

NUOVE SFIDE TRA **INNOVAZIONE** ED ETICA

TRIESTE 17-18 OTTOBRE 2025

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Società Italiana di Chirurgia
d'Urgenza e del Trauma

53° CONGRESSO NAZIONALE SICUT 2025

Analysis of factors influencing Textbook Outcome after emergency appendectomy

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Analysis of factors influencing Textbook Outcome after emergency appendectomy



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The present study aims to **establish the set of benchmarks that can define TO in patients undergoing appendectomy** for acute appendicitis.

A secondary objective is to **identify the predictors associated with achieving TO**, thereby providing insights into the **quality of surgical care** and potential **targets for improvement**.

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The **textbook outcome (TO)** is a **composite, multidimensional metric** for assessing the quality of surgical care, representing an **'optimal' result** defined by a series of **disease-specific benchmarks**.

Its application to benign conditions remains scarce, and **evidence in emergency surgery is virtually absent, with only a few recent reports available.**

To date, the literature reports only **two studies addressing TO in acute cholecystitis**, while a **validated framework for urgent appendectomy is still lacking.**



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Available online at www.sciencedirect.com

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EJSO 39 (2013) 156–163

Focusing on desired outcomes of care after colon cancer resection: variations in 'textbook outcome'

N.E. Kolfsooten^{a,e,f}, J. Kievit^{a,b,e,f,g}, G.A. Gooiker^{a,e,f}, N.J. van Leeuwen^{a,e,f}, H.S. Snijders^{a,e,f}, E.H. Eddes^{c,e,h}, R.A.E.M. Tollenaar^{a,e,f}, M.W.J.M. van't Hof-Grootenboer^{a,e,f}, P.J. Marang-van de Mheen^{b,*}

ORIGINAL ARTICLE

Asian Journal of Endoscopic Surgery

WILEY

Textbook outcome in the laparoscopic cholecystectomy of acute cholecystitis

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Fugazzola et al.
World Journal of Emergency Surgery (2024) 19:12
<https://doi.org/10.1186/s13017-024-00539-6>

World Journal of
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RESEARCH

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Textbook outcome in urgent early cholecystectomy for acute calculous cholecystitis: results post hoc of the S.P.Ri.M.A.C.C study



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RESEARCH

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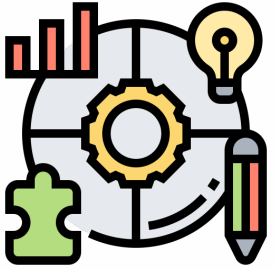
Textbook outcome in urgent early cholecystectomy for acute calculous cholecystitis: results post hoc of the S.P.Ri.M.A.C.C study

DEFINITION

TO for urgent appendectomy as the concurrent fulfillment of the following criteria:

- ✓ **absence of major complications** (Clavien–Dindo < 3);
- ✓ **hospital stay below the 75th percentile (< 4 days);**
- ✓ **no 30-day mortality or readmission;**
- ✓ **fully laparoscopic approach.**

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The present study is a **retrospective monocentric observational** study run at **AOU Careggi** (Firenze, Italy). From January 2020 to June 2024, all **consecutive** patients who underwent **emergency appendectomy** at our institution were included.



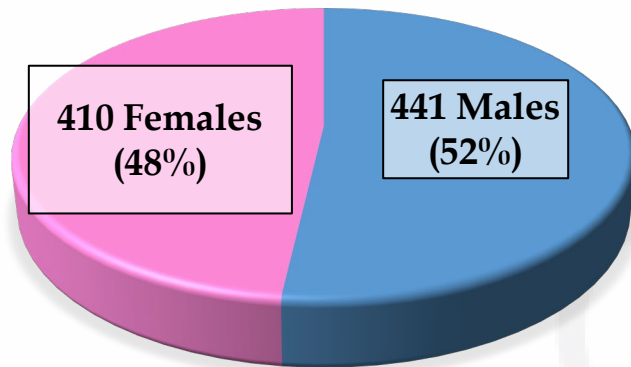
Eligibility criteria: (1) patients with diagnosis of AA who underwent emergency appendectomy; (2) age ≥ 18 years old; (3) providing a signed and dated informed consent form.

Exclusion criteria: (1) age < 18 years old; (2) pregnancy or lactation; (3) elective surgery; (4) appendectomy as secondary procedure.

This study was conducted according to the Strengthening the Reporting of OBservational studies In Epidemiology (STROBE) statement for retrospective cohort studies.

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A total of 857 patients were initially considered, of whom six were excluded due to incomplete data, resulting in **851 emergency appendectomies for AA included in the analysis.**



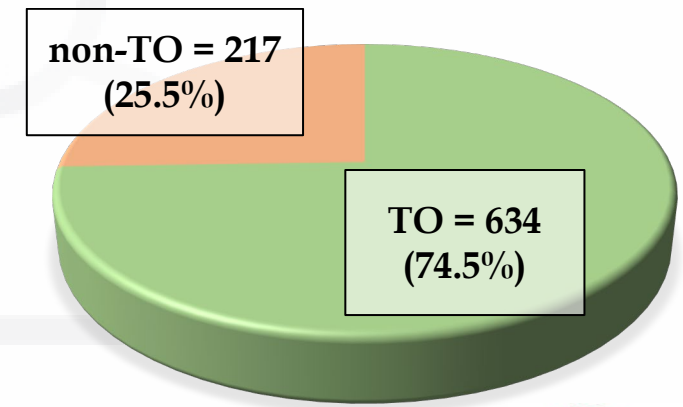
Mean age: 38.03 ± 17.60 years

Postoperative major complications: 32 cases (3.76%)

30-day readmissions: 20 cases (2.35%)

30-day mortality: 1 case (0.12%)

A total of **634 patients (74.5%) met all TO criteria**, whereas **217 (25.5%) failed to achieve one or more parameters and were classified as non-TO.**



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Figure 1: Textbook outcome and textbook outcome failure in emergency appendectomy due to acute appendicitis

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Table 1: Perioperative univariate comparison between TO and non-TO groups.

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Table 2: Multivariate logistic regression of variables associated with TO achievement.

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CONCLUSION

This study introduces TO as a **novel endpoint for emergency appendectomy**, defines **standardized criteria** and identifies **independent predictors of TO failure**. Although most predictors are not modifiable, perioperative optimization may improve outcomes.

To date, this is the **largest series on TO in emergency appendectomy**, underscoring the need for an international consensus on TO parameters in this setting.



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**Surgical inspiration comes from a variety of sources —
I will always be grateful to *mine*.**