

Appendicitis data

# Definition of complicated appendicitis: Which one to use?

- Kansas City definition used in RCT: hole in appendix or stool in abdomen outside appendix.
- NSQIP definition: “observation of a visible hole in the appendix, fecalith in peritoneal cavity outside of the appendix, abscess and/or diffuse fibrinopurulent exudate in peritoneal cavity”

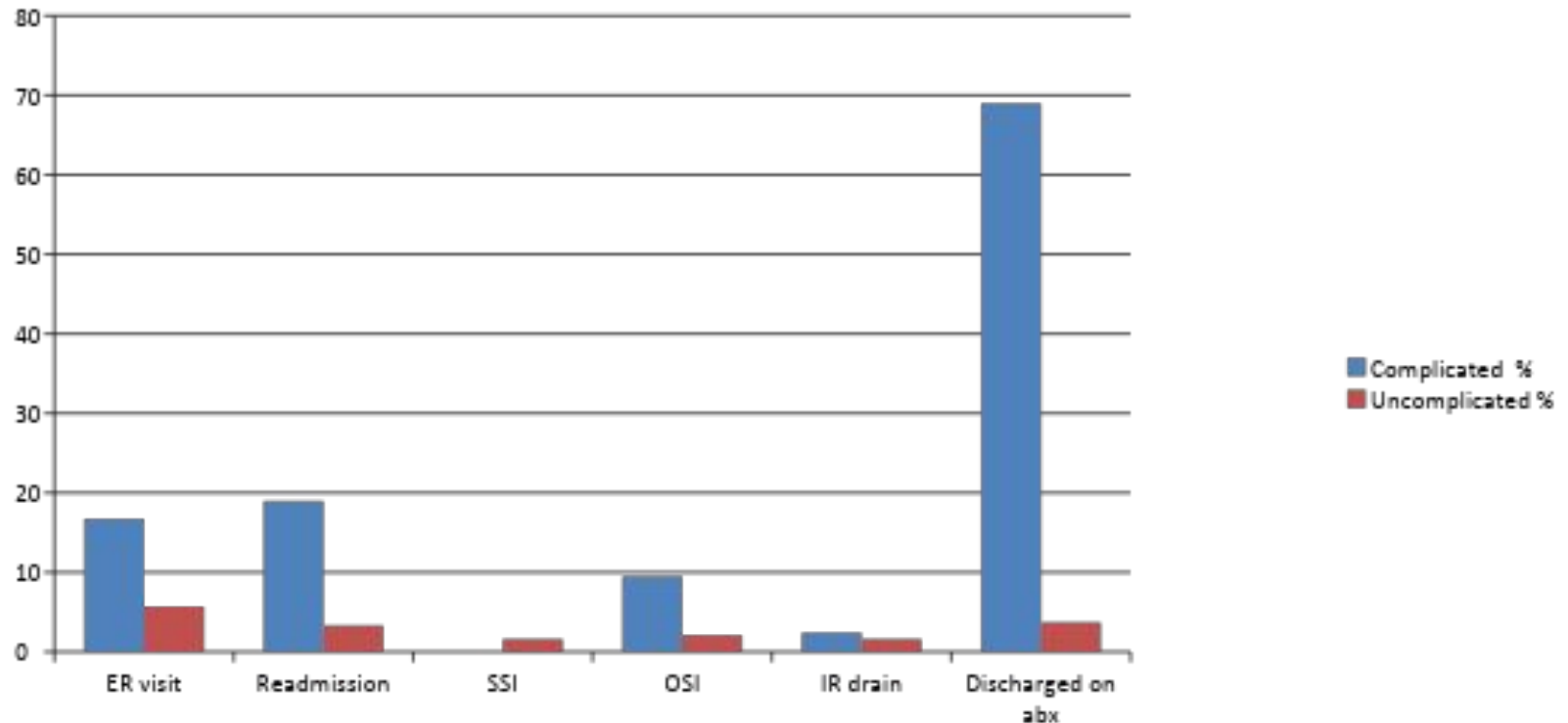
# NSQIP-P User Manual Definition: Complicated Appendicitis

- **Criteria: Any of the following operative findings noted in the immediate or formal operative report.**
  - Visible hole in appendix
  - Fecalith in peritoneal cavity outside of the appendix
  - Abscess
  - Diffuse fibrinopurulent exudate in peritoneal cavity
- **Options:**
  - Yes
  - No
- **Additional Guidance:**
  1. These criteria were selected as likely to be reproducible. More subjective observations are not included such as: cloudy fluid in pelvis or abdomen, fibrinopurulent exudate limited to the appendix or right lower quadrant, phlegmon, adherent omentum, and gangrenous changes.
  2. It is recognized that some patients who had courses typical of complicated appendicitis may not have these findings noted. These criteria were selected to be reproducible, with the recognition that the restricted criteria may decrease the sensitivity for complicated appendicitis.

# NSQIP appy data: July 2015 to current

- Total 286 cases
- 42 (15%) “complicated”
- 38 (13%) discharged on abx
  
- Overall: 7% ED revisit, 5% readmission, 1.2% superficial SSI, 2.8% organ space SSI (OSI), 1.8% IR drain

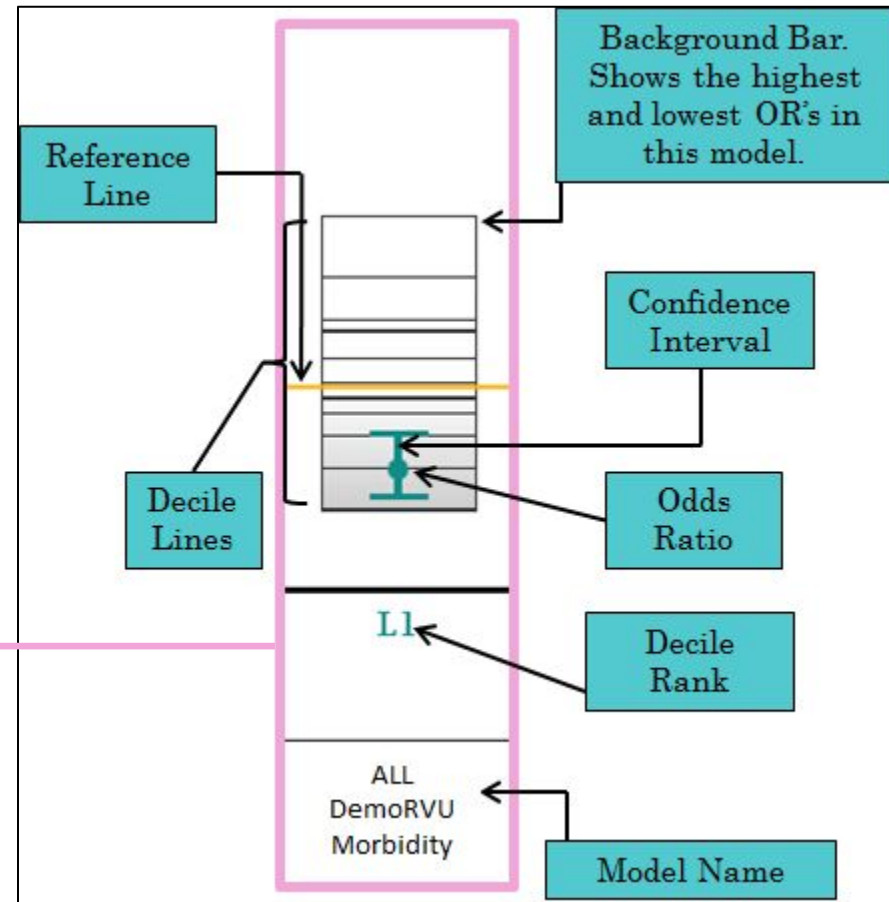
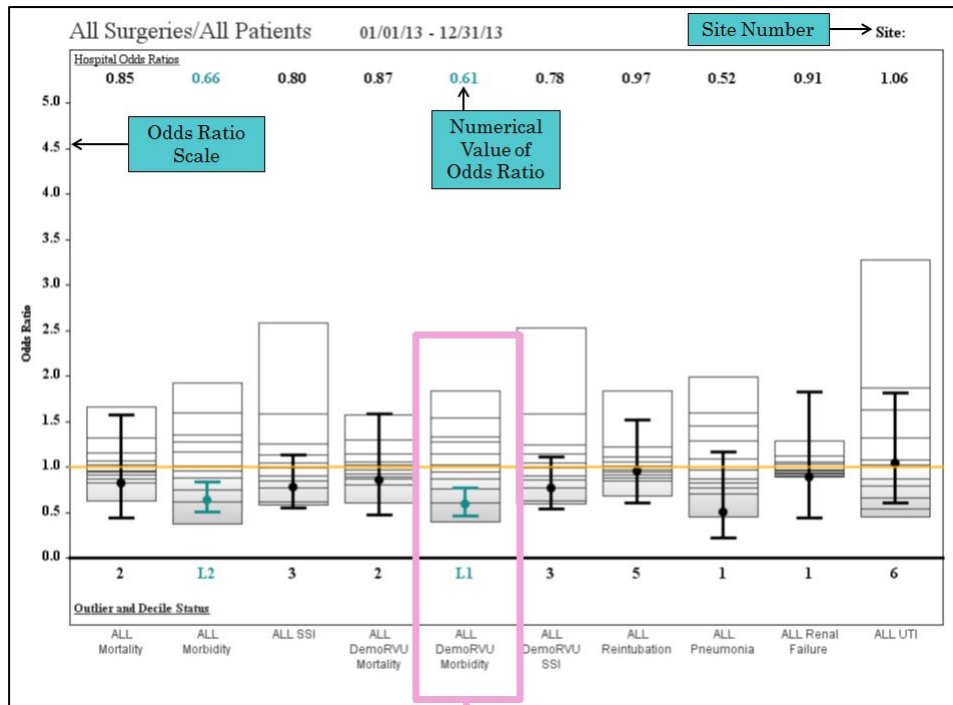
# Outcomes in complicated vs uncomplicated appendicitis



# Where do we need to improve?

- NSQIP provides observed:expected ratios based on patient characteristics

# Individual Site Bar Plot (Cont.)

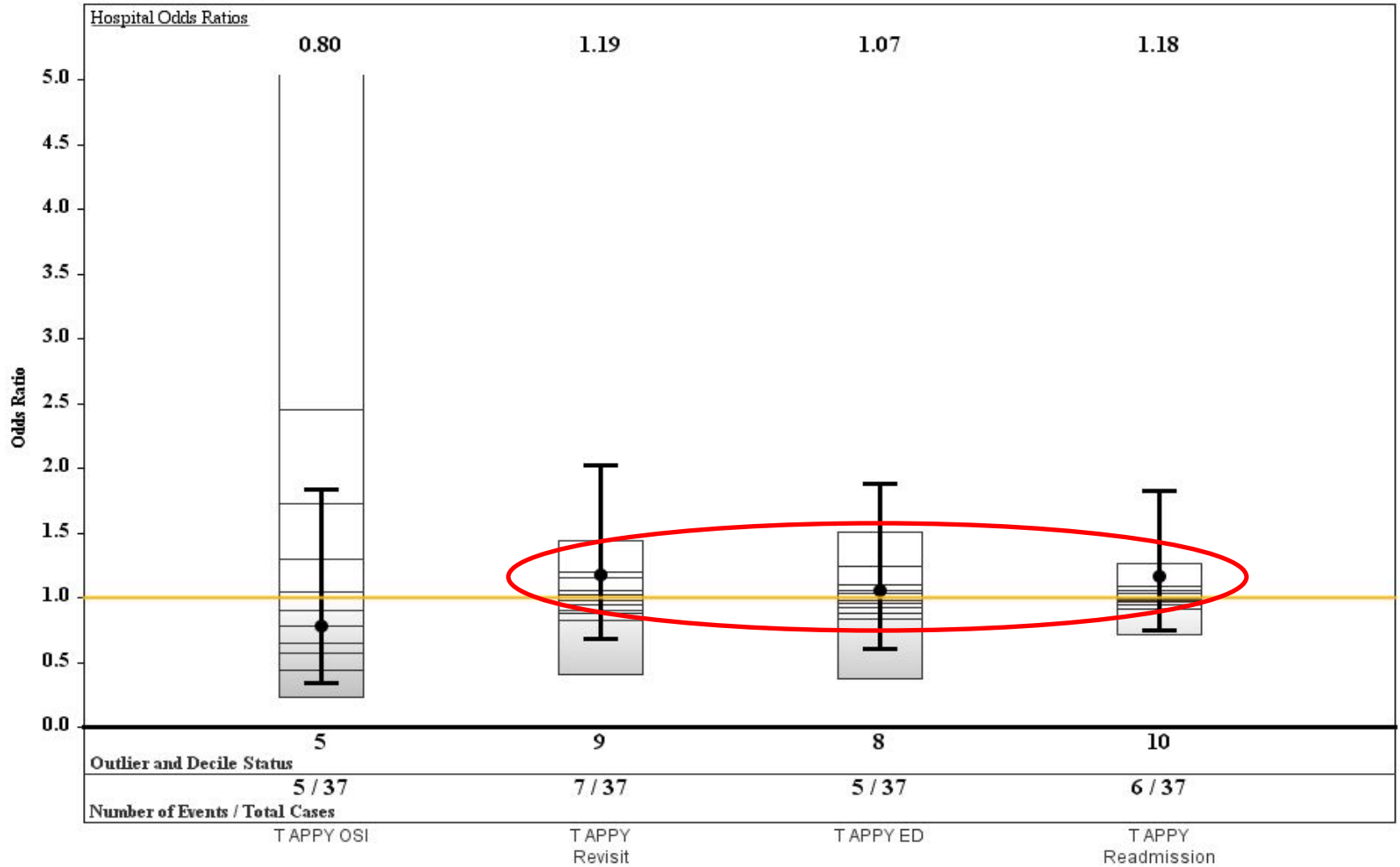


# Targeted - Appendectomy

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07/01/15 - 06/30/16

Site: 5002



# Breakdown of complications

- Revisits: 8
- OSI: 5
- Reasons for revisit other than OSI (3):
  - Transient bowel obstruction
  - C Diff with sepsis resulting in PICU admission
  - Influenza

# Food for thought...

- Abscess rate in complicated cases is 10% with postop abx for all (including purulent cases)
- There is an incidence of antibiotic-associated morbidity (eg C Diff sepsis leading to PICU admission)
- Would it decrease, increase or stay the same if we do not treat purulent cases with extended postop courses?