

Communication and Management of Incidental Pathology in a Cohort of 1,214 Consecutive Appendicectomies

Authors : Matheesha Herath, Ned Kinnear, Bridget Heijkoop, Eliza Bramwell, Alannah Frazetto, Amy Noll, Prajay Patel, Derek Hennessey, Greg Otto, Christopher Dobbins, Tarik Sammour, James Moore

Abstract : Background: Important incidental pathology requiring further action is commonly found during appendectomy, macro- and microscopically. It is unknown whether the acute surgical unit (ASU) model affects the management and disclosure of these findings. Methods: An ASU model was introduced at our institution on 01/08/2012. In this retrospective cohort study, all patients undergoing appendectomy 2.5 years before (traditional group) or after (ASU group) this date were compared. The primary outcomes were rates of appropriate management of the incidental findings and communication of the findings to the patient and to their general practitioner (GP). Results: 1,214 patients underwent emergency appendectomy; 465 in the traditional group and 749 in the ASU group. 80 (6.6%) patients (25 and 55 in each respective period) had important incidental findings. There were 24 patients with benign polyps, 15 with neuro-endocrine tumour, 11 with endometriosis, 8 with pelvic inflammatory disease, 8 *Enterobius vermicularis* infection, 7 with low grade mucinous cystadenoma, 3 with inflammatory bowel disease, 2 with diverticulitis, 2 with tubo-ovarian mass, 1 with secondary appendiceal malignancy and none with primary appendiceal adenocarcinoma. One patient had dual pathologies. There was no difference between the traditional and ASU group with regards to communication of the findings to the patient ($p=0.44$) and their GP ($p=0.27$), and there was no difference in the rates of appropriate management ($p=0.21$). Conclusions: The introduction of an ASU model did not change rates of surgeon-to-patient and surgeon-to-GP communication nor affect rates of appropriate management of important incidental pathology during an appendectomy.

Keywords : acute care surgery, appendicitis, appendectomy, incidental

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