

## Exploring the different types of appendectomy procedures.

Stewart Ritz\*

Department of General Surgery, Xi'an Jiaotong University, Shaanxi, China

### Introduction

The appendectomy has been the gold standard of therapy for appendicitis since it was originally described more than a century ago. A final therapy for appendicitis, appendectomy is a generally safe technique with a mortality incidence has increased in a percent. The two surgical techniques used for appendectomies are open and laparoscopic. In both nonperforated and perforated appendicitis, laparoscopic surgery rates recently surpassed those of open surgery. Women of reproductive age, elderly patients, paediatric patients, pregnant patients, and obese patients are among the categories that benefit most from laparoscopic appendectomy. Laparoscopic appendectomy has a lower risk of wound infection, a shorter hospital stay, and lower rates of morbidity and death than open appendectomy. In addition to reviewing appendectomies, this exercise emphasises the need of the interprofessional team in assessing and caring for patients who have had appendectomies [1].

### Open appendectomy

The open appendectomy is the traditional method of removing the appendix. In this procedure, the surgeon makes a small incision in the lower right side of the abdomen and removes the appendix. Open appendectomy is a straightforward procedure that is effective in most cases. However, it requires a longer recovery time compared to other types of appendectomy procedures [2].

### Laparoscopic appendectomy

Laparoscopic appendectomy is a minimally invasive procedure that involves making small incisions in the abdomen and using a camera and specialized surgical instruments to remove the appendix. Laparoscopic appendectomy is a popular option because it is less invasive than open appendectomy, resulting in less scarring, less pain, and a shorter recovery time.

### Single-incision laparoscopic appendectomy

Single-incision laparoscopic appendectomy is a variation of laparoscopic appendectomy in which the entire procedure is performed through a single small incision in the belly button. This type of appendectomy results in minimal scarring and a shorter recovery time, but it is technically challenging and may not be suitable for all patients [3].

### Robotic-assisted appendectomy

Robotic-assisted appendectomy is a minimally invasive procedure that uses robotic arms controlled by a surgeon

to remove the appendix. This type of appendectomy offers increased precision and dexterity compared to traditional laparoscopic surgery. However, it is more expensive and may not be covered by all insurance plans [4].

### Choosing the right procedure

The choice of appendectomy procedure depends on various factors, including the severity of appendicitis, the patient's age and health, and the surgeon's preference and experience. In general, laparoscopic and single-incision laparoscopic appendectomy is preferred for most patients due to their shorter recovery time and less invasive nature. However, in some cases, open appendectomy or robotic-assisted appendectomy may be the best option [5].

### Conclusion

Appendectomy is a common surgical procedure that is necessary to treat appendicitis. There are different types of appendectomy procedures, each with its advantages and disadvantages. Patients should consult with their surgeon to determine the best option for their specific case. Regardless of the type of appendectomy procedure, proper postoperative care is crucial for a successful recovery.

### References

1. Mannu GS, Sudul MK, Bettencourt-Silva JH, et al. Closure methods of the appendix stump for complications during laparoscopic appendectomy. *Cochrane Database Syst Rev.* 2017;15(11):15-20
2. Scarborough JE, Bennett KM, Pappas TN. Defining the impact of resident participation on outcomes after appendectomy. *Ann Surg.* 2012;255(3):577-82.
3. Qiu J, Yuan H, Chen S, et al. Single-port laparoscopic appendectomy versus conventional laparoscopic appendectomy: Evidence from randomized controlled trials and nonrandomized comparative studies. *Surg Laparosc Endosc Percutan Tech.* 2014;24(1):12-21.
4. Addiss DG, Shaffer N, Fowler BS, et al. The epidemiology of appendicitis and appendectomy in the United States. *Am J Epidemiol.* 1990;132(5):910-25.
5. Long KH, Bannon MP, Zietlow SP, et al. A prospective randomized comparison of laparoscopic appendectomy with open appendectomy: Clinical and economic analyses. *Surg.* 2001;129(4):390-400.

\*Correspondence to: Stewart Ritz, Department of General Surgery, Xi'an Jiaotong University, Shaanxi, China, E-mail: [stewart@rit07.cn](mailto:stewart@rit07.cn)

Received: 28-Apr-2023, Manuscript No. AACRSIP-23-97902; Editor assigned: 01-May-2023, PreQC No. AACRSIP-23-97902(PQ); Reviewed: 15-May-2023, QC No. AACRSIP-23-97902; Revised: 19-May-2023, Manuscript No. AACRSIP-23-97902(R); Published: 26-May-2023, DOI:10.35841/aacrsip-7.3.141