VANDERBILT UNIVERSITY MEDICAL CENTER

Emergency General Surgery

Practice Management Guidelines: Acute Appendicitis

I. **Purpose:** Acute appendicitis is one of the most common reasons for presentation to the Emergency General Surgery service. This document outlines the management considerations of patients presenting with acute appendicitis.

II. **Guideline:**

A. **Initial Evaluation with Concern for Acute Appendicitis**

a. Labs
   i. CBC
   ii. BMP

b. Imaging
   i. CT Abdomen/Pelvis with IV Contrast

B. **Management**

a. Antibiotic Therapy - 4 days after source control for perforated; no appendectomy = 10 days; appendectomy – stop postoperatively

i. Without Shock
   a. First-line: Ceftriaxone/Metronidazole
   b. Severe Penicillin Allergy: Levofloxacin/Metronidazole

ii. Sepsis/Multidrug Resistance Risk
   a. First-line: Piperacillin/Tazobactam
   b. Severe Penicillin Allergy: Vancomycin/Cefepime/Metronidazole

iii. Duration
   a. If uncomplicated, stop postoperatively
   b. If perforated, stop four days postoperatively
   c. If nonoperative management, ten-day course

b. NPO Order pending operative plan

c. Emergency General Surgery Consultation/Admission

d. Operative Management with Laparoscopic Appendectomy

e. Considerations for Nonoperative Management
   i. Patient preference
   ii. Severe inflammation/phlegmon/perforation on CT which would necessitate ileocecectomy

iii. Excessive surgical/perioperative risk factors
iv. Appendicolith on CT is associated with higher rate of recurrent appendicitis
v. Failure of nonoperative management in the pregnant patient could result in fetal demise
vi. Consider interval appendectomy in patients $\geq$ 40 years old with perforated appendicitis due to cancer risk

f. Follow-up
   i. 7-14 day follow up either telemedicine or in-person with review of pathology (if operative)
   ii. Consideration of colonoscopy referral if risk for colon cancer

III. References

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IV. Author

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