

**Mr Andrew Gordon MS FRCS
The Bridge Clinic
Oldfield Lodge
Bridge Road
Maidenhead
Berks
SL6 8DG**

**Telephone 01628 780200
Email: ag@andrewcgordon.co.uk**

Appendicectomy

Information Sheet

An appendicectomy is the surgical removal of the appendix. Appendicectomies are performed to treat appendicitis.

What is appendicitis?

Appendicitis is a condition where the appendix becomes inflamed and infected. The appendix is a small narrow tube attached to the caecum at the beginning of the large intestine; it has no function in humans. The diagnosis of appendicitis is sometimes difficult, as there is no test which can confirm that a patient has appendicitis. If the appendicitis is left, it can sometimes burst inside the abdomen causing serious infection and illness.

A diseased appendix needs to be taken out. Sometimes, the appendix is normal when it is taken out. In cases of doubt, it is safer to remove the appendix than to risk the problem of leaving a diseased appendix inside.

What does the surgery involve?

Appendicectomy is a surgical operation, which is performed under a general anaesthetic, whereby patients are put to sleep for the duration of the procedure.

After the patient is anaesthetised, the surgeon can remove the appendix, either by using the traditional open procedure or increasingly commonly by laparoscopy (keyhole surgery).

Traditional open appendicectomy

An incision is made in the lower right part of the abdomen. The appendix can then be located and removed. The surgeon will also check other organs in the abdomen, to make sure they are free of disease or abnormalities.

Once the appendix is removed, the wound is closed. Usually dissolvable stitches are used. Where there has been significant infection inside (peritonitis) interrupted stitches or skin clips may be used to close the wound. In some cases, a drain may be left in to let blood or fluid drain for a short period after the operation.

Laparoscopic (Keyhole) appendicectomy

This type of surgery requires three to four incisions, each about 1 inch (2.5 cm) in length, on the abdomen. One incision is near the navel and one is between the umbilicus (belly button) and the pubis or on the left or right side. The remaining two incisions are smaller and are in the right side of the lower abdomen. The surgeon then passes a camera and special instruments through these incisions. With the aid of this equipment, the surgeon can see to examine the abdominal organs and identify the appendix. The appendix is removed through one of the incisions and the instruments are also removed. The wounds are then closed.

If you are having laparoscopic (keyhole) surgery, there is a chance your surgeon may need to convert your keyhole procedure to open surgery. This is most commonly because of advanced infection or inflammation, but can also be because of how the appendix sits inside the abdomen. You will be told the reasons for this decision after the operation.

What are the alternative treatments?

Once appendicitis is suspected, there is no suitable alternative treatment other than removal. If it is not removed, you may continue to have symptoms and/or the appendix may rupture, further increasing the chances of complications. Some patients can be treated with antibiotics, usually initially intravenous then oral. This is particularly used in early appendicitis and can be successful in more than 8 out of 10 of such cases. However, a small number of patients may have complications or recurrent symptoms necessitating later surgery.

What happens after the operation?

After waking up from the operation, you may feel disorientated and clumsy for a few hours. You may have an oxygen mask on your face to help your breathing after the operation.

Immediately after the operation, you will be taken to the recovery room. The recovery nurse will monitor you closely until it is safe for you to return to the ward. Rarely, it may be necessary for you to go to the intensive therapy unit (ITU) where you can be monitored more closely for 24-48 hours.

When you arrive on the ward, the nurses will help to make you comfortable and check you regularly. Within the first 24 hours, the nurse will assist and encourage you to get up and move around. This is to prevent any complications.

It is very important that you alert the nurse if you are experiencing pain. People experience pain in different ways. Before you go to theatre, the anaesthetist will have explained types of pain relief and discussed and explained the most appropriate one for you.

After the operation, you will be allowed to have sips of water to drink and then you will progress to cups of fluid, soups and then a light diet. Whilst you are not eating, fluid will be administered to you through a vein (via a drip) usually in your hand or arm.

You may have a drainage tube coming out of your skin near the wound to get rid of secretions. This will be taken out when the secretions decrease, which is usually within a day or two.

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you cannot pass urine let the nurses know. It might be that you need a catheter (fine plastic drain tube) put into your bladder to drain the urine, until you are able to pass urine comfortably on your own.

Any wounds may have a dressing, which may show some staining with old blood in the first 24 hours. There may be some purple bruising around a wound, which will fade to a yellow colour after two to three days. This is normal and not something that you should worry about. There may be some swelling of the surrounding skin, which should also improve in 2-3 days.

How long will I have to stay in hospital?

Most patients can leave hospital 1-2 days after the operation, if they are able to eat and pass urine and if they have no drains which need to be removed. You may need to stay in longer if you have other health problems which may delay your recovery.

What complications can occur?

As with any operation under general anaesthetic, there is a very small risk of complications related to your heart and lungs. The tests that you will have before the operation will confirm that you are fit to have the operation. As a result, the risk of such complications will be very low.

Bruising and swelling may occur. The swelling may take 4-6 weeks to settle down.

Occasionally, the bowel can be slow to start working again. This can cause nausea. This usually resolves in time, but will mean a longer stay in hospital.

Your recovery can be slower if the appendix has burst by the time of operation. Occasionally, there is a discharge from the wound as any infection clears; you will be given antibiotics to counter this.

Rarely, infection gathers inside the abdomen and needs to be drained. Mild discomfort may be felt in the wound for up to 6 months.

There is a very small chance that during the operation, a blood vessel or part of your bowel may be damaged. If this does occur, you will need another operation to fix the problem.

With any abdominal surgery there is always some scar tissue, which can form bands inside the abdomen, called adhesions. This can lead to further problems, which may take days or years to appear, if at all. If this does happen further surgery may be required.

Risk of complications is greater if you have diabetes or you are elderly.

When should the dressings and stitches be removed?

Surgical incisions are often closed with dissolving sutures.

A pinkish or clear discharge is common for 2-3 days after surgery. Dissolving sutures typically take 3 weeks to disappear. If they protrude from the skin they may itch.

In a few cases, blood may collect in the wound (haematoma) or a wound infection may cause the edges of the wound to separate. This is not a cause for concern and is usually a simple problem which can be dealt with.

When can I go back to my normal activities?

You are likely to feel tired for 2 weeks or more. You will gradually improve so that after a month, you should be fit enough to carry on with your normal activities.

At first, discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month, you can lift as much as you used to lift before your operation.

You can resume sexual relations within a week or two, when the wound feels comfortable.

You should be able to return to a light job after about three weeks and any heavy job within 6 weeks.

Driving

You can drive as soon as you can make an emergency stop without experiencing discomfort in the wound, i.e. after about 10 days and are not taking strong painkillers. You must also be able to wear your seat belt.

Will I have to return for a check-up in clinic?

You will have a follow up appointment at the hospital to review your treatment 4-6 weeks after the operation.

When should I seek help?

- If you notice large amounts of blood or pus from your wounds.
- If you develop a fever above 101° F (38.5 ° C)
- Vomiting that continues more than three days after surgery
- Inability to have a bowel movement after four days.
- Persistent pain not relieved with your prescribed painkillers.
- Persistent abdominal distension (bloating of your tummy).
- Increasing pain or swelling around your wounds.
- Jaundice (yellowing of the eyes or skin)

Where should I seek advice or help?

The hospital, Bridge Clinic or your GP.