

Elective Appendectomy at Time of Scheduled Gynecologic Surgery

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Abstract

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion on Gynecology Practice, Number 323, supports offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery for women <35 years of age. Based on epidemiological data surrounding the incidence of appendicitis and the risks associated with emergency appendectomy, this population is predicted to benefit most from this prophylactic procedure. While data is limited, studies suggest that in the postoperative period, there is no significant increase in morbidity or mortality after performing a coincidental appendectomy during an unrelated surgical procedure versus performing the primary procedure alone. In addition, the Accreditation Council for Graduate Medical Education (ACGME) lists appendectomy as a milestone procedure that residents should know how to perform at the end of an OBGYN residency program.

Background

Though offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery for women <35 years of age is an ACOG recommendation, we suspect that this is not the standard practice at University Medical Center. Therefore we will be investigating the adherence to this recommendation with a retrospective chart review of the planned gynecologic surgeries that occurred at UMC between July 2015 and May 2019.

We will then further investigate if this recommendation is followed in other residency programs using a survey of the residency directors. If the other residency programs also report a poor adherence to this recommendation, our next question becomes "On a national level, how can residency programs ensure that this recommendation is being implemented?"

Retrospective Chart Review Goals

The first part of this project is a retrospective chart review quantifying how often the physicians at University Medical Center in New Orleans are offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery for women less than 35 years of age.

We are investigating if patient diagnosis prior to surgery, physician fellowship training, or patient demographic impacts the frequency at which elective coincidental appendectomies at the time of unrelated primary gynecological surgeries are being offered and performed.

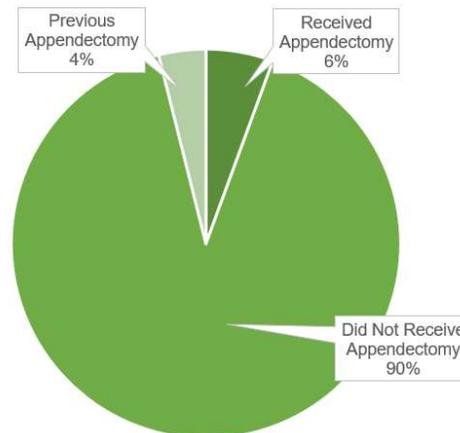
We are investigating if offering elective coincidental appendectomies at the time of unrelated primary gynecological surgeries to patients impacts the frequency at which the appendectomies are being performed.

Inclusion / Exclusion Criteria

Surgical cases included in the study adhere to the following criteria:

- Patient < 35-years-old
- Scheduled Gynecologic Surgery
- Intra-Abdominal Gynecologic Surgery
- Benign Gynecologic Surgery

At this time, we have 179 patients included in our retrospective chart review.



Retrospective Chart Review Methods

For each surgery, we recorded the following patient information:

- Obstetrics History
- Insurance Type
- Race
- Past Medical History
- Past Abdominal Surgical History
- Social History (smoking, alcohol use, illicit drug use)
- Indication for Surgery
 - Pain, Adnexal Mass, Endometriosis, Fibroids, Adenomyosis, Undesired Fertility
- Planned and Performed Surgeries
- Appendectomy Offered and/or Performed
- Adhesive Disease Presence
- Surgeon (indicate if Fellowship-trained)
- Subsequent Appendectomy Record

We plan to investigate if patient diagnosis prior to surgery or surgeon fellowship training impact when prophylactic appendectomies were offered and performed.

Survey Goals

The second part of this project is a national survey distributed to the OB/GYN residency directors. This survey will inquire if the other residency programs are following this ACOG guideline of offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery for women <35 years of age.

We will analyze if type of OB/GYN residency program impacts whether the ACOG guideline of offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery is being followed.

We will analyze if the presence of fellowship training at the residency program impacts whether the ACOG guideline of offering elective coincidental appendectomy at the time of unrelated primary gynecological surgery is being followed.

Early Findings

So far, it is clear that 90% of patients who underwent intra-abdominal planned gynecological surgery at UMC between July 2015 and May 2019 did not receive a prophylactic appendectomy during surgery. Approximately 4% of patients who underwent surgery had already had an appendectomy, and only 6% of patients received a prophylactic appendectomy during this time period.