



AB135. International survey on current management issues of acute appendicitis

Patrick Anthony Boland¹, Noel Edward Donlon^{1,2}, Michael Eamon Kelly^{1,2}, Andrew Sheppard², Maria Davern², Waqar Khan¹, Iqbal Khan¹, Ronan Waldron¹, Kevin Barry^{1,3}

¹Department of General Surgery, Mayo University Hospital, Mayo, Ireland; ²Department of General Surgery, St. James' Hospital, Dublin, Ireland; ³Discipline of Surgery, National University of Ireland, Galway, Ireland

Background: In recent decades the management of acute appendicitis has evolved significantly. Improved imaging modalities along with clinical scoring algorithms have prompted a demand for lower rates of negative appendectomy. In particular, non-operative management has become in-vogue within the past number of years. The aim of this study was to assess the variability of management options amongst consultants and trainees.

Methods: Multi-national targeted survey of general surgeons across 38 countries. A structured set of questions was utilised to delineate nuances between management styles of consultants and trainees alike. Opinions on the

pathological diagnosis of appendicitis, acceptable negative appendectomy rates and non-operative treatment of appendicitis (NOTA) were surveyed.

Results: A total of 304 general surgeons responded to this survey, 42% of which were consultants/attendings. Sixty-nine percent advocated that a histologically normal appendix was the most appropriate definition of a negative appendectomy while 29% felt anything other than inflammation, necrosis, gangrene or perforation was most appropriate. 34% felt that negative appendectomy rates should be less than 5%. Forty-one percent reported that their own negative appendectomy rate was <5%. Only 17% reported routinely using NOTA for uncomplicated appendicitis. However, only 22% said they would agree to NOTA if they themselves had uncomplicated appendicitis.

Conclusions: This study represents the largest sampling of management strategies for acute appendicitis. It shows substantial heterogeneity between clinicians regarding what constitutes a negative appendectomy as well as the appropriateness of non-operative management.

Keywords: Appendicitis; general surgery; pathology

doi: 10.21037/map.2020.AB135

Cite this abstract as: Boland PA, Donlon NE, Kelly ME, Sheppard A, Davern M, Khan W, Khan I, Waldron R, Barry K. International survey on current management issues of acute appendicitis. *Mesentery Peritoneum* 2020;4:AB135.