

Appendicectomy

Patient information leaflet

What is an appendicectomy?

Appendicectomy is the surgical removal of the appendix. This procedure is normally carried out as an emergency procedure, because you are suffering from acute appendicitis. Appendectomy may be performed through keyhole surgery. Usually it is carried out as an open operation. Some patients are brought back for surgery at a later date. This is because the consultant has seen you as an emergency with an inflamed appendix and he has decided it would be best to bring you back in to remove the appendix once the inflammation has reduced.

What happens before the operation?

The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown.

To reduce the risk of blood clots you will be assessed as to whether you will need to be given a blood thinning injection and/or some special socks to wear. The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep.

A blood pressure cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.

How is an appendicectomy done?

If you are having an open appendicectomy you will have an incision made about two-three inches wide to the bottom right of your tummy, where your appendix is located and it will be removed. When an appendicectomy is carried out through keyhole surgery, a thin telescope is attached to a video camera that allows the surgeon to inspect the inside of the abdomen through a small puncture wound (instead of a larger incision). If appendicitis is found, the appendix can be removed with special instruments that can be passed into the abdomen, just like the laparoscope, through small puncture wounds.

The benefits of the laparoscopic technique are that there is less pain after the operation and you will return to normal activities quicker.

If your appendix has not ruptured when you have your surgery, you will normally go home from the hospital after surgery in one or two days. Patients whose appendix has perforated

are more poorly so will stay in hospital for four to seven days. Sometimes these patients also get peritonitis an inflammation of the peritoneum, the thin membrane that lines the abdominal wall and covers the organs within.

Occasionally, the surgeon may find a normal-appearing appendix and no other cause for the patient's problem. In this situation, the surgeon may remove the appendix anyway. This is because it is better to remove a normal-appearing appendix than to miss and not treat appropriately an early or mild case of appendicitis.

What happens after the operation?

When you wake, a drip (a tube attached to a bag of fluid) may be connected to your arm. This will be removed when you are drinking well. Occasionally, a drain (a tube to remove fluids from your stomach) is placed in your abdomen. This will usually be removed the next day. Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery although the nurses will assist you the first time. You may experience some pain from your wound/wounds, but the nursing staff will be giving you painkillers routinely after your surgery to help with it. In addition, you may notice some shoulder pain if you have had your appendicectomy performed laparoscopically. This is due to the gas inserted into your tummy during surgery.

This gas will gradually disappear but the discomfort may last for several days. Moving around as soon as possible will help prevent gas pains. Before you leave hospital, you will be given a supply of painkillers, dressings and post-operative instructions. Your GP will be notified of your discharge. A hospital follow-up appointment may be arranged for you.

How long will it take to recover from the anaesthetic?

Whilst most of the effects of anaesthesia wear off in a few hours, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents or operate machinery or equipment for at least 24 hours after the anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

How much pain should I expect?

It is normal to have wound pain after surgery and your tummy may feel quite bloated and tender. This should start to reduce after a few days. After about 10 days most of the soreness should disappear. You may also notice that you have a slight sore throat. This is due to the "breathing" tube placed in your throat during surgery and should subside in a day or so. To minimise discomfort you should take the painkillers that you have been given, regularly over the first few days (ensuring that you do not exceed the dose prescribed).

Will I feel sick after surgery?

Nausea and vomiting are common side effects after surgery; the nursing staff will give you medication to control this. Take extra rest and try to drink something regularly. If you can tolerate food, take small frequent snacks.

What can I eat and drink?

It is advised to have a high protein and high fibre diet, also drink plenty of fluids to keep you hydrated.

What daily activities can I do?

It is normal to feel tired after surgery, so take some rest, two or three times a day, and try to get a good night's sleep. After a week or so, you should be able to resume most normal physical activities. You should avoid any strenuous activities such as heavy lifting, gardening, shopping where you need to carry more than two bags full or vigorous exercises for at least six weeks, you can resume sexual activities when you are comfortable to do so.

When can I start driving?

It is advisable to avoid driving for two-four weeks following a laparoscopic procedure and four-six weeks following an open procedure. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance.

When can I return to work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do. If you have a desk job you may feel ready to return in two weeks or so. If you are involved in manual labour or heavy lifting you will require further time off work. Typically, you will need between four and six weeks off work.

When will my bowel movements return to normal?

You may find it takes three or four days to have a normal movement. If you have not had a bowel movement three days after surgery, a mild laxative should help. If you do not have any laxatives at home your local chemist will be able to advise you. Alternatively, you may experience some diarrhoea after surgery. This should settle within three or four weeks. If the diarrhoea is trouble some your local chemist can advice you on over-the-counter remedies. Remember to drink plenty of fluids so that you don't get dehydrated.

How do I care for my wounds?

In the case of a laparoscopic operation, you will have three scars of about an inch in length, between the navel and pubic hair line. When an open procedure has been performed, you will have a two-three inch scar, which will initially be heavily bruised. Your dressing will be changed prior to discharge or before if they are badly soiled. You will be discharged with dressings, but by day five after your operation you will most likely not need them on anymore.

Initially it is preferable that you take a shower, if you do not have a shower a short bath would be better to prevent the wounds becoming 'soggy', as the incision will usually be closed with stitches. The ward nurses will arrange for you to go to the practice nurse at your GP surgery to remove them. The incisions will probably be red and uncomfortable for one-two weeks and

some bruising and swelling is common. After the incisions have healed there will be a small, scar like scratch. These scars first appear pink, but over the next few months they will become less and less noticeable.

There may be some persistent bumpiness and bruising around the wounds, but these will gradually improve. You may also notice numb patches in the skin around the incisions. Whilst in most cases sensation will gradually return, occasionally the numbness may be permanent.

Occasional aches and twinges in the wounds can persist for several months. Rarely, a wound infection may develop during the first few weeks after surgery. Symptoms include increasing tenderness, pus-like discharge, swelling and redness of the wounds. If this occurs, visit your GP as you may need some antibiotics to resolve the infection and discomfort.

When should I seek help?

- If you have a discharge of blood or pus coming from your wound.
- 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.

Contact telephone numbers.

Telephone numbers	
Ward 9, level 6, Queen Elizabeth Hospital	0191 445 2009
During the hours of 8pm -8am contact Level 2, North East NHS Surgery Centre, Queen Elizabeth Hospital	0191 445 3005
Main switchboard	0191 482 0000

The Patient Advice and Liaison Service (PALS) can provide help, advice and support to patients, relatives or carers who have any questions or concerns regarding their health care. PALS are unable to give medical advice. You can contact PALS on free phone 0800 953 0667. Monday - Friday, 9.00am – 5.00pm. An answer phone is available outside of these hours and calls will be returned the next working day.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible. In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

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