ASCRS Clinical Practice Guidelines: Appendiceal Neoplasms

Colonoscopy should be done with workup (1C)

Appendectomy indicated if abnormal appendix seen during unrelated operation (1C)

Glasgow SC et al. *Dis Colon Rectum* 2019;62(12)

Neuroendocrine:

**Right Colectomy**
if: >2cm, high grade, LVI, base or mesentery involved (1C)

Neuro-endocrine specific imaging not always required (2B), but biochemical testing recommended (2B)

Low Grade Mucinous:
Appendectomy alone (1B)

Adenocarcinoma:
Right colectomy (1C)

Peritoneal Involvement:
Cytoreduction + HIPEC (1B)

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