

TIMING OF INTERVENTION DOES NOT AFFECT OUTCOME IN ACUTE APPENDICITIS IN A LARGE COMMUNITY PRACTICE

Clyde, C., Bax, T., Nye, S., Moore, M., Merg, A., Macfarlane, M., Lin, P., Schrock, L., Bates, D., Beyersdorf, S., Ahmad, R., Nickoloff, J., Juviler, A., Luna, G, McNevin, M.
Spokane, WA

Introduction: Surgical management of acute appendicitis (AA) remains one of the most frequent problems faced by gastrointestinal surgeons. Traditional management has emphasized urgent surgical care. Recent literature suggests delayed surgery for AA does not affect outcome although this remains controversial. The outcomes of patients undergoing urgent and delayed appendectomy in a large community surgical practice are compared.

Methods: All patients undergoing appendectomy between August 2002 and May 2007 were retrospectively reviewed. The data were gathered from a large community surgical practice. Patient demographics, treatment times, operative, pathologic and post-surgical outcomes were documented.

Results: A total of 1198 patients underwent appendectomy (575 female/623 male). The mean age was 35 years (2-89 years). Mean duration of symptoms was 2.2 days (0-21). The mean time to operative intervention was 7.1 hours (1-24 hours). The percentage of patients undergoing laparoscopy vs. open vs. operative conversion was 63%, 33% and 4%, respectively. The percentage of patients with AA vs. perforated AA vs. negative exploration was 77%, 14% and 8.5%, respectively. Mean length of stay was 1.3 days (1-9 days). Postoperative wound or intra-abdominal septic complications were observed in 5.3% and 2.6% of patients, respectively. There was no correlation between the duration of symptoms or time to operative intervention and surgical approach, pathologic outcome, LOS or postoperative septic complications. Postoperative wound complications were more frequent in patients with perforated AA and those undergoing open or converted appendectomy. Intra-abdominal sepsis was more frequent in patients with perforated AA and those requiring open conversion.

Conclusions: Outcome variables documented in this study were independent of duration of symptoms or time to operative intervention. This would suggest that short delays in operative intervention for AA are well tolerated. Outcome is more clearly related to the severity of the AA at presentation.