Nettskjema

Appendix to Airazat M. Kazaryan, Magnus Fasting, Tom Glomsaker, Torgeir Thorson Søvik, Tom Mala, Thomas Johan Fyhn. Management of gallstone disease at hospitals providing acute care surgery. Tidsskr Nor Legeforen 2026; 146. doi: 10.4045/tidsskr.25.0015.

This appendix is a supplement to the article and has not been subject to editorial processing.

Management of gallstone disease at Norwegian hospitals

OSLO UNIVERSITETSSYKEHUS

Questionnaire on the practices for gallstone disease in Norwegian hospitals

Dear colleague

As you know, gallstone disease is a common reason for admission and treatment in Norwegian hospitals, both in acute and elective settings. However, there is limited knowledge about how this patient group is managed across Norway, and practices are likely to vary considerably. We are conducting a survey of Norwegian hospitals with the aim of mapping current practices in the treatment of this patient group.

We intend to publish the results in a peer-reviewed journal, and all responses will be treated confidentially. It will not be possible to identify individual hospitals in the published results.

We request one response per hospital, from the head of the gastroenterology or general surgery department. We hope your hospital will be able to participate in the survey.

Kind regards
Thomas Fyhn, programme coordinator
Tom Mala, professor
Tom Glomsaker, head of section

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Name

Email address

Hospital

Department

How many senior consultants are there in your department?

How many LIS2/LIS3 specialty registrars are there in your department?

Nettskjema

For elective cholecystectomy

How many elective cholecystectomies are performed per year at your institution?

- < 20
- 21-50
- 51-100
- 101-200
- > 200

What proportion of elective cholecystectomies are performed laparoscopically?

- < 50%
- 51-75%
- 76-90%
- > 90%

For patients with preoperatively confirmed choledocholithiasis (elective setting)

- Preoperative ERCP with stone removal
- Intraoperative ERCP with stone removal
- Postoperative ERCP with stone removal
- Intraoperative choledochotomy
- Intraoperative transcystic stone removal
- Other (give details below)

Other approach for preoperatively confirmed choledocholithiasis:

Is intraoperative cholangiography routinely performed during elective laparoscopic cholecystectomy?

- Never
- Rarely
- In selected cases
- Almost always

If choledocholithiasis is detected during intraoperative cholangiography is an attempt made at transcystic stone removal before ERCP?

- Yes
- No
- Not applicable

Do you use antibiotic prophylaxis for elective cholecystectomy?

- Yes, routinely
- No, not routinely
- Only in specific cases

Do you perform subtotal cholecystectomy if needed?

No

< 1 per year
1-5 per year
> 5 per year

If subtotal cholecystectomy is performed, what is the standard approach?

Leave the gallbladder remnant open ('fenestration')

Close the gallbladder remnant ('reconstituting')

Depends on the situation, no standard

In difficult/unsafe dissection in Calot's triangle, what is the first-line strategy?

Subtotal cholecystectomy

Conversion to open surgery

Abort the procedure

No first-line strategy

Other (please specify)

Other bail-out strategy:

For acute cholecystectomy

How many acute cholecystectomies are performed per year at your institution?

< 20
21-50
51-100
101-200
> 200

What proportion of acute cholecystectomies are performed laparoscopically?

< 25%
16-50%
51-75%
76-90%
> 90%

For which indications is acute cholecystectomy performed? (Select all that apply)

Acute cholecystitis only in selected cases (perforation, etc.)

Routinely for acute cholecystitis (given criteria)

For acute pain

For acute biliary pancreatitis

Other (give details below)

Other indications for acute cholecystectomy:

How do you define acute cholecystectomy?

- Cholecystectomy during the initial hospital stay for the relevant condition
- Cholecystectomy within a defined interval, patient may be discharged before surgery
- Other (give details below)

Other definition of acute cholecystectomy:

For cholecystectomy due to acute cholecystitis, do you have an upper limit for disease duration?

- Yes
- No

If yes, what is the limit in number of days?

Is intraoperative cholangiography routinely performed during acute laparoscopic cholecystectomy?

- Never
- Rarely
- In selected cases
- Almost always
- Acute laparoscopic cholecystectomy is not performed

For preoperatively confirmed choledocholithiasis and acute cholecystitis, the following are routinely performed:

- Preoperative ERCP with stone removal
- Intraoperative ERCP with stone removal
- Postoperative ERCP with stone removal
- Intraoperative choledochotomy
- Transcystic stone removal
- Conservative treatment of cholecystitis and ERCP
- Other (give details below)

Other approach for preoperatively confirmed choledocholithiasis and acute cholecystitis:

For cholecystectomy due to acute cholecystitis, is antibiotic therapy continued after the procedure?

- Yes, 5 days postoperatively
- Yes, < 5 days postoperatively
- No

Other (give details below)

Other approach to antibiotic therapy after cholecystectomy for acute cholecystitis:

Approximately what proportion of patients with acute cholecystitis undergo percutaneous gallbladder drainage?

< 50%
51-75%
76-90%
> 90%

Biliary pancreatitis

What is the preferred interval of cholecystectomy for a (surgically fit) patient who has experienced mild to moderate acute biliary pancreatitis at your institution?

During the initial hospital stay

Within one week after discharge

Later than one week after discharge

What is the preferred treatment for gallbladder stones in an inoperable patient who has experienced acute biliary pancreatitis at your institution?

No treatment

ERCP with endoscopic papillotomy and, if needed, stent placement

PTC (percutaneous transhepatic cholangiography)

Other (give details below)

Other treatment for an inoperable patient who has experienced acute biliary pancreatitis:

If you have any comments regarding this questionnaire, please enter them here: