

Single-incision laparoscopic appendectomy versus conventional laparoscopy in adults. A systematic review

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PURPOSE: To determine the best treatment option for not complicated acute appendicitis (AA) in adult patients, between single incision laparoscopy (SIL) and conventional laparoscopy (CL), measured by morbidity associated with disease.**METHODS:** Systematic review. Articles of adults diagnosed with AA treated by SIL or CL were analyzed. Databases included: MEDLINE, LILACS, IBECs, Web of Science, Scopus and Cochrane, using MeSH terms and free words. The studies were analyzed using the MINCIR methodology. Variables included: conversion rate, morbidity, hospital stay, surgery duration, and methodological quality (MQ) of primary studies. Averages, medians and weighted averages were calculated.**RESULTS:** Thirteen articles were analyzed. For SIL and CL the conversion rate were 3.4% and 0.7%, the morbidity were 8% and 6.5%, the hospital stay were 2.5 and 2.8 days, the surgery duration were 53.4 and 53.8 minutes, and the MQ were 14.3 ± 6.6 and 16.0 ± 6.9 points, respectively.**CONCLUSION:** With the exception of the conversion rate, there are no differences between single incision laparoscopy and conventional laparoscopy for the treatment of acute appendicitis in adults. © 2014, Sociedade Brasileira para o Desenvolvimento de Pesquisa em Cirurgia. All rights reserved.

Appendectomy

Appendicitis

Laparoscopy

Postoperative Complications

Review

appendicitis

Article

bibliographic database

clinical evaluation

hospitalization

human

information processing

laparoscopy

methodology

morbidity

operation duration

postoperative complication

postoperative period

single incision laparoscopic appendectomy

surgical technique

systematic review

treatment outcome

acute disease

adult

appendectomy

appendicitis

conversion to open surgery

female

laparoscopy

length of stay

male

procedures

statistics and numerical data

Acute Disease

Adult

Appendectomy

Appendicitis

Conversion to Open Surgery

Female

Humans

Laparoscopy

Length of Stay

Male

Morbidity

Operative Time

Treatment Outcome