

T04

## SHOULD WE PERFORM APPENDICECTOMY DURING LADD'S PROCEDURE?

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**Aim:** Appendicectomy is traditionally performed during Ladd's procedure due to the potential for complex appendicitis in an abnormally sited organ. Inversion appendicectomy is recommended by some on the basis that this may reduce peritoneal contamination in an otherwise clean operation. We compared outcomes of inversion vs standard vs no appendicectomy performed during Ladd's procedure, particularly investigating incidence of post-operative infection.

**Method:** All patients diagnosed with malrotation between December 2006-November 2016 at a single paediatric surgery centre were identified. Post-operative infection was defined as requirement for antibiotics beyond the prophylactic regimen and clinical signs of infection.

**Results:** 121 patients were identified. Of these, 6 (5%) had appendicectomies as part of a bowel resection and were therefore excluded. Notes were unavailable in 3 cases (2%). Data for the remaining 112 patients are summarised in the table. Median age at presentation was 2.2 years (1 day-16 years). Mean follow-up was 7 years (28 days-13 years). No patient who retained their appendix has presented subsequently to our centre with appendicitis. Both patients with enterococcal sepsis presented unwell with volvulus. There was no significant difference in incidence of infection between appendicectomy vs no appendicectomy (3/98 vs 0/14,  $p=1.0$  (chi2)).

**Conclusion:** Performing excision of a normal appendix (thereby changing a clean procedure to clean-contaminated) is not associated with a significantly increased risk of wound infection and avoids the potential for complex appendicitis in the future.