

POAC CLINICAL POLICY

Imaging for suspected Appendicitis

Please Note: This is not intended as a clinical guideline for management of suspected Appendicitis in Primary Care

Background

POAC receives requests to fund imaging for the purpose of excluding acute appendicitis.

Advice has been obtained from the Departments of Surgery across the Auckland districts to inform the POAC appendicitis imaging policy below.

POAC Policy:

Diagnostic probability of appendicitis is high

POAC does NOT fund imaging of any sort for the purpose of diagnosing appendicitis where the diagnostic probability of appendicitis is high. **Referral to hospital is recommended.**

Diagnostic probability of appendicitis is low

CT

POAC funds CT for adult patients (i.e., 15 years and over) where the probability of appendicitis is low, conditional on all of the following:

- the patient has pain consistent with a possible diagnosis of acute appendicitis requiring same day evaluation but not requiring immediate admission for acute pain; and

- the case has been discussed with a surgical specialist (registrar or consultant) who recommends same day CT under POAC (the name of the endorsing clinician must accompany the request to POAC); and
- if the patient is a female of childbearing age (ie.15-54 years), a negative pregnancy test is confirmed prior to the investigation.

For children, seek paediatric advice.

ULTRASOUND

POAC does **not** fund ultrasound for the purposes of investigating a potential diagnosis of acute appendicitis in patients of any age, unless:

- CT is not appropriate AND ultrasound has been recommended by a surgical specialist.
- The name of the endorsing clinician accompanies the request to POAC.

NOTE: THE CLINICIAN REFERRING FOR THE INVESTIGATION IS RESPONSIBLE FOR ENSURING FOLLOW UP OF THE RESULTS, INCLUDING INCIDENTAL FINDINGS