

**GUIDELINE FOR MANAGEMENT OF SUSPECTED ACUTE
APPENDICITIS**

Last revised: 16/11/10

Please note:

- In acute appendicitis, treatment is appendectomy and antibiotics are supplementary:
- Any possible appendicitis must be referred to the divisional hospital:
- A period of antibiotics for appendicitis in the Sub Divisional hospital is not to be advised:
- Patients that follow the pathway will eventually be ruled in or out by a surgical registrar

1. Definition

Acute appendicitis: A surgical emergency characterised by symptoms due to the inflammation of the vermiform appendix.

2. Parameters of the Guideline:

2.1 Target population

- All adult patients with acute Right Lower Quadrant Pain

2.2 Patient Groups specifically excluded from Guideline

- Paediatric population
- Pregnant or suspected pregnant patients
- Elderly population (>65years)

2.3 Contra-Indications

- Acute Abdomen of other causes e.g. the unconscious or ventilated patient, malignancy, trauma (blunt and penetrating), lumbar shingles.

3. Definitions of Terms:

NIL

4. Assessment:

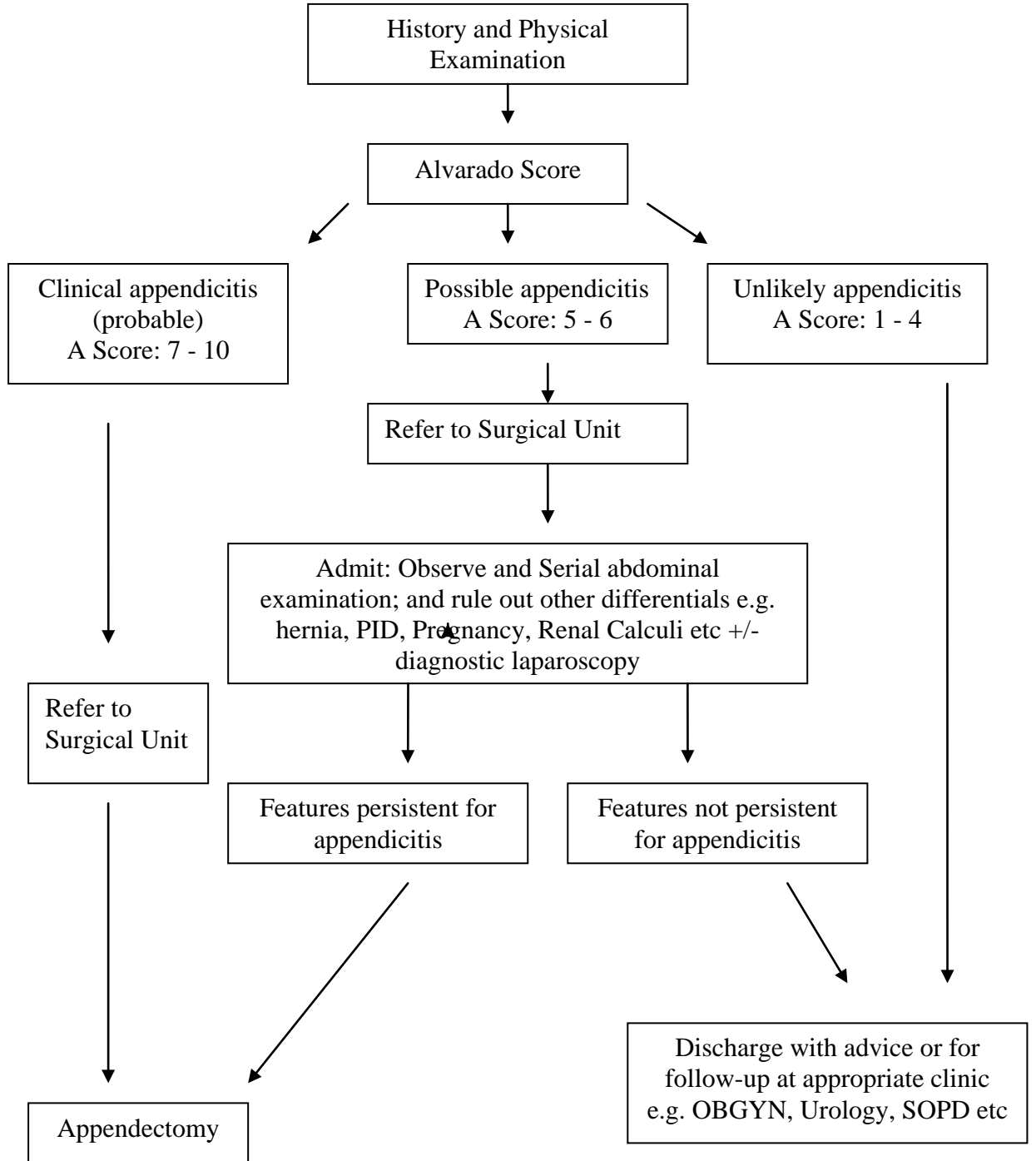
Patient History, physical examination and investigations:

Alvarado Score¹

Variables	Clinical Features	Score
Symptoms	Migratory RIF pain	1
	Anorexia	1
	Nausea and vomiting	1
Signs	Tenderness (RIF)	2
	Rebound tenderness	1
	Elevated temperature	1
Laboratory	Leucocytosis	2
	Neutrophil shift to Left	1
Total score		10

5. Management

Clinical Algorithm for The Management For Suspected Acute Appendicitis



6. Summary of Evidence

Several scoring systems have been devised to increase the sensitivity and specificity in diagnosis of acute appendicitis. They help to reduce the rate of negative appendectomy. Alvarado score in this context is a simple, easy to apply, a cheap tool and an effective mean of stratifying patients according to the risk of acute appendicitis.^{1,2,3}

98% of patients with Alvarado score >7 have evidence of acute appendicitis on histopathology with positive predictive value of 98.1% and sensitivity of 58%.⁴

Diagnostic laparoscopy has been advocated to clarify the diagnosis in equivocal cases and has been shown to reduce the rate of unnecessary appendectomy.⁵ It is most effective for female patients, since a gynaecological cause of pain is identified in approximately 10 to 20 percent of such patients.^{7,8}

7. References

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4. Ahmed AM, Vohra LM, Khaliq T, Lehri AA. Diagnostic Accuracy of Alvarado Score in the Diagnosis of acute Appendicitis. *Pak J Med Sci* 2009;25(1):118-121.
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Authors and Contributors				
Last Name	First Name	Sex	Position	Organisation
Dr Tudravu	Jemesa	M	Orthopedic surgeon	Lautoka Hospital
Dr Murari	Arun	M	Consultant Surgeon	Lautoka Hospital
Dr Ali	Akhtar	M	Surgical Registrar	Lautoka Hospital
Dr Waqainabete	Ifereimi	M	General surgeon	CWM Hospital
Dr Taloga	Emosi	M	Consultant Orthopedic Surgeon	CWM Hospital

Scope and Application	This CPG is intended for use by all health care workers in their daily care of patients who undergo this particular surgical procedure
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