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Delay in performing appendectomy not associated with adverse outcomes

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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 as background information in the article. "Increased time from onset of symptoms to operative intervention is associated with more advanced disease. Recent developments in imaging and antibiosis have afforded improved preoperative assessment and treatment, allowing for non-operative management of abscesses and phlegmons [diffuse inflammation of the soft or connective tissue due to infection] 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 who underwent an appendectomy for acute appendicitis between 2005 and 2008. Of these, 24,647 (75.2 percent) had surgery within six hours of being admitted to the hospital, 4,934 (15.1 percent) after more than six through 12 hours and 3,201 (9.8 percent) after more than 12 hours.

After 30 days, there were no significant differences in complications or

deaths between the three groups. Operations were longer for those who waited (51 minutes for those who had surgery within six hours vs. 50 minutes for those between six and 12 hours and 55 minutes for those who waited more than 12 hours) but these differences were not clinically meaningful. Length of hospital stay was also statistically significantly different but not clinically meaningful (2.2 days for the more than 12-hour group, compared with 1.8 days for the other two groups).

"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.

More information: Arch Surg. 2010;145[9]:886-892.

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