Reviewer's report

Title: Impact of treatment policies on patient outcomes and resource utilization in acute cholecystitis in Japanese hospitals

Version: 1 Date: 18 December 2005

Reviewer: Toshio Tsuyuguchi

Reviewer's report:

General
This is an interesting study describing Japanese hospitals’ strategies for acute cholecystitis. Surprisingly, laparoscopic cholecystectomy (LC) for acute cholecystitis had no effectiveness on patient outcomes and/or medical resource utilization in Japan. Under the current Japanese healthcare organization, short hospital stay does not bring economic advantage to hospitals and laparoscopic procedures are more time-consuming and more expensive compared to open procedures.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

1. Nine teaching hospitals were selected for this study. State how to select these hospitals.

2. All 9 hospitals’ policy was delayed surgery for acute cholecystitis. These teaching hospitals, leading institutions, may not be appreciate for assessment of these practical study because they might be too busy to adopt early surgery strategy. Are there any data on common general hospitals that adopted early surgery strategy in Japan?

3. Some part of patients with acute cholecystitis who were managed conservatively might be discharged for waiting delayed elective cholecystectomy. Furthermore, some of them might be re-admitted with further symptoms before their elective surgery as a consequence of increasing medical charge. How many patients, who were managed conservatively without cholecystectomy, were there during this study period? If this number is high, true medical charges might be higher than calculated figures.

4. Preoperative length of hospital stay (LOS) was long in the hospital group with the highest use of LC and complication rate of choledocholithiasis was low in this group. These results may suggest that LC needs preoperative examination such as MRCP or ERCP in order to diagnose common bile duct stones. Moreover, these examination also may increase medical charges. Are there any information about preoperative examination costs?
What next?: Accept after discretionary revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.