Do we adhere to the guidelines?

- Median time to definitive treatment was 15.5 days.
- 32.8% underwent definitive treatment during index admission.
- 23.3% of the patients were readmitted with a further bout of acute GSP before definitive treatment.
- Median time to readmission was 10.5 days.

**Background:** Acute pancreatitis (AP) is associated with considerable morbidity and mortality. Gallstones is the most common cause. According to international guidelines, definitive treatment with cholecystectomy or endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic sphincterotomy (ES) should preferably be accomplished prior to discharge in patients with mild acute gallstone pancreatitis (GSP) to prevent recurrent disease. Our study investigates current practice, with regard to definitive treatment, of mild acute GSP at our county hospital of Ryhov, Jönköping.

**Methods:** The index cohort consisted of patients admitted as an emergency for the first time with mild acute GSP between the 1st of January 2010 and the 31st of December 2013. The cohort was followed until the 30th of June 2015. The patients were identified through the register GallRiks and our computer-based medical records system. Exclusion criteria were previous cholecystectomy and/or ERCP and ES, death during index admission for mild acute GSP or death, after discharge but before definitive treatment, of anything other than gallstone-related disease.

**Results:** The final cohort consisted of 69 patients whereof 67% were women. A total of 64 patients, 93%, underwent definitive treatment within the median time of 15.5 days. Among these, 21 patients did so during the index admission and 10 patients within two weeks of discharge. In summary 48.4% of the patients who were suitable for surgery did undergo definitive treatment during index admission or within two weeks of discharge. Ten patients, 23.3% of the patients who were discharged without definitive treatment, were readmitted with a further bout of acute GSP.

**Conclusions:** An attack of mild acute GSP should preferably be followed by definitive treatment during index admission prior to discharge. Delaying surgery is associated with a risk of recurrent GSP and further morbidity. A higher awareness of the course of acute GSP is requested.