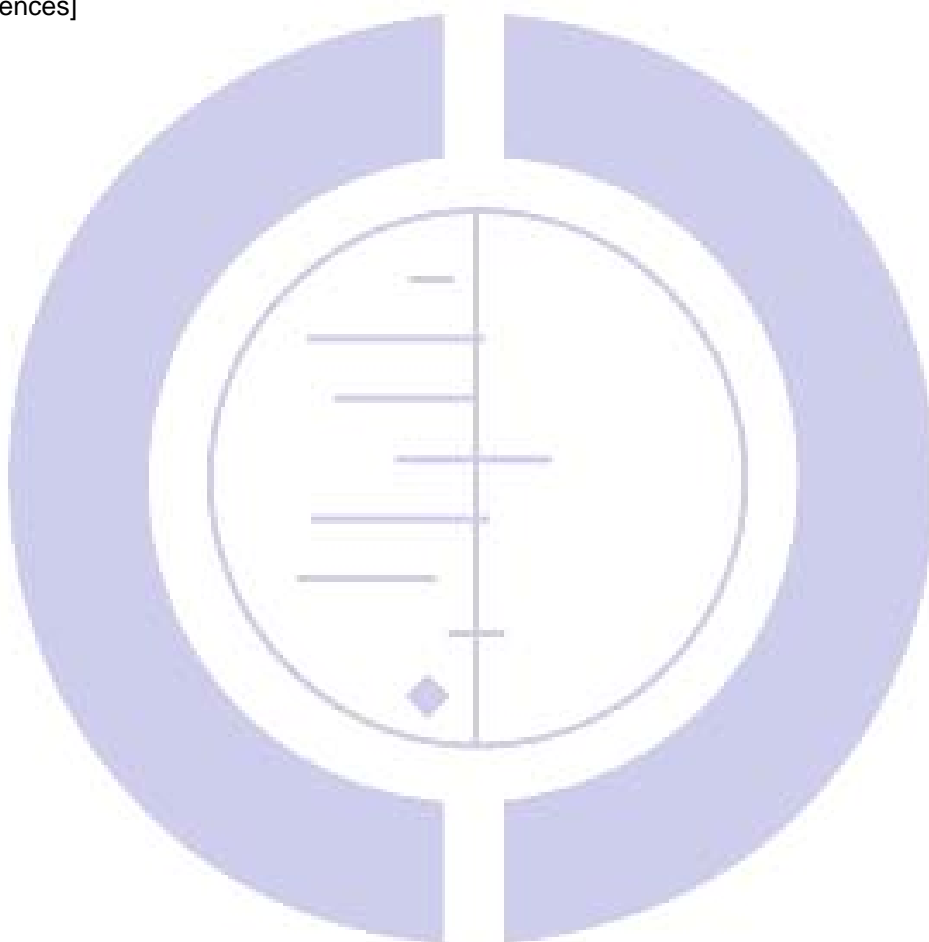
View PEARLS online at:

- www.cochraneprimarycare.org

contains only 1 trial involving 75 participants.

PEARLS 132, January 2009, written by Brian R McAvoy

[References]



COCHRANE
PRIMARY HEALTH
CARE FIELD

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochraneprimarycare.org