PROPHYLACTIC APPENDECTOMIES: A CHILEAN 10-YEAR REPORT

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INTRODUCTION

In Chile, prophylactic appendectomy (PA) is performed as a public policy for Military personnel who are going to serve in Antarctica, since the first deployment in the territory in 1969.





METHODS

The methodology involved chart review and retrospective analysis of electronic and physical medical records of patients who underwent laparoscopic PA between 2012 and 2022 at a hospital in Santiago.

Data pertaining to the patients' medical and surgical history, as well as short and medium-term complications of the surgery, were classified according to the Clavien-Dindo Classification for surgical complications.

DEMOGRAPHIC CHARACTERISTICS

Mean age (years)	38 (26-56)
Sex - Male	208 (100%)
Previous Abdominal Surgery	17 (8.1%)
- Hernioplasty	12
- Cholecystectomy	3
- Bariatric surgery	1
- Partial nephrectomy	1
Comorbidities	
- Diabetes Mellitus	1
- Hypertension	4
- Hypothyroidism	1
- Dyslipidemia	3
- Tobacco consumption	11
- Obesity	2

RESULTS

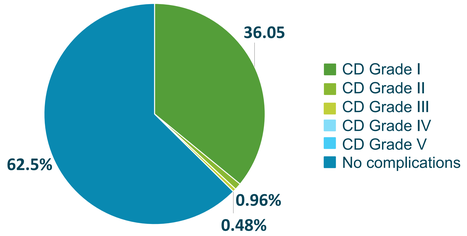
215 patients were reviewed. Most complications corresponded to grade I complications, with 0.96% of patients experiencing grade II complications and 0.48% experiencing grade III complications, according to the Clavien-Dindo Classification.

Only one patient required reintervention within 30 days due to bowel obstruction and two had complications related to anesthesia. There were no fatalities associated.

As a secondary outcome, histological findings showed two neuroendocrine tumors and one appendicular mucocele.

POSTSURGICAL COMPLICATIONS

Complications	Nº patients	Clavien-Dindo
- Hematoma	1	I
- Surgical site infection	1	I
- Fever	1	I
- Nausea/emesis	8	I
- Post-surgical pain	61	I
- Skin suture dehiscence	2	I
- Lipothymia	1	I
- Syncope	2	II
- Bowel obstruction	1	III



CONCLUSION

Although PA is mainly associated with mild complications, we reported a case of severe complication in a small cohort. This highlights the need to generate more evidence to identify post-surgery morbidity.