### LETTER TO THE EDITOR



# Patient perspectives on nonoperative management of acute appendicitis

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### Editor,

Recently, there has been a growing interest in nonoperative management of acute appendicitis, and the dictum that surgical removal of the appendix is necessary has been largely challenged. Yet, little is known about patient perspectives regarding nonoperative management of appendicitis. We read the recent article by O'Connell and colleagues [1] with great interest. There are several aspects of the article with which one might take issue.

First, the results indicated that only 43% and 38% of patients would prefer to have antibiotics only as the treatment of choice for themselves and their child, respectively, and prior personal diagnosis of appendicitis is not associated with choosing operative or nonoperative management. Although the authors strived to assess patients' knowledge regarding symptoms and management of appendicitis, no attempt was made to educate patients about the relative safety of an antibiotics-first or urgent appendectomy management approaches prior to survey. This is perhaps relevant considering that the knowledge of appendicitis management was variable among participants and only 20% were aware of nonoperative treatment. Studies have shown that patients who received education about the management options of appendicitis were more likely to choose nonoperative management (57%), particularly if they had previous appendicectomy or if they were parents of minors (74% and 63%, respectively) [2].

Second, it would have been relevant to stratify patients based on their level of education and private insurance status. Recent evidence has demonstrated that patients who had education beyond college were more likely to choose antibiotics treatment [3]. In addition, the failure rate of nonoperative management of appendicitis was shown to be lower among privately insured patients compared to the general population [4]. Improvement in the failure rate is the key factor to increase the desirability of choosing nonoperative treatment [3].

In conclusion, it would be interesting to see if authors plan to do a similar study, and including the level of education and insurance status as important covariates, to address the aforementioned points.

## Compliance with ethical standards

**Conflict of interest** The author declares no conflict of interest.

Research involving human participants and/or animals Not applicable.

Informed consent Not applicable.

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