



AB063. SOH23ABS_153. Time to surgery for acute uncomplicated appendicitis in a tertiary referral centre

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Background: Appendectomy is the most commonly performed emergency surgery worldwide. Both patient and hospital-related factors determine the timing of appendectomy. Recent literature shows that a short in-hospital delay (<24 hours) is not associated with increased morbidity in patients with acute uncomplicated appendicitis. The current guidelines recommend against delaying appendectomy for acute appendicitis beyond 24 hours from admission. The aim of this study was to determine the time of surgery in acute uncomplicated appendicitis and assess the in-hospital delay compared to the standard recommendations.

Methods: We conducted a retrospective review of all patients who underwent appendectomy for confirmed uncomplicated appendicitis at our hospital between September 2021 and August 2022. For each patient, clinical information, time of admission, time of surgery, conversion to open and time of discharge were collected.

Results: A total of 229 appendectomies were performed during the study period. A total of 167 (73%) had confirmed acute uncomplicated appendicitis pre-operatively. The mean age of these patients was 38 years. Time to surgery was <12 hours in 35 (21%), 12–24 hours in 58 (35%), and >24 hours in 72 (43%) patients. In patients with >24 hours

delay, 29/72 (40%) waited up to 36 hours, 25 (35%) waited 36–48 hours, and 18 (25%) waited >48 hours.

Conclusions: Our results show that 43% of our patients with acute uncomplicated appendicitis had an in-hospital delay of over 24 hours despite the guideline recommendations. The current evidence suggests this delay may be associated with worse outcomes and increased overall costs.

Keywords: Acute uncomplicated appendicitis; appendicitis; general surgery; in-hospital delay; outcomes

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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