

Appendectomy Delays Not Associated With Adverse Outcomes

Delays of 12 hours or more before surgery do not appear to adversely affect 30-day outcomes among patients undergoing appendectomies for acute appendicitis, according to a report in the September issue of *Archives of Surgery*.

"Appendectomy is the most common emergent surgical procedure performed worldwide, with appendicitis accounting for approximately 1 million hospital days annually," the authors write. "Increased time from onset of symptoms to operative intervention is associated with more advanced disease. Recent developments in imaging and antibiotics have afforded improved preoperative assessment and treatment, allowing for non-operative management of abscesses and phlegmons and potentially limiting the need for immediate operative intervention to halt disease progression."

Angela M. Ingraham, M.D., M.S., of the American College of Surgeons (ACS), Chicago, and colleagues studied data from 32,782 patients treated at hospitals participating in the ACS National Surgical Quality Improvement Program. Of these, 75.2 percent had surgery within six hours of being admitted to the hospital, 15.1 percent at six to 12 hours, and 9.8 percent after more than 12 hours.

After 30 days, there were no significant differences in complications or deaths between the three groups. Length of operation and length of hospital stay were also not clinically meaningful. "Because of the growing issues surrounding access to emergency care and specialist coverage, care for emergency general surgery patients is increasingly the responsibility of acute care surgeons and specialized services, which cover the specialties of trauma, emergency general surgery and critical care," the authors write.

"As the elderly population continues to increase, the medical needs of patients presenting for emergency general surgical care will become increasingly complex and will demand additional resources and attention. Because of potentially limited physical and professional staffing resources, an acute care surgeon may need to delay the operation of less critically ill patients to appropriately care for those requiring immediate attention," they conclude.

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