KEY QUESTION 1

Should appendectomy vs. medical management be used for appendicitis during pregnancy (any trimester)?	
POPULATION:	appendicitis during pregnancy (any trimester)
INTERVENTION:	KQ1 Appendectomy
COMPARISON:	medical management
MAIN OUTCOMES:	C-Section; Delivery; Pregnancy loss (total, any gestation); Preterm Birth; Readmission; Sepsis;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Probably yes ● **Yes** ○ Varies ○ Don't know		

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Trivial ● **Small** ○ Moderate ○ Large ○ Varies ○ Don't know		Other limitations – international papers with variable baseline rates of c-section Small 6/7, moderate 1/7

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with medical management	Risk difference with KQ1 Appendectomy
C-Section	54 (1 observational study)	⨁◯◯◯ Very low[a,b]	**OR 0.69** (0.18 to 2.64)	Study population	
				265 per 1,000	**66 fewer per 1,000** (204 fewer to 223 more)
Readmission	54 (1 observational study)	⨁◯◯◯ Very low[a,b]	**OR 0.22** (0.01 to 4.48)	Study population	
				88 per 1,000	**67 fewer per 1,000** (87 fewer to 214 more)
Sepsis	7114 (1 observational study)	⨁◯◯◯ Very low[b,c]	**OR 0.15** (0.05 to 0.49)	Study population	
				10 per 1,000	**8 fewer per 1,000**

						(9 fewer to 5 fewer)

a. This study had an unclear risk of bias on the Newcastle-Ottawa Scale due to uncertainty around the selection of patients and its retrospective nature.
b. This outcome had a very small sample size and an even smaller event size which increases its fragility.
c. This study had a high risk of bias on the Newcastle-Ottawa Scale due to concerns around the comparability of groups and reporting of outcomes.

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Large ○ Moderate ○ Small ● **Trivial** ○ Varies ○ Don't know		Also note the inherent selection bias to these papers (Nakashima surgical mgmt. group with much higher rate of complicated appendicits, Joo surgical management group already failed medical management) Trivial 7/7

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with medical management	Risk difference with KQ1 Appendectomy
Pregnancy loss (total, any gestation)	243 (3 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 1.32** (0.36 to 4.85)	Study population	
				37 per 1,000	**11 more per 1,000** (23 fewer to 119 more)
Preterm Birth	74 (2 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 1.15** (0.18 to 7.53)	Study population	
				59 per 1,000	**8 more per 1,000** (48 fewer to 261 more)

a. This study had a high risk of bias on the Newcastle-Ottawa Scale due to concerns around the comparability of groups and reporting of outcomes.
b. This outcome had a very small sample size and an even smaller event size which increases its fragility.

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
● **Very low** ○ Low ○ Moderate ○ High ○ No included studies		

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Important uncertainty or variability ○ Possibly important uncertainty or variability ● **Probably no important uncertainty or variability** ○ No important uncertainty or variability		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Favors the comparison ○ Probably favors the comparison ○ Does not favor either the intervention or the comparison ● **Probably favors the intervention** ○ Favors the intervention ○ Varies ○ Don't know		Probably favors intervention 6/7 Does not favor either the intervention or the comparison 1/7 Low quality data with some biases against the surgically managed group but still fairly comparable outcomes

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ● **Probably yes** ○ Yes ○ Varies ○ Don't know		Probably yes 6/6

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ● **Probably yes** ○ Yes ○ Varies ○ Don't know		Depending on availability of Obstetrics support probably yes 6/7 Yes 1/7

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	**Yes**		Varies	Don't know
DESIRABLE EFFECTS	Trivial	**Small**	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	**Trivial**		Varies	Don't know

	JUDGEMENT						
CERTAINTY OF EVIDENCE	**Very low**	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	**Probably no important uncertainty or variability**	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	**Probably favors the intervention**	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	**Conditional recommendation for the intervention**	Strong recommendation for the intervention
○	○	○	•	○

CONCLUSIONS

Recommendation

The panel suggests that appendectomy rather than nonoperative treatment be used for acute appendicitis during pregnancy (*conditional recommendation, very low certainty of evidence*).

Justification

Subgroup considerations

Trimester considerations – greater safety concerns depending on trimester?
1st trimester – preg loss? Baseline rate of miscarriage ~25%. Teratogenic effects of anesthesia? No great data.
3rd trimester – inc risk of preterm delivery and uterine injury? Particularly risk on entry.

Variability and need for steroids / monitoring

Complicated vs uncomplicated appendicitis

Implementation considerations

Neuroaxial anesthesia rather than general?

Considerations re need for intraoperative monitoring

Monitoring and evaluation

Research priorities

CODA trial – can non op mgmt. work in the pregnant pop? They are also at greater risk for more severe disease.

complicated vs uncomplicated appendicitis

Breakdown demographics by trimester

Ideally RCTs, at least prospective studies

KEY QUESTION 2

Should Laparoscopic appendectomy vs. open appendectomy be used for appendicitis during pregnancy (any trimester)?	
POPULATION:	appendicitis during pregnancy (any trimester)
INTERVENTION:	KQ2 Laparoscopic appendectomy
COMPARISON:	open appendectomy
MAIN OUTCOMES:	C-Section; Delivery; Neonatal death; NICU; Preg loss - all; Preg loss - <20; Preg loss - >20; Preterm; Readmit; Sepsis;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Probably yes ● **Yes** ○ Varies ○ Don't know		

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Trivial ● **Small** ○ Moderate ○ Large ○ Varies ○ Don't know		small 100%

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open appendectomy	Risk difference with KQ2 Laparoscopic appendectomy
Delivery	52 (2 observational studies)	⨁◯◯◯ Very low[a]	**OR 0.94** (0.03 to 26.65)	Study population	
				34 per 1,000	**2 fewer per 1,000** (33 fewer to 453 more)
Preterm	5983 (21 observational studies)	⨁◯◯◯ Very low[b]	**OR 0.86** (0.55 to 1.35)	Study population	
				90 per 1,000	**12 fewer per 1,000** (38 fewer to 28 more)
Readmit	1094 (3 observational studies)	⨁◯◯◯ Very low[c]	**OR 0.79** (0.41 to 1.51)	Study population	
				39 per 1,000	**8 fewer per 1,000** (23 fewer to 19 more)

Sepsis	2341 (2 observational studies)	⨁◯◯◯ Very low[b]	**OR 0.58** (0.20 to 1.69)	Study population	
				8 per 1,000	**3 fewer per 1,000** (6 fewer to 5 more)

a. Included studies with an unclear risk of bias on the Newcastle-Ottawa scale due to potential biases in the selection of patients and comparability of groups.
b. Included studies with a high risk of bias on the Newcastle-Ottawa scale due to comparability of the groups.
c. Included studies with an unclear risk of bias on the Newcastle-Ottawa scale due to potential biases in the comparability of groups.

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT

○ Large
○ Moderate
○ Small
● **Trivial**
○ Varies
○ Don't know

RESEARCH EVIDENCE

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open appendectomy	Risk difference with KQ2 Laparoscopic appendectomy
C-Section	2266 (11 observational studies)	⨁◯◯◯ Very low[a]	**OR 1.10** (0.91 to 1.33)	Study population	
				385 per 1,000	**23 more per 1,000** (22 fewer to 69 more)
NICU	31 (1 observational study)	⨁◯◯◯ Very low[b]	**OR 2.31** (0.09 to 61.41)	Study population	
				0 per 1,000	**0 fewer per 1,000** (0 fewer to 0 fewer)
Preg loss - all	6188 (27 observational studies)	⨁◯◯◯ Very low[a]	**OR 1.93** (1.39 to 2.70)	Study population	
				31 per 1,000	**27 more per 1,000** (11 more to 48 more)
Preg loss - <20	525 (11 observational studies)	⨁◯◯◯ Very low[a]	**OR 3.20** (0.91 to 11.22)	Study population	
				7 per 1,000	**16 more per 1,000** (1 fewer to 69 more)
Preg loss - >20	429 (8 observational studies)	⨁◯◯◯ Very low[a]	**OR 1.47** (0.15 to 14.52)	Study population	
				4 per 1,000	**2 more per 1,000** (4 fewer to 57 more)

a. Included studies with a high risk of bias on the Newcastle-Ottawa scale due to comparability of the groups.
b. Included studies with an unclear risk of bias on the Newcastle-

ADDITIONAL CONSIDERATIONS

trivial 100%

	Ottawa scale due to potential biases in the selection of patients.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
● **Very low** ○ Low ○ Moderate ○ High ○ No included studies		

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Important uncertainty or variability ○ Possibly important uncertainty or variability ● **Probably no important uncertainty or variability** ○ No important uncertainty or variability		Probably no important uncertainty or variability 100%

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Favors the comparison ○ Probably favors the comparison ● **Does not favor either the intervention or the comparison** ○ Probably favors the intervention ○ Favors the intervention ○ Varies ○ Don't know		Does not favor either the intervention or the comparison 80% Probably favors the intervention 20%

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no		Yes 100%

○ Probably yes ● **Yes** ○ Varies ○ Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Probably yes ● **Yes** ○ Varies ○ Don't know		Yes 100%

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	**Yes**		Varies	Don't know
DESIRABLE EFFECTS	Trivial	**Small**	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	**Trivial**		Varies	Don't know
CERTAINTY OF EVIDENCE	**Very low**	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	**Probably no important uncertainty or variability**	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	**Does not favor either the intervention or the comparison**	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	Conditional recommendation for the intervention	Strong recommendation for the intervention
○	○	○	○	○

CONCLUSIONS

Recommendation

Justification

In light of a very limited and low quality evidence base, the panel agreed on basing the final recommendation on expert opinion.

Subgroup considerations

By trimester, how complex the appendicitis is/severity of disease, how sick/stable the patient is, prior surgical history
With multiple gestations, uterine size may be greater and cause increased difficulty with the laparoscopic approach

Implementation considerations

Decubitus positioning,

Monitoring and evaluation

Conversion rates.
Tracking maternal/fetal outcomes including past delivery

Research priorities

RCT lap vs open appendectomy in third trimester.
Evaluating the utility of intraoperative fetal monitoring by gestational age.
Multi-institutional collaborations or utilization of databases eg NSQIP that have more granular clinical data could be used to evaluate appendicitis in the pregnant population.

KEY QUESTION 3

Should Cholecystectomy vs. Medical Treatment be used for biliary disease in pregnancy?	
POPULATION:	biliary disease in pregnancy
INTERVENTION:	Cholecystectomy
COMPARISON:	Medical Treatment
MAIN OUTCOMES:	Bile leak; C-Section; C-Section - Cholecystitis only; C-Section - Others; Delivery during admission; IUGR; IUGR - Cholecystitis only; IUGR - Others; Neonatal death; NICU; Pre-eclampsia; Pre-eclampsia - Cholecystitis only; Pre-eclampsia - Others; Preg loss - all; Preg loss - all - Cholecystitis only; Preg loss - all - Others; Preg loss - <20; Preg loss - >20; Preterm; Preterm - Cholecystitis only; Preterm - Others; Readmit; Readmit - Cholecystitis only; Readmit - Others; Sepsis; Sepsis - Cholecystitis only; Sepsis - Others;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Probably yes ● **Yes** ○ Varies ○ Don't know		

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Trivial ○ Small ○ Moderate ○ Large ○ Varies ○ Don't know		Overall 80% moderate, 20% small Cholecystitis only 80% large, 20% moderate Preterm birth, c-section noted to be especially important in this vote.

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with Medical Treatment	Risk difference with Cholecystectomy
C-Section	31616 (9 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 0.87** (0.36 to 2.10)	Study population	
				377 per 1,000	**32 fewer per 1,000** (198 fewer to 183 more)
C-Section - Cholecystitis only	6390 (1 observational study)	⨁⨁◯◯ Low	**OR 0.19** (0.16 to 0.23)	Study population	
				249 per 1,000	**190 fewer per 1,000** (199 fewer to 178 fewer)
Delivery	180	⨁◯◯◯	**OR 0.60**	Study population	

during admission	(3 observational studies)	Very low[a,b]	(0.22 to 1.67)	226 per 1,000	**77 fewer per 1,000** (165 fewer to 102 more)
IUGR - Cholecystitis only	6390 (1 observational study)	⊕⊕◯◯ Low	**OR 0.21** (0.12 to 0.37)	Study population	
				26 per 1,000	**21 fewer per 1,000** (23 fewer to 16 fewer)
Neonatal death	227 (3 observational studies)	⊕◯◯◯ Very low[a,b]	**OR 0.94** (0.04 to 20.73)	Study population	
				14 per 1,000	**1 fewer per 1,000** (14 fewer to 216 more)
NICU	120 (2 observational studies)	⊕◯◯◯ Very low[a,b]	**OR 0.20** (0.02 to 1.74)	Study population	
				182 per 1,000	**139 fewer per 1,000** (177 fewer to 97 more)
Pre-eclampsia - Cholecystitis only	6390 (1 observational study)	⊕⊕◯◯ Low	**OR 0.56** (0.48 to 0.66)	Study population	
				153 per 1,000	**61 fewer per 1,000** (73 fewer to 46 fewer)
Pregnancy loss - all	6756 (7 observational studies)	⊕◯◯◯ Very low[a,b]	**OR 0.70** (0.39 to 1.25)	Study population	
				9 per 1,000	**3 fewer per 1,000** (6 fewer to 2 more)
Preg loss - all - Cholecystitis only	6390 (1 observational study)	⊕◯◯◯ Very low[b]	**OR 0.61** (0.33 to 1.13)	Study population	
				9 per 1,000	**4 fewer per 1,000** (6 fewer to 1 more)
Preterm - Cholecystitis only	6390 (1 observational study)	⊕⊕◯◯ Low	**OR 0.35** (0.27 to 0.44)	Study population	
				101 per 1,000	**63 fewer per 1,000** (71 fewer to 54 fewer)
Readmit	31446 (7 observational studies)	⊕◯◯◯ Very low[a]	**OR 0.39** (0.15 to 0.98)	Study population	
				70 per 1,000	**42 fewer per 1,000** (59 fewer to 1 fewer)
Readmit - Cholecystitis only	6390 (1 observational study)	⊕⊕◯◯ Low	**OR 0.52** (0.45 to 0.61)	Study population	
				187 per 1,000	**80 fewer per 1,000** (93 fewer to 64 fewer)

a. Some of the included studies which contributed significantly to the overall effect size were deemed to be at a high risk of bias on the Newcastle-Ottawa scale due to comparability.
b. There was a wide range of effects that crosses several clinically relevant thresholds.
c. There was serious inconsistency between some of the included

studies, with non-overlapping confidence intervals.

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Large ○ Moderate ○ Small ○ Trivial ○ Varies ○ Don't know		Overall 100% small Cholecystitis only 100% small

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with Medical Treatment	Risk difference with Cholecystectomy
Bile leak	23301 (6 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 1.06** (0.17 to 6.53)	Study population	
				13 per 1,000	**1 more per 1,000** (11 fewer to 66 more)
IUGR	6587 (4 observational studies)	⨁◯◯◯ Very low[a,b,c]	**OR 1.28** (0.12 to 13.29)	Study population	
				26 per 1,000	**7 more per 1,000** (23 fewer to 239 more)
Pre-eclampsia	29447 (4 observational studies)	⨁◯◯◯ Very low[a,c]	**OR 1.94** (0.47 to 8.04)	Study population	
				30 per 1,000	**26 more per 1,000** (16 fewer to 168 more)
Pregnancy loss - <20	340 (4 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 2.30** (0.33 to 16.18)	Study population	
				9 per 1,000	**11 more per 1,000** (6 fewer to 118 more)
Pregnancy loss - >20	287 (4 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 3.87** (0.39 to 38.66)	Study population	
				5 per 1,000	**15 more per 1,000** (3 fewer to 167 more)
Preterm	39108 (10 observational studies)	⨁◯◯◯ Very low[a,b,c]	**OR 1.77** (0.73 to 4.30)	Study population	
				89 per 1,000	**58 more per 1,000** (22 fewer to 207 more)
Sepsis	7677 (3 observational studies)	⨁◯◯◯ Very low[a,b]	**OR 1.66** (1.11 to 2.47)	Study population	
				18 per 1,000	**11 more per 1,000** (2 more to 25 more)
Sepsis - Cholecystitis only	6390 (1 observational study)	⨁⨁◯◯ Low	**OR 1.83** (1.32 to 2.55)	Study population	
				17 per 1,000	**14 more per 1,000** (5 more to 26 more)

a. Some of the included studies which contributed significantly to

	the overall effect size were deemed to be at a high risk of bias on the Newcastle-Ottawa scale due to comparability. b. There was a wide range of effects that crosses several clinically relevant thresholds. c. There was serious inconsistency between some of the included studies, with non-overlapping confidence intervals.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
o Very low o Low o Moderate o High o No included studies		Overall 100% very low Cholecystitis only 100% low

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
o Important uncertainty or variability o Possibly important uncertainty or variability o Probably no important uncertainty or variability o No important uncertainty or variability		Overall 100% Probably no important uncertainty or variability Cholecystitis only 100% Probably no important uncertainty or variability

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
o Favors the comparison o Probably favors the comparison o Does not favor either the intervention or the comparison o Probably favors the intervention o Favors the intervention o Varies o Don't know		Overall 100% Probably favors the intervention Cholecystitis only 80% Favors the intervention, 20% probably favors the intervention

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
o No o Probably no o Probably yes		Overall 100% probably yes Cholecystitis only 100% probably yes

○ Yes ○ Varies ○ Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Probably yes ○ Yes ○ Varies ○ Don't know		Overall 100% Yes Cholecystitis only 100% yes

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	**Conditional recommendation for the intervention**	Strong recommendation for the intervention
○	○	○	•	○

CONCLUSIONS

Recommendation

Overall and cholecystitis only – conditional recommendation for the intervention.

Justification

Subgroup considerations

3rd trimester medical treatment may have a role in patients with biliary colic.

Implementation considerations

Monitoring and evaluation

Research priorities

Impact of trimester on maternal/fetal outcomes.
Underlying disease severity (sepsis) and how intervention changes outcomes.