

A review of the effects of COVID-19 on negative appendectomy rate in NHS GGC - A retrospective study of 2020

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Aim

Appendectomy is among the most common surgical procedures performed globally. Negative Appendectomy Rate (NAR) therefore represents a significant surgical burden which is potentially avoidable. We examined the NAR in NHS GGC, and whether COVID-19 and lockdown affected this

Method

A retrospective review of all appendectomies carried out within NHS GGC between 28/12/19 and 31/12/20. We reviewed intraoperative findings, post-operative histology, and demographic information.

Results

Of 686 cases, 352 were male and 334 female (51.3% vs 48.7%). 554 (80.1%) were found to be positive for acute appendicitis on histology, and 610 (88.9%) had abnormal pathology histologically, resulting in an NAR of 11.1%. However, these 686 contain 73 (10.6%) which were carried out for reasons other than suspected acute appendicitis. 79.1% of these were done laparoscopically, with 20.9% done either open or through emergency laparotomy.

This gives an NAR in patients with suspected appendicitis of 9.62%. The NAR was higher for female patients than male patients (15.6% vs 6.82%), in keeping with previous studies. We also found that the NAR was nearly twice as high pre-COVID pandemic lockdown than post lockdown (16.7% vs 9.0%).

Conclusions

The overall NAR in NHS GGC was 11.1%, and was over twice as high in women than in men. NAR was higher pre-COVID lockdown than post, suggesting a higher threshold of proof needed to proceed to theatre due to the restrictions of the pandemic.

Biography

Eamonn Bradley is Clinical Fellow in General Surgery at Queen Elizabeth University Hospital.

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