Laparoscopic appendectomy was better than open appendectomy for subjective full recovery but not for duration of sick leave


Question
In patients with suspected acute appendicitis, is laparoscopic appendectomy better than open appendectomy for improving recovery?

Design
Randomised (concealed), unblinded, controlled trial with 28 to 99 days of follow-up.

Setting
1 university hospital and 4 county hospitals in Sweden.

Patients
523 patients who were ≥ 15 years of age and had suspected acute appendicitis. Exclusion criteria were contraindications to laparoscopic surgery (e.g., pregnancy, drug abuse, psychiatric disorders, previous abdominal operations, bleeding diathesis, or anaesthesiological contra-indications). Follow-up was 96%.

Intervention
Patients were allocated to laparoscopic (n = 244) or open (n = 256) appendectomy. Surgeons who had previously done > 5 appendectomies and > 30 cholecystectomies by laparoscopy did open surgery with a 3-cannula technique (11, 11, and 5 mm) and occasional use of a 4th cannula (5 mm). Surgeons who had previously done > 10 open appendectomies did the open surgery with a McBurney incision in the right iliac fossa.

Main outcome measures
Time to full recovery (ability to do normal daily activities without difficulty), duration of sick leave, pain (visual analogue scale [VAS] score 0.0 to 10.0), functional status on day 7 (score of 1 to 3 for 3 tests: climbing stairs, getting into bed, and squatting), and incidence of major and minor complications.

Main results
The median time to recovery was shorter in the laparoscopic group than in the open group (13 vs 21 d, P < 0.001). A trend existed toward less sick leave in the laparoscopic group than in the open group (13 vs 21 d, P = 0.06). Patients in the laparoscopic group reported less pain than did patients in the open group (mean score 3.8 vs 4.5, P < 0.001).

Conclusions
In patients with suspected acute appendicitis, laparoscopic appendectomy was better than open appendectomy for subjective full recovery, pain, and functional status. Duration of sick leave and incidence of complications was similar for both procedures.

Sources of funding: Odd Fellow ChA of Västerås; County Council; Social Insurance Company of Västmanland County.

For correspondence: Dr. C. Rudberg, Department of Surgery, Central Hospital, S-721 89 Västerås, Sweden. FAX 46-21-11-5860.
Laparoscopic appendectomy was better than open appendectomy for subjective full recovery but not for duration of sick leave

Evid Based Med 1999 4: 152
doi: 10.1136/ebm.1999.4.152

Updated information and services can be found at:
http://ebm.bmj.com/content/4/5/152.citation

These include:

References
This article cites 1 articles, 0 of which you can access for free at:
http://ebm.bmj.com/content/4/5/152.citation#ref-list-1

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/