Laparoscopic Common Bile Duct Exploration Utilization in the VA: A Needs Assessment Survey

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ABSTRACT

- Incidence of choledocholithiasis (CDL) in patients undergoing laparoscopic cholecystectomy (LC) for acute cholecystitis ranges anywhere from 4-20%.[1]
- Utilization trends focusing on management techniques for CDL show that endoscopic retrograde cholangiopancreatography (ERCP) usage has increased while laparoscopic common bile duct exploration (LCBDE) has decreased.[2-4]
- Lack of advanced resources can lead to delays in care, increased patient transfers, and ultimately longer hospital lengths of stay.[5]
- LCBDE provides a single-anesthetic experience with similar success rates as ERCP for management of CDL.[2, 6]
- There is currently no data published reviewing the practice patterns and beliefs of VA surgeons who treat CDL.

METHOD

- A cross-sectional needs assessment survey was designed by subject matter experts in LCBDE.
- VA Chiefs of Surgery were asked to distribute the survey to the surgeons within their facility that perform (LC).
- Responses were recorded and maintained in the VA's confidential REDCap system.
- Only responses from surgeons that performed LC and operated in inpatient designated facilities were included in the final analysis.

RESULTS

- 108 total responses to the survey were collected across all 18 Veterans Integrated Services Networks (VISNs) (Figure 1).
- 58% (63) of responses were from inpatient complex, 28%(30) from inpatient intermediate and 9% (10) from inpatient standard facilities.
- 31% (34) respondents perform LCBDE in their practice.
- 88% (95) of respondents reported training in LCBDE in residency.

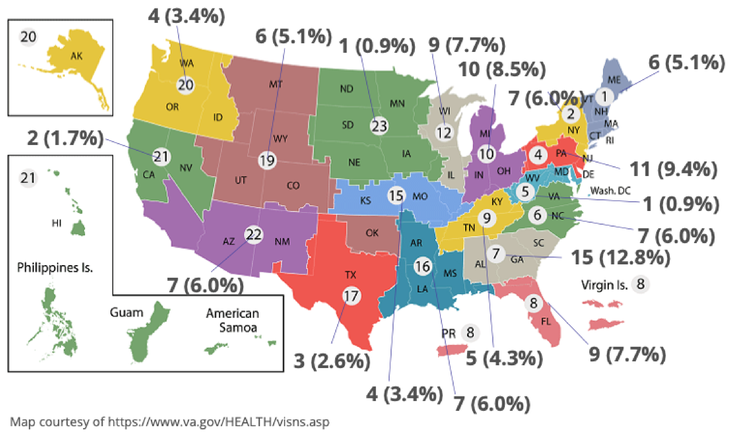

Figure 1. Survey response numbers by VISN, n (%)

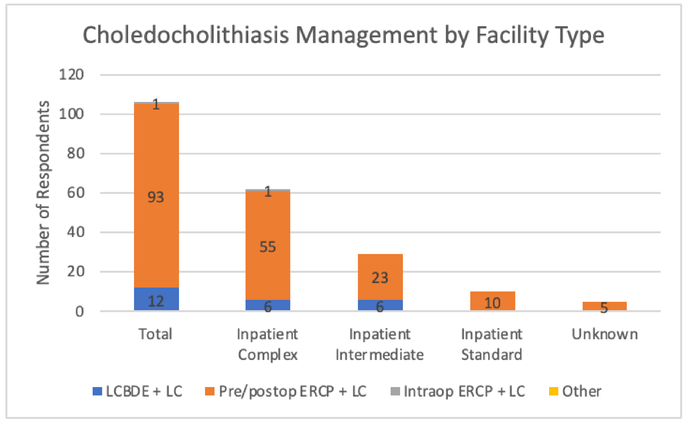

Figure 2. Choledocholithiasis management by facility type (n)

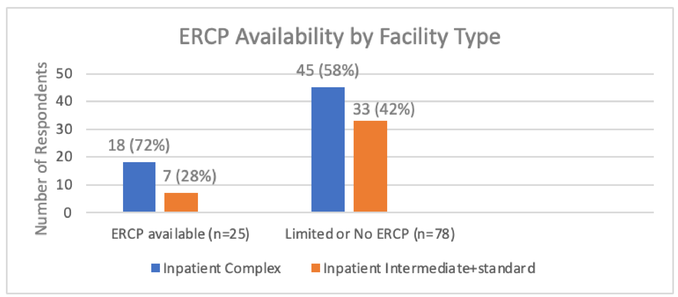

Figure 3. ERCP availability by facility type, n (%)

- Only 12 surgeons (12%) preferred LC + LCBDE for CDL management, while 93 surgeons (86%) preferred pre/post operative ERCP + LC. (Figure 2)
- 41% (44) of respondents reported limited access (never, once per week, few times per month) to ERCP.
- This trend persists when ERCP availability is assessed based on facility type. (Figure 3).
- The most common barrier to performing LCBDE reported with "Knowledge" surrounding the procedure.

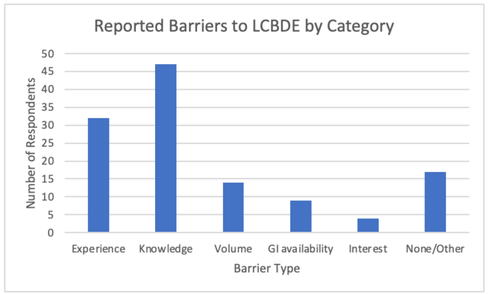

Figure 4. Reported barriers to LCBDE by category

DISCUSSION

- This is the first VA-based survey to demonstrate that utilization of LCBDE for management of CDL is low.
- Even though the majority of respondents report limited access to ERCP, utilization of LCBDE is still low, across all facility types.
- Surgeons who trained in LCBDE in residency are more likely to perform it in their practice.
- Educational efforts and equipment standardization are good targets for continued quality improvement efforts within the VA.

CONCLUSIONS

The VA represents an opportune environment for equal access to safe, timely, and effective patient care. Although LCBDE has been shown to be similar to ERCP in terms of outcomes, LCBDE utilization rates in the VA are still low. Additionally, this survey shows that ERCP access in the VA is poor. Ultimately, this survey demonstrates that there is a need for additional education and resources directed towards increasing LCBDE utilization in the VA.

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