

Having an appendicectomy

This leaflet explains more about having an appendicectomy. If you have any further questions or concerns, please do not hesitate to speak to the nurse or doctor caring for you.

What is an appendicectomy?

An appendicectomy is an operation to diagnose and treat acute appendicitis. Acute appendicitis is when your appendix has become inflamed, infected or perforated (ruptured). The appendix is a small, finger-shaped organ protruding from the large intestine (bowel) in the lower right side of your abdomen (tummy).

What happens before my operation?

You will see a surgeon, who will explain about the surgery, and answer any questions you may have. You will be asked to sign a consent form which states that you agree to have the operation and you understand what it involves. You will be given a copy of this, for your own records. If you would like more information about our consent process, please speak to a member of staff caring for you.

The anaesthetist will check your general health and explain more about your general anaesthetic (which puts you to sleep during your surgery). If you would like further information about this, please ask for a copy of our leaflet **Having an anaesthetic**.

You will need to have an empty stomach before the surgery. Your nurse and doctors will tell you when you need to stop eating and drinking.

How is an appendicectomy performed?

Depending on your condition, the operation can be done laparoscopically (through small cuts – also called 'keyhole surgery') or as an open procedure. Both are done under general anaesthetic.

In an open procedure, we will make a cut in the lower right hand side or middle of your tummy, where we can locate and remove your appendix. If you have developed an abscess on your appendix, this will also be drained and washed away, and you may have a small drain tube left in for a few days after your surgery.

If the operation is done laparoscopically, we will make several smaller cuts in your tummy and use special instruments to remove the appendix. However, if the appendix has ruptured, the doctors may not be able to perform keyhole surgery and may need to do an open operation or make a bigger cut down the middle of your tummy. Any wounds are closed with stitches.

If your appendix has not ruptured, you will be able to go home the same day, or the day after. However, if you have a ruptured appendix, you may need to stay in hospital for longer. A more serious complication of this rupture is called peritonitis. This is the inflammation of the peritoneum – the layer of tissue that lines the tummy and the organs within it. Again, this will mean you have to stay longer in hospital.

What are the risks of the procedure?

As with any surgery, there are associated risks. The most common risks of appendicectomy:

- finding that the appendix is normal, or that something else is causing the problems
- bleeding and bruising
- infection in the wound, inside the abdomen or chest.

Other less common risks:

- injury to other organs or structures
- hernias (weakness in the surrounding muscle)
- reaction to anaesthetic drugs
- not being able to empty the bladder completely (urinary retention), requiring a temporary catheter
- bloated bowels (ileus)
- blood clots in the legs (deep vein thrombosis or DVT) or chest (pulmonary embolism or PE).

What are the alternatives?

It is difficult to be completely certain that someone has appendicitis. The doctors treating you have used their experience to recommend an appendicectomy, as they think appendicitis is a possibility. The standard treatment in the UK for suspected appendicitis is to have an appendicectomy.

Alternatives may include repeated assessments and waiting to see what happens if the diagnosis is uncertain. In some patients we perform scans to help us with the diagnosis. Some studies have shown someone with appendicitis who is treated with antibiotics instead of surgery has about a one in ten chance of the antibiotic treatment not working and needing surgery within a month. The surgery may then be more difficult. There is also about a one in four chance of having another episode of appendicitis within a year, needing further hospital treatment (including surgery). Research has not yet given us information about the long term chance of further attacks after one year.

In some patients, the infected appendicitis may have formed a lump or mass inside. In those cases, it is often better not to have surgery straight away as it might be difficult and have more complications. In that situation your surgeon may recommend you have antibiotics and sometimes a small drain tube put in for a few days under local anaesthetic with a scan to remove any infection or pus. After treatment for an appendix mass you will be seen in a clinic in a few weeks to discuss the further plan.

What happens after the operation?

After your operation, you will go into the recovery area to be monitored as you wake up from the anaesthetic. Once you are recovered, we will take you back to the ward. We will monitor your blood pressure, pulse and the wound. You can start to drink after the operation, and eat as you feel hungry, unless you have other instructions. You will be able to get out of bed a few hours after your surgery, and the nursing staff can help you the first time you try this. You may feel drowsy for a day or so as the anaesthetic wears off, so you should take it easy and not make any important decisions, sign any legal documents or operate machinery for at least 24 hours after your operation.

Will it be painful?

It is normal to have some pain in your tummy and around the wound for several days after your surgery. This can be managed with regular painkillers. Your tummy may feel bloated afterwards, but this will settle in time. If you have had a keyhole procedure, you may experience some pain in your shoulder. This is due to the air inserted along with the instruments, which gets absorbed into the body. Walking around can help this to improve.

You may also notice that you have a sore throat afterwards. This is due to the breathing tube placed in your throat for the general anaesthetic. This pain will go in a day or two.

When can I go home?

You can go home once you:

- feel ready
- can eat and drink without feeling sick
- have no signs of infection
- have had your wound checked to make sure it is OK
- can get out of bed and move around
- can manage your pain at home with tablets.

Typically this will be on the day of the surgery or the day after, unless the appendicitis has been severe.

How do I look after my wound?

Usually we use a special skin glue on top of the wound which does not need an additional dressing. With the skin glue, you can shower or bathe as soon as you like, and gently pat the wounds dry. Do not pick at the glue; it will gently flake off after five to 10 days.

If dressings are used, they are usually splash-proof, and you can carefully wash or shower, but remove and replace the dressings if they become soaked. Underneath a dressing there may be paper strips. All dressings and strips can be removed a week after your surgery. Normal healing may involve tingling, numbness and itching of the wound, and a hard lumpy feeling as the new scar tissues form.

Stitches in the skin are usually dissolvable, meaning they do not need to be removed, but your nurse will tell you if this is not the case.

When will my bowels return to normal?

You may find that you have either constipation or diarrhoea after your operation; this is very common. It may take some time for your bowels to return to normal, but if you are concerned, please speak to your GP. A mild laxative (in the short term) and a high-fibre diet may help if you feel constipated. Remember to drink plenty of fluids so that you do not become dehydrated.

When can I return to work?

You can return to work and normal activities as soon as you feel able to. This will depend on your type of surgery you have had and the type of work that you do (physical work or non-physical work). We generally recommend that you take one to two weeks off, but you may wish to go back to work sooner if you are in a non-physical job. If your job involves heavy lifting or manual labour, we recommend that you may need longer off, or to return with adjusted activities. Please discuss this with your GP.

What should I do if I have any problems?

Please seek medical advice if you:

- experience leakage, redness, increased pain, or other problems with the wounds
- feel unwell and feverish
- have pain in your calves or are short of breath
- experience prolonged vomiting.

If you have any concerns, please call the hospital ward you were on for advice. Your GP and practice nurse will also be able to advise you about this or any other questions you have about your recovery.

It is not usual to have any follow-up after this procedure, unless you have any further issues or complications.

We hope that you have found this leaflet helpful and wish you a speedy recovery.

Contact us

If you have any questions or concerns about your appendicectomy, please contact the ward you were discharged from or call the surgical assessment unit at St Thomas' Hospital, **t:** 0207 188 0561 (Monday to Friday, 8am-5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch. **t:** 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. **t:** 111

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

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