

Questions and Answers session - EPISODE 2 - 07th May 2020

Please note that the following text is not an accurate reproduction of the minutes of the online session. They have been extensively edited to make it more informative and useful to readers.

In current practice, are you giving patients diagnosed with acute uncomplicated appendicitis IV antibiotics or are you sending home with oral antibiotic?

Both presenters mentioned that their practice currently during covid 19 pandemic is to give patients oral antibiotics if the clinical situation is appropriate. A further RCT is currently ongoing (APPAC 2) looking at safety of oral antibiotic treatment for acute non complicated appendicitis.

How does the result of antibiotic in this study compare to other studies?

The authors based the power calculation for this study on previous trials reporting a 1 year success rate with antibiotics of around 70 – 80%. Three previous studies were used to perform this power calculation. References available in the main paper.

Are you comfortable to advise GP to give patient with suspected appendicitis with antibiotic without hospital admission?

Presenters and audience think that the surgeon should assess patients regardless, explain failure rate, risk and benefits before a decision is made regarding antibiotics as first line treatment.

Do you think this is still a RCT? Could they blind the patients?

This is still an RCT in terms of the endpoint of failure of antibiotic treatment. Quality of life data is derived from a post-hoc analysis of long term data that may not have been part of the original RCT. There is however a significant amount of patients (20%) lost from follow up; however, this is expected in any similar study evaluating long term outcomes. Patient level blinding is not possible given the nature of the intervention and control arms.

Would blinding be applicable to the current study (QOL)?

There are two levels of blinding applicable in this context. Firstly, there is patient level blinding which is not possible to perform. The second level of blinding is assessor blinding which is in theory possible although it can be practically difficult - but should be attempted when conducting interviews.

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