

The Follow-up Pattern of Appendectomy Patients

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Introduction. While post-operative appendectomy complications have been reported as high as 25%, there is little research on association between appendectomy follow-up patterns and complication rates. This study examined follow-up patterns of appendectomy patients, modifiable factors impacting follow-up, and their relationship with post-operative complications.

Methods. This retrospective study included patients who underwent appendectomy July 2022-December 2023. Patients treated non-operatively with antibiotics were excluded. Patient follow-up status was defined as either in-person with Emergency General Surgery (EGS) Department or no-follow-up. Modifiable factors included having a social work consult, primary care provider (PCP) or gastroenterologist (GI) specialist involvement, and follow-up with another provider if EGS follow-up was missed. Demographic factors included insurance status and zip code. AAST Grade and Charleston Comorbidity Index Score were analyzed for their association with complications and follow-up pattern.

Results. Of the 158 patients, insurance status was significantly associated with follow-up rates ($p = 0.047$), but AAST appendicitis grade was not ($p = 0.888$). Complications were not significantly associated with poverty rate ($p = 0.799$) or insurance status ($p = 0.243$). There was a higher mean poverty rate for those that did not follow-up (14.8) compared to those that did (12.6). Factors not significantly associated with complications or follow-up status included having a PCP, GI, or other provider (all $p > 0.05$).

Conclusions. Lack of follow-up does not appear to be associated with post-operative complications. Insurance status was significantly associated with follow-up. Most patients who did not follow-up had shorter hospital stays and would be expected to follow-up less.

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