

CONTRACT



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Survey of UK paediatric surgeons' attitude towards non-operative treatment of acute appendicitis

To UK consultant paediatric surgeons.

We would be grateful if you would please complete the following questionnaire regarding your views on non-operative treatment of acute appendicitis in children. This questionnaire is part of an NIHR-funded study to determine the feasibility of completing a future randomised controlled trial (RCT) comparing non-operative treatment with surgery for children with acute **uncomplicated** appendicitis. We want to establish whether a future RCT is feasible by establishing interest in this topic among UK paediatric surgeons. Therefore your views are extremely important to us.

Following collation of results from this survey, we would like to contact some surgeons to discuss their responses further and learn from them how to optimise the design of a future study. If you are willing to provide your name and contact details at the end of the survey, it would be very helpful to us. All responses and contact details will be kept secure and confidential. However, if you do not wish to provide your details you do not have to.

Should you have any queries, please do not hesitate to contact either:

Nigel Hall, Associate Professor, University of Southampton: n.j.hall@soton.ac.uk

or

Simon Eaton, Senior Lecturer, UCL Great Ormond Street Institute of Child Health: s.eaton@ucl.ac.uk

on behalf of the CONTRACT study team

Section 1 Demographics

1 Gender

* must provide value

2 Age

* must provide value

3 Years as consultant

* must provide value

Section 2 Views and experience of non-operative treatment of acute uncomplicated appendicitis

4 Please indicate your level of clinical experience regarding non-operative treatment of acute uncomplicated appendicitis in children.

* must provide value

- I have never offered non-operative treatment for acute uncomplicated appendicitis - all my patients get an appendicectomy.
- I have offered non-operative treatment for acute uncomplicated appendicitis but only within a research study.
- I have offered non-operative treatment for acute uncomplicated appendicitis but only in very select circumstances.
- I have routinely offered non-operative treatment to all patients with acute uncomplicated appendicitis.

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5 Please indicate your views of non-operative treatment of acute uncomplicated appendicitis in children and young people. This may be based on your reading of the literature, discussion with colleagues, clinical experience etc.

* must provide value

- I do not believe non-operative treatment for acute uncomplicated appendicitis should be routinely discussed as a treatment option nor investigated in a prospective research study
- I do not believe non-operative treatment for acute uncomplicated appendicitis should be routinely discussed as a treatment option; it should only be used at present in a prospective research study
- I do not believe non-operative treatment for acute uncomplicated appendicitis should be routinely discussed as a treatment option but I would be willing to consider it if parents asked about it
- I believe non-operative treatment for acute uncomplicated appendicitis is a treatment which should be routinely discussed with parents and children and offered as a treatment
- I routinely offer non-operative treatment for acute uncomplicated appendicitis and recommend this over appendicectomy

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6 Please rate how you view the strength of research evidence for the use of non-operative treatment as an alternative to appendicectomy for acute uncomplicated appendicitis in children and young people:

* must provide value

- Very weak Weak Neither weak nor strong Strong Very strong Not sure

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7 In your opinion, how does the efficacy of non-operative treatment for acute uncomplicated appendicitis in children and young people compare to operative treatment?

- Non-operative treatment is much more effective
- Non-operative treatment is more effective
- Efficacy is about the same
- Non-operative treatment is less effective
- Non-operative treatment is much less effective
- Don't know

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Please indicate to what extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
8a. 'There is uncertainty as to whether non-operative treatment is as effective as operative treatment in treating children and young people with acute uncomplicated appendicitis.'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* must provide value

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8b. **'There is currently enough evidence regarding non-operative treatment and enough uncertainty to justify a trial being performed comparing operative with non-operative treatment in children and young people'**

* must provide value

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9 **Regardless of your current actual clinical practice, please indicate by moving the slider your preferred treatment strategy for children and young people with acute uncomplicated appendicitis.**

Children should always be treated with an appendicectomy

Undecided

Children should always have initial trial of antibiotics

Change the slider above to set a response

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3. Attitudes to, and design of, an RCT to compare operative with non-operative treatment.

We are currently in the process of designing an RCT to investigate the effectiveness and cost-effectiveness of non-operative treatment of uncomplicated acute appendicitis in children and young people compared to surgery.

10 **How important do you feel this research question is: Is non-operative treatment of acute uncomplicated appendicitis in children and young people non-inferior to appendicectomy?**

(a non-inferiority trial aims to demonstrate that non-operative treatment is not worse than than appendicectomy by more than a small pre-defined margin)

* must provide value

- Not important at all
- Somewhat important
- Very important
- Extremely important

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11 **Please consider the following design summary of such a proposed clinical trial:**

Participants: children (4-15 yrs) with a clinical +/- radiological diagnosis of acute uncomplicated appendicitis

Intervention: non-operative treatment pathway comprising minimum of 24 hours broad spectrum intravenous antibiotics with clearly defined timepoints for clinical review and either:

(a) discharge once responding with oral antibiotics to complete a 10 day course (iv +oral);

or

(b) appendicectomy for those not responding by 48 hours

Comparator: appendicectomy as currently practised

Outcomes: relevant clinical and patient centred outcomes (to be defined by ongoing work) as well as cost effectiveness with a minimum follow-up duration of 1 year.

Please indicate your willingness to enrol participants in such a trial:

* must provide value

- Willing to enrol
- Undecided
- Unwilling to enrol

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15 Do you have any additional thoughts or views on non-operative treatment of acute appendicitis you would like to share?

Expand

16 Name

17 E-mail address

18 Phone number

We will only use these to contact you to discuss your responses individually or in a group of surgeons so we may learn how to optimise the design of our future research. If you do not wish to be contacted for this purpose please tick this box.

I do NOT wish to be contacted

19 'There is currently enough evidence regarding non-operative treatment and enough uncertainty to justify a trial being performed comparing operative with non-operative treatment in children and young people'

* must provide value

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Don't care

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