

# **Preconsultation use of analgesics on adults presenting to the emergency department with acute appendicitis**

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摘要

## **Abstract**

Objective: 279 cases of appendicitis were reviewed and compared for the difference between those patients who received pain medication before consulting a surgeon and those who were not treated with analgesics.

Methods: All patients aged 15 years and older who underwent appendectomy for appendicitis between 1 July 2001 and 30 June 2002 were divided into group 1 (those who received preconsultation use of analgesics) and group 2 (those who were not treated with analgesics). The following measures were compared: age, sex, symptom duration, initial vital signs, white blood cell counts, frequency of imaging studies, time to operative intervention, and operative findings. Continuous and categorical variables were analysed using t and  $\chi^2$  tests, respectively.

Results: A total of 279 patients were included for analysis. Patient details (age, sex, symptom duration) of the two study groups were similar. There was no statistically significant difference between group 1 and group 2 with respect to vital signs (systolic blood pressure, pulse rate, respiratory rate, body temperature), white blood cell counts, and frequency of imaging studies (ultrasound, computed tomography). There was no significant difference in the rate of perforated appendicitis between the two study groups although a shorter median time to operative intervention has been found in the group who received analgesia.

Conclusion: The preconsultation use of analgesics in ED patients with a final diagnosis of appendicitis is not associated with a longer delay to operative intervention and is not associated with an increased rate of perforated appendicitis.