

Clinical Trial Protocol

Iranian Registry of Clinical Trials

09 Jun 2026

Comparison of short-term outcomes of abdominal wall repair in patients appendectomy with and without peritoneal repair

Protocol summary

Study aim

Comparison of short-term outcomes of abdominal wall repair in appendectomy patients, with and without peritoneal repair

Design

A randomized clinical trial with a control group, with parallel groups, double-blind, will be done on 150 patients aged 4 to 18 years, who were diagnosed with acute appendicitis and underwent emergency appendectomy surgery in Madani Hospital in Karaj. Randomization will be done using permuted balance block randomization technique using STATA software.

Settings and conduct

Generally, appendectomy can be done by open or laparoscopic method. Usually, during laparoscopic appendectomy, peritoneum closure is not one of the preferred practices, but in open appendectomy, some surgeons pay special attention to closing the peritoneum. So far, many studies have investigated whether or not to close the peritoneum on postoperative outcomes. This clinical trial is conducted in Karaj Civil Hospital. In this study, randomization is done by permuted balance block randomization technique. In this double-blind study, patients will be unconscious during the surgery and will not be aware of the wound closure method. The research team will not be aware of the intervention performed on the patients. Patient information and surgical complications will be followed up to one month after the operation.

Participants/Inclusion and exclusion criteria

Inclusion criteria: patients aged 4 to 18 years with a diagnosis of acute appendicitis Exclusion criteria: presence of abdominal abscess, presence of purulent fluid during surgery, pregnancy, history of malignancy, chronic liver disease, chronic kidney failure, diabetes and psychiatric disorders.

Intervention groups

Appendectomy patients with and without peritoneal repair

Main outcome variables

The primary outcome includes pain and the secondary outcome includes surgical complications such as rupture, infection, bowel obstruction, and mortality.

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20230207057346N1**

Registration date: **2023-02-14, 1401/11/25**

Registration timing: **prospective**

Last update: **2023-02-14, 1401/11/25**

Update count: **0**

Registration date

2023-02-14, 1401/11/25

Registrant information

Name

Saeed Habibi

Name of organization / entity

Country

Iran (Islamic Republic of)

Phone

+98 21 4416 1089

Email address

saeedhabibi42@yahoo.com

Recruitment status

Recruitment complete

Funding source

Expected recruitment start date

2023-02-28, 1401/12/09

Expected recruitment end date

2023-05-20, 1402/02/30

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Comparison of short-term outcomes of abdominal wall repair in patients appendectomy with and without peritoneal repair

Public title

Comparison of short-term outcomes of abdominal wall repair in appendectomy patients, with and without peritoneal repair

Purpose

Treatment

Inclusion/Exclusion criteria**Inclusion criteria:**

Patients 4 to 18 years old With the diagnosis of acute appendicitis (confirmed by abdominal ultrasound or CT scan), they undergo emergency appendectomy surgery in Madani Hospital in Karaj.

Exclusion criteria:

Abdominal abscess in preoperative imaging pregnancy
The presence of local or disseminated purulent fluid during the operation
Chronic liver disease
Chronic renal failure
Having diabetes mellitus
History of malignancy
History of psychiatric disorders

Age

From **4 years** old to **18 years** old

Gender

Both

Phase

N/A

Groups that have been masked

- Participant
- Investigator

Sample size

Target sample size: **151**

Randomization (investigator's opinion)

Randomized

Randomization description

In this study, patients will be randomly assigned using the permuted balance block randomization technique. Blocks of four will be used in this study. Using STATA software, a chain of random numbers from 1 to 6 will be generated to reach the desired sample size. If the generated number is greater than 6, the next number will be generated regardless. The preparation of random allocation sequences of intervention and control groups and placing them in sealed envelopes and numbering with a 5-digit serial number, will be done by a third person, who is not involved in the design of the study. All envelopes have a number. There will be a 5-digit series that will be opened immediately after the patient entrance to the operation room, and the patients will be divided into two intervention and control groups.

Blinding (investigator's opinion)

Double blinded

Blinding description

In this study, the patients will be under anesthesia,

during the surgery and will not be informed about how the wound is closed. The research team (interviewers) will not know which intervention was performed on which person.

Placebo

Not used

Assignment

Parallel

Other design features**Secondary Ids**

empty

Ethics committees**1****Ethics committee****Name of ethics committee**

Ethics committee of Alborz University of Medical Sciences

Street address

Alborz University of Medical Sciences, Administrative Town, North Taleghani Blvd., Taleghani Square, Karaj

City

Karaj

Province

Alborz

Postal code

3149779453

Approval date

2022-10-21, 1401/07/29

Ethics committee reference number

IR.ABZUMS.REC.1401.196

Health conditions studied**1****Description of health condition studied**

Unspecified appendicitis

ICD-10 code

K37

ICD-10 code description

Unspecified appendicitis

2**Description of health condition studied**

Acute appendicitis

ICD-10 code

K35

ICD-10 code description

Acute appendicitis

3**Description of health condition studied**

Other appendicitis

ICD-10 code

K36

ICD-10 code description

Other appendicitis

Primary outcomes

1

Description

Pain

Timepoint

The day after the operation, one week and one month after the operation

Method of measurement

Visual Analogue Scale (VAS) of pain

Secondary outcomes

1

Description

Postoperative complications

Timepoint

Up to one month after surgery

Method of measurement

Physical examination, if needed, conducting tests and questioning the patient, recording in the checklist

Intervention groups

1

Description

Intervention group:

Category

Treatment - Surgery

2

Description

Control group:

Category

Treatment - Surgery

Recruitment centers

1

Recruitment center

Name of recruitment center

Madani Hospital of Karaj

Full name of responsible person

Saeed Habibi

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Sponsors / Funding sources

1

Sponsor

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Full name of responsible person

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Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Karaj University of Medical Sciences

Proportion provided by this source

100

Public or private sector

Public

Domestic or foreign origin

Domestic

Category of foreign source of funding

empty

Country of origin

Type of organization providing the funding

Academic

Person responsible for general inquiries

Contact

Name of organization / entity

Karaj University of Medical Sciences

Full name of responsible person

Mohammad mahdi Khazravi

Position

Associate professor

Latest degree

Specialist

Other areas of specialty/work

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Sharing plan

Deidentified Individual Participant Data Set (IPD)

Undecided - It is not yet known if there will be a plan to make this available

Study Protocol

Undecided - It is not yet known if there will be a plan to make this available

Statistical Analysis Plan

Undecided - It is not yet known if there will be a plan to make this available

Informed Consent Form

Undecided - It is not yet known if there will be a plan to make this available

Clinical Study Report

Undecided - It is not yet known if there will be a plan to make this available

Analytic Code

Undecided - It is not yet known if there will be a plan to make this available

Data Dictionary

Undecided - It is not yet known if there will be a plan to make this available