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The hidden harm of conservative management in emergency general surgery during the COVID-19 pandemic

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Aims: Appendicitis, biliary disease and abscesses make up almost half of the emergency general surgery (EGS) workload. Our aim was to establish whether the shift towards non-operative management during the COVID-19 pandemic for these conditions has led to adverse patient outcomes.

Methods: Patient data were analysed from a prospective EGS database at a large UK tertiary centre. Patients were grouped by admission date into quarters (January-March, April-June, July-September, October-December) and compared with the corresponding time period from the preceding year.

Results: EGS saw 8226 and 7589 patients in 2019 and 2020 respectively. Following the first lockdown EGS admissions fell by 31%. Operative management of appendicitis fell from nearly 100% in 2019 to 32.9% and 54.7% in two of the four study periods. Complicated appendicitis was more common in 2020 leading to a 50% rise in length of stay (LOS), 4.5 days average. 30 day readmissions increased by 228% (n = 7, 2019 v n = 16, 2020). Biliary disease was managed conservatively with 11 patients undergoing percutaneous drainage from Apr-Dec 2020. Very few patients received emergency cholecystectomy in 2019 or 2020 due to institution preference. Readmission rates and LOS remained similar between years. Fewer abscesses were seen and operated on in 2020 with similar readmission rates and LOS between years.

Conclusions: Non-operative management and delays in presentation of appendicitis during the pandemic has had an adverse effect on

patient outcomes. The rise in more complex cases has led to higher readmission rates and longer lengths of stay. The outcomes for biliary disease and abscesses remained unchanged.