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 contraindications). 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 laparoscopic 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.

Comparison
The results of the study by Hellberg and colleagues support the use of laparoscopic appendectomy in the management of patients who present with a provisional diagnosis of acute appendicitis. This study shows that the laparoscopic approach does not result in more complications than the open approach, and patients benefit from a quicker recovery.

The only difficulty with this conclusion is that it is based on a subjective assessment by patients because none of the patients or the assessors could be blinded to the type of operation that was done. However, some objective measures are used in this evaluation (i.e., VAS for pain and ability to do specified physical activities). It is not surprising that no differences existed for hospital stay and return to work, especially given that a large proportion of the patients did not have regular work. Despite these concerns, the data presented concur with other studies that have shown similar results and therefore support the authors' conclusion that laparoscopic appendectomy is an appropriate treatment for patients with suspected acute appendicitis.

A major aspect of laparoscopic surgery that is not addressed by this study is its role in diagnosing appendicitis, particularly in women. Previous studies have shown that a major effect of the laparoscopic approach is on the diagnosis of the condition (1). The authors point out that the rate of negative open exploration in young women ranges between 25% and 30% for this condition. Laparoscopy is valuable for diagnosing appendicitis or any other pathological condition that might explain the symptoms and thus helps determine the appropriate operative approach.

This study adds to others that recommend and support the use of laparoscopy in the management of suspected acute appendicitis.

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Reference
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