

A Study on Emergency Appendectomy in Per-Operative Appendicular Mass

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Abstract

AIM:

To know the prevalence of appendicitis in patients admitted and treated in Government Stanley medical college, Chennai. To study the safety and results of the operative procedure. To assess the complications arising due to the surgeries or the disease process itself.

METHODS

Patients admitted for appendicitis are subjected to surgery and observed. In this study 54 cases of acute appendicitis which were taken up for emergency appendectomy and were per-operatively found as appendicular mass was studied. Post operatively patients were observed for complications such as fever, pelvic abscess, fistula and sepsis. They were observed during the hospital stay and periodically after discharge.

RESULTS:

Total operating time and Post operative complications were observed and tabulated. The operative timings and the operative findings determine the outcome of the surgery. Most cases the operative timing was around 60-90 mins. Out of the 54 patients 14 of them developed fever, 4 of them developed pelvic abscess and fistula for one case and rest of them went uneventful.

CONCLUSION

Appendicitis complicated by appendicular mass formation is encountered by delay in initial treatment. Peroperative appendicular mass intervened by emergency surgery ensures complete recovery for the patient at first admission. Emergency appendectomy rules out other possibilities. The peroperative findings and operative timings decide the outcome of the surgery. On follow up the most common complication is fever. Initial intervention reduces the hospital stay and further morbidities. To conclude Emergency appendectomy is safe and feasible in preoperative appendicular mass.

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I. Introduction

Acute appendicitis is acute inflammation of appendix. Acute appendicitis is one of the most common surgical emergencies in acute abdomen. Most of the cases are taken into emergency surgery based on a combination of history, physical examination and laboratory studies approximately 80% of the time. In emergency we went for open/lap appendectomy. In case of open appendectomy we may encounter phlegmon or an appendicular mass peroperatively. Appendicular mass is one of the early complications of acute appendicitis. It comprises of omentum, caecal wall and loop of ileum enclosing the appendix. My study deals with emergency appendectomy done for per operative appendicular mass during such circumstances. Patients are subjected to surgery and observed. Post operative complications such as fever, pelvic abscess, fistula and sepsis are watched over. They are observed during the hospital stay and periodically after discharge. The study deals with the safety and outcome of the operative procedure along with complications following if any during the period of time mentioned below. Patients are subjected to the study from January 2013 to November 2013 and the results are tabulated.

II. Materials And Methods

Patients admitted for appendicitis are subjected to surgery and observed. In this study 54 cases of acute appendicitis which were taken up for emergency appendectomy and were per-operatively found as appendicular mass was studied. Post operative complications as fever, pelvic abscess, fistula and sepsis are watched over. They were observed during the hospital stay and periodically after discharge.

STUDY AREA

All surgical units of department of General Surgery, Stanley medical college and hospital

STUDY DESIGN

Prospective study

STUDY PERIOD

JAN 2013 TO NOV 2013

PLACE OF STUDY

Stanley medical college and hospital.

INCLUSION CRITERIA

All cases of acute appendicitis taken up for emergency surgery.

EXCLUSION CRITERIA

- Patient diagnosed as appendicular mass or conservative management for the same
- Patient who refuses surgery
- Patient absconded before full clinical evaluation
- Patient who has not come for follow up

METHODS:

Patients admitted in our hospital with abdominal pain corresponding to right iliac fossa from Jan 2013 to Nov 2013. Patients are subjected to appropriate surgery and are observed postoperatively for any immediate complications and are discharged after the adequate observation time. Patients are asked to come for follow up once a month for a minimum of 6 months and examined for any complications.

III. Results

OPERATIVE FINDINGS

simple mass	33 (60%)
firm adhesions	11 (20%)
loculated collection of pus	6 (10%)
perforated appendix	2 (5%)
appendicular abscess	2 (5%)

OPERATIVE DURATION

30 - 60 mins	11 (21%)
60 - 90 mins	42 (78%)
90 - 120 mins	1 (1%)
> 120 mins	NIL

ON THE BASIS OF POST-OPERATIVE COMPLICATIONS

Fever	14
Pelvic abscess	4
Perforation	Nil
Fistula	1
Sepsis	Nil
Uneventful	35

IV. Discussion

Seeing the results obtained most of the per operative appendicular mass intervened are only simple in nature. Simple mass can be operated with a short time span. It has minor post operative complications. As the operative findings changes from minor to moderate and severe the operative timings increases. The post

operative complications vary as the timing and severity of the disease changes. One patient in the study came out with fistula formation. Patient was vigorously treated with fluids and antibiotics. He settled down on treating conservatively. Based on the above findings we can see that intervening per operative appendicular mass at the earliest may be safe and saves time. It also ensures that complete recovery is attained during the first admission itself and also excludes other possibilities. In our country if appendectomy is delayed, for a period of 6-8 weeks based on the conservative and interval appendectomy, the patient turn over rate will be very poor. Even if there is mild pain patient may not come for medical treatment. Most of the patients live below poverty line and their compliance level is not to the expected limit. Hence emergency appendectomy either open or through laparoscopic appendectomy can be attempted safely for per operative appendicular mass.

V. Conclusion

- 1) Appendicitis complicated by appendicular mass formation is encountered by delay in initial treatment.
- 2) Peroperative appendicular mass intervened by emergency surgery ensures complete recovery for the patient at first admission.
- 3) Emergency appendectomy rules out other possibilities.
- 4) The peroperative findings and operative timings decide the outcome of the surgery.
- 5) On follow up the most common complication is fever.
- 6) Initial intervention reduces the hospital stay and further morbidities.
- 7) To conclude Emergency appendectomy is safe and feasible in per operative appendicular mass

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