March 2, 2015

Lucy Day

Appendicitis treatment

Mrs. Own

The Evergreen School

15201 Meridian Avenue North

Shoreline, Washington 98133
During Halloween week in 2013 I had an upset stomach that would not go away. By 8 am on Halloween morning we decided to go the ER at Children’s Hospital, where we learned I had an appendix inflammation that needed to be removed almost immediately. I had a laparoscopic appendectomy at midnight that night. During the many hours that my mom and I were at the hospital waiting for the surgery, I remember thinking of the upcoming surgery. I wasn’t worried, but when the time came I was so terrified I cried. If it weren’t for the amazing doctors and quick and easy access to medical care, I might not be here today.

Appendicitis can be treated through antibiotics and surgery. If a patient realizes they have appendicitis before it becomes too inflamed, doctors will prescribe antibiotics. If that isn’t an option, doctors will resort to surgery. Today’s surgeries are open, laparoscopic, single incision laparoscopic, and most recently, pure transvaginal appendectomy.

Laparoscopic appendectomy is the most common in the U.S., in which three incisions are made, one in the umbilical and the other two surrounding it. The surgeons insert an endoscope through the umbilical incision and tools through the other cuts. An older process is called open appendectomy, where a three inch incision is made in the lower right abdomen. Another kind is single incision laparoscopic: a single incision through the umbilical. The most recently developed procedure is transvaginal, which has shorter recovery time because of no damage to stomach muscles.

Dr. Kirsten Hall Long and her colleagues did a study in 2001 when laparoscopic surgery was becoming more and more popular. They compared laparoscopic
appendectomy (LA) to open appendectomy to see if LA was unsafe and with a longer recovery time. They found that while LA took longer to perform, and was harder to conduct at that time, recovery time was shorter. Several other tests and studies were done to prove LA was safe, and as a result it became the most common appendectomy performed in the United States.³

I interviewed Dr. Darren Bowe, an appendectomist, who said that when he was becoming a surgeon, laparoscopic appendectomies were just becoming popular. Bowe said LA was very exciting in his department, but the people who had been there for a while were so used to open appendectomy the transition was difficult. Bowe said you were lucky if you found someone to operate laparoscopic appendectomy.

Another study done by Dr. Shawn St. Peter and his coworkers, compared laparoscopic appendectomy to single incision laparoscopic appendectomy.⁴ Out of 360 patients who either had LA or SILA there was no difference in wound infection rate, length of hospital stay, or recovery time. SILA took about five minutes longer and as a result was more expensive.⁴

A study done by Kurt E. Roberts compared laparoscopic appendectomy (LA) to pure transvaginal appendectomy (pure TVA). People thought Pure TVA was unsafe for women’s reproductive system, in 2012 forty patients were given the choice to have pure TVA or LA. The scientists concluded that pure TVA is completely safe with less pain, shorter recovery time, and no damage to the reproductive system.

From the first successful appendectomy with no anesthetic and a low survival rate to now where we have many different treatments with specialized
doctors who can remove an inflamed appendix without cutting into any muscle and have you back to normal in a week. I am so grateful that I had such easy access to emergency care when I needed it. If not, I might not be in the healthy condition I am today.

Reflection Paragraph

Biomedical research is in our everyday life. It solves common things like appendicitis and hugely complex things like brain diseases. Every day scientists advance our technology that can and most likely will save someone’s life. Every day people use these technologies to help with even the littlest things. Here in the United States we have very advanced medicine and technology to make sure our society is healthy and strong, some other countries don’t have that. I hope soon we can branch out our knowledge and help other developing countries so everyone can be protected by biomedical medicine and research.

Bibliography


http://www.webmd.com/digestive-disorders/digestive-diseases-appendicitis

2. Bowe, Darren. Phone interview. 2/25/15


http://journals.lww.com/annalsofsurgery/Abstract/2011/10000/Single_Incision_Versus_S
standard_3_Port.6.aspx

5. Arnold, Rick. Phone interview 2/25/15


http://journals.lww.com/annalsofsurgery/Abstract/2012/02000/Pure_Transvaginal_Appen
dectomy_Versus_Traditional.13.aspx


https://online.epocrates.com/u/2923290/Acute-appendicitis/Basics/Epidemiology


http://journals.lww.com/annalsofsurgery/Citation/publishahead/Pure_Transvaginal_Appen
dectomy_Versus_Traditional.97822.aspx