Pediatric specialists are dedicated to delivering on the UChicago promise of access to high-quality and compassionate pediatric care. To that end, we have expanded our off-site locations, so that you may refer your patients to one of our clinics:

**UNIVERSITY OF CHICAGO PEDIATRIC SPECIALISTS**
8528 BROADWAY
MERRILLVILLE, IN 46410

**UNIVERSITY OF CHICAGO SURGERY SUITE AT NORTHSHORE UNIVERSITY HEALTHSYSTEM**
1000 CENTRAL STREET, SUITE 800
EVANSTON, IL 60201

**THE UNIVERSITY OF CHICAGO MEDICINE AT LITTLE COMPANY OF MARY**
2800 W. 95TH STREET
EVERGREEN PARK, IL 60805

For referrals or urgent transfers, please call 773.702.6175.
Antibiotics Alone Effective for Uncomplicated Appendicitis Management in Children

Studies have shown that many cases of uncomplicated adult appendicitis can be treated effectively with antibiotics alone, leading to quicker recoveries and lower costs of care. Pilot studies have shown that this may also be an option for children. Now, Grace Mak, MD, and colleagues in the Midwest Pediatric Surgical Consortium are setting out to rigorously gather data and confirm this finding in pediatric patients.

Twelve hospitals, including the University of Chicago Medicine, are taking part in a multi-institution, nationally funded study to evaluate antibiotic-only treatment of uncomplicated appendicitis in children, as compared to surgical treatment. UChicago Medicine is one of only two centers in the state taking part in this study.

These investigators will compare the benefits and drawbacks of each course of care, including cost, the potential complications, and the time required for patients to resume normal activities. This study is one of the ways Dr. Mak, associate professor of surgery at UChicago Medicine, and other pediatric surgeons are trying to improve the paradigm of appendicitis care.

“Because patients and their families discuss surgical and non-surgical options. Physicians and surgeons can help counsel patients and their families on which course of action would best fit their situation. Patients in rural areas without specialists close by might opt for surgery to quell any potential fears of recurrences. Conversely, patients who are concerned about anesthetic or surgical complications might find antibiotics to be a less stressful option.”

“Both options are safe and effective,” Dr. Mak said. “Treating certain types of appendicitis with antibiotics is not an experimental option. Rather, this treatment plan may provide some patients with an alternative to surgery that allows a swifter return to normal activities and decreased operative risks. We are excited to offer the most up-to-date and leading edge therapies to our patients.”

Before recommending non-operative treatment for pediatric patients, physicians will ensure that each patient meets clearly defined criteria. Parents who choose participation in the study can then elect the option of surgery or antibiotics alone for their child. Enrolling a child in the study allows physicians to collect data about the child’s course in the hospital and as an outpatient afterwards.

Children whose families have chosen IV antibiotics alone are closely monitored in the hospital for at least 24 hours. Patients who meet the criteria for response are then allowed to eat a normal diet, and transitioned to oral antibiotics. Treatment with antibiotics then continues at home after discharge. Children are monitored in the days after their initial treatment and at specified intervals via phone calls for a total of two years. This close monitoring during and after antibiotic treatment allows the treatment team to recommend a change of course if needed.

For example, if the child ceases to recover satisfactorily, the surgeon may advise the family to proceed with appendectomy.

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— Grace Mak, MD

This newsletter is published by the Section of Pediatric Surgery at the University of Chicago Medicine Department of Surgery. Please direct story ideas and comments to info-surgery.bsd.uchicago.edu.

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