Cover Page

Official Title: “One Versus Five Days of Antibiotics Following Appendectomy for Straightforward Acute Appendicitis: Study Protocol for a Randomized Controlled Trial”

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Principal Investigator: Dr. Shahinda Kamal

Study Site: Fayoum General Hospital, Fayoum, Egypt

IRB Approval Number: 11-2025/23

Informed Consent

English translation of the IRB-approved Arabic consent form

Study Title: One Versus Five Days of Antibiotics Following Appendectomy for Straightforward Acute Appendicitis: Study Protocol for a Randomized Controlled Trial

Principal Investigators:

- Dr. Shahinda Kamal

- Dr. Walid

- Dr. Asmaa Raheem

Invitation to Participate:

You are invited to participate in a clinical trial being conducted in the General Surgery Department at Fayoum General Hospital. This study aims to compare the effectiveness and safety of a one-day antibiotic regimen versus a five-day antibiotic regimen following

appendectomy surgery for uncomplicated acute appendicitis. Your participation is entirely voluntary, and you may withdraw at any time without any consequences.

-Research Objectives:

- To compare the efficacy of a 24-hour (one-day) course of antibiotics versus a five-day course in preventing post-operative infections.

- To evaluate differences in the duration of hospital stay, rates of hospital readmission, and side effects associated with antibiotic use.

- To analyze the cost-effectiveness of the two treatment regimens.

Potential Benefits:

- Reducing unnecessary exposure to antibiotics, which may help limit microbial resistance.

- Shortening the duration of antibiotic intake, thereby reducing the burden and costs on you and the healthcare system.

- Contributing to the development of improved medical practices for future patients.

Participation and Withdrawal:

You are under no obligation whatsoever to participate. Your consent is entirely voluntary. After providing consent, you have the right to withdraw from the study at any time by informing the responsible physician. Your decision will not affect the quality of medical care you receive.

Confidentiality:

All information related to your medical condition and treatment will be kept strictly confidential and securely stored. Access to this information is restricted to the physicians, researchers, and nursing staff responsible for the study. It will not be disclosed to any unauthorized individuals.

Contact Information:

If you have any questions or concerns during the study, you can contact the principal researcher.

Consent and Acknowledgment:

I, the undersigned, acknowledge that I have read and understood the information provided above regarding this clinical trial. I have had the opportunity to ask questions and confirm my understanding. I voluntarily agree to participate in this study.

Participant's Name and Signature / Thumbprint:

_____

Participant's Phone Number:

_____

Participant's Address:

_____

National ID Number:

_____

Researcher's Signature:

_____

Date:

_____