

Lap chole within 48 hours optimal in acute cholecystitis

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(HealthDay)—The first 48 hours appears to be the optimal time for performing early laparoscopic cholecystectomy (LC) for acute cholecystitis, according to research published online Dec. 17 in *JAMA Surgery*.

Syed Nabeel Zafar, M.B.B.S., M.P.H., of the Howard University Hospital in Washington, D.C., and colleagues retrospectively reviewed prospectively collected data for 95,523 adults, aged 18 years and older, who underwent LC within 10 days of presentation for acute cholecystitis. Clinical outcomes and costs were examined according to length of time from presentation to [surgery](#).

The researchers found that, compared with patients undergoing LC on days zero through one, those undergoing LC on days two through five,

and particularly those undergoing LC on days six through 10, may have higher risk of mortality (odds ratios [ORs], 1.26 [95 percent confidence interval (CI), 1.00 to 1.58] and 1.93 [95 percent CI, 1.38 to 2.68], respectively) and postoperative infection (ORs, 0.88 [95 percent CI, 0.69 to 1.12] and 1.53 [95 percent CI, 1.05 to 2.23], respectively). Adjusted mean hospital cost was higher for those who had surgery on days six through 10 (\$17,745) than for those who had surgery on days zero through one (\$8,974).

"Laparoscopic cholecystectomy performed within two days of [presentation](#) of acute cholecystitis yielded the best outcomes and lowest costs," the authors write. "Although causality could not be established, delaying LC was associated with more complications, higher mortality, and higher [costs](#)."

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