



Post-cholecystostomy outcomes were comparable between short-course and long-course antibiotics, consistent with emerging literature supporting short-course antibiotics for intra-abdominal infection with source control” Walker et al (2018).

Abstract:

BACKGROUND: Current guidelines do not specifically address optimal antibiotic duration following cholecystostomy. This study compares outcomes for short-course (<7 days) and long-course (≥ 7 days) antibiotics post-cholecystostomy. **METHODS:** This was a retrospective review of cholecystostomy patients (≥ 18 years) admitted (1/1/2007-12/31/2017) to one healthcare system. **RESULTS:** Overall, 214 patients were studied. Demographics were similar, except short-course patients had higher Charlson Comorbidity Index ($p < 0.0001$). There were no intergroup differences in tachycardia (22.5% vs 23.3%) or leukocytosis (67.1% vs 64.4%) at drain placement nor time to normalization for pulse, temperature or leukocytosis. There were no differences regarding Clostridium Difficile infection (5.0% vs 1.6%) or cholecystitis recurrence (8.8% vs 10.9%). No differences were observed regarding gallbladder-related unplanned readmissions (30-day:18.8% vs 17.2%; 90-day: 20.0% vs 25.8%). There were no 30- or 90-day mortality differences (overall mortality: 18.3%). **CONCLUSION:** Post-cholecystostomy outcomes were comparable between short-course and long-course antibiotics, consistent with emerging literature supporting short-course antibiotics for intra-abdominal infection with source control.

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Reference:

Walker, C., Young, K., Moosavi, A., Molacek, N., Dove, J., Hunsinger, M., Blansfield, J., Widom, K., Torres, D., Gregory, J. and Wild, J. (2018) Cancel that PICC line order; cholecystostomy tube and short course of antibiotics. *American Journal of Surgery*. October 29th. .

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