

## Introduction

Appendicitis is the inflammation of the appendix caused by faecal impaction or other reasons. Appendicitis runs a rapid course. It commonly presents with abdominal pain and discomfort. After a few hours, the pain increases and shifts to right lower abdomen with nausea, vomiting and fever. Appendicitis could occur in man or woman of any age. Inflamed appendix should be removed by operation; otherwise it would progress with rupture causing peritonitis, which is life-threatening.

Appendectomy may be performed as an incidental procedure during other abdominal surgical procedures or for tumor of appendix.

## The procedure

1. Operation is done under general anaesthesia.
2. The operation could be performed by “open” appendectomy or “laparoscopic” approach:
  - a Open appendectomy : An incision is made over right lower quadrant or lower midline of abdomen.
  - b Laparoscopic appendectomy : 1 to 3 separate small incisions made on abdomen for instruments insertion.
3. Peritoneal cavity is entered with its content examined and pathology identified.
4. Appendix and its blood supply are ligated and appendix removed.
5. Drain(s) for removal of fluid might be inserted depending on necessity.
6. Wound is closed with sutures.

## Risks

**A. Complications related to anaesthesia:** (very rare, with possibility < 0.01% but could lead to permanent damage or death)

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
3. Allergic reaction and shock

**B. Complications related to operation:**

1. Wound infection or dehiscence (5-30%)
2. Pelvic collection or abscess / Faecal fistula
3. Damage to nearby organs, e.g. urinary bladder, colon (5%)
4. Leakage over ligation site (1%)
5. Adhesive colic or intestinal obstruction
6. Mortality (0.1-1%)

## Preoperative preparation

1. Usually performed as an emergency operation once the diagnosis is made.
2. Keep fast 6 to 8 hours before operation / Shaving of body hair around incision site may be required.
3. Change to operation room clothes and empty bladder before transfer to operating room.
4. May need pre-medications and intravenous drip. Antibiotic prophylaxis recommended.
5. Inform your doctors about drug allergy, your regular medications or other medical conditions.

## Postoperative care

### A. General

1. Intravenous drip may continue till feeding resumes / May need further doses or a full course of antibiotics.
2. May feel mild throat discomfort or pain because of intubation.
3. May experience nausea or vomiting; inform nurses if severe symptoms occur.
4. Inform nurses if analgesics are not adequate for pain control.
5. Can mobilize and get out of bed 6 hours after operation.
6. Usually go home two days after the operation.

### B. Wound care

1. In the first one or two days after operation, keep dressing intact and dry unless otherwise instructed.
2. May change to light dressing after wound inspected from day 2 onward.
3. Avoid tight garment and pressure on wound / dressing.
4. Stitches or skin clips (if present) will be taken off in about 7 days.

### C. Diet

1. Eating or drinking may be restricted in the initial period.
2. Resume diet gradually in the next day as advised by doctor.
3. Fluid and fibres are encouraged.

## Things to take note after discharge

1. Contact your doctor or the Accident & Emergency Department if pain or redness increases around the wounds.
2. Take the prescribed analgesics if required.
3. Complete the antibiotics course if considered necessary by doctor.
4. Resume your daily activity gradually (according to individual condition).
5. Avoid lifting heavy objects, bending or extending the body excessively in the first 4 weeks.
6. Remember the dates of taking off stitches/clips in the clinic, and follow-up in the specialist clinic.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

### Reference

Hospital Authority: "Appendectomy" (2023)

Smart Patient Website: [http://www.ekg.org.hk/pilic/public/surgery\\_pilic/surgery\\_appendectomy\\_0151\\_eng.pdf](http://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_appendectomy_0151_eng.pdf) (06-07-2023)