

Appendectomy Information

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Na żądanie ta ulotka może zostać udostępniona
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Surgery for appendicitis

You have been recommended surgery to remove your appendix. Acute appendicitis (infection/inflammation of the appendix) is one of the most common reasons for emergency abdominal surgery.

Diagnosis of appendicitis is straightforward in many patients, in others however, the signs and symptoms do not always follow a simple pattern. There are no tests (e.g. blood tests, X-rays or Ultra sounds) that are guaranteed to prove the diagnosis and so we rely on clinical judgement.

There are dangers associated with a missed diagnosis of appendicitis and so a decision may be made to operate even though the diagnosis isn't certain. It is expected that the appendix will be found to be normal in 20-30% of patients who have an emergency appendectomy, sometimes an alternative diagnosis is discovered which requires a different operation. Decisions about which procedure should be performed may therefore be taken by the surgeon during the course of the operation.

Intended Benefits

The two aims of this surgery are to confirm the diagnosis (or detect other causes for the symptoms) and to treat the underlying cause of your symptoms.

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643

Check-ups and results

Before you leave hospital, you will be given advice on how to recognise complications of appendicitis. Routine follow up at outpatients is seldom required.

Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

Most people who have this type of operation will need to stay in hospital for one to two days after the operation. Sometimes we can predict whether you will need to stay for longer than usual- your doctor will discuss this with you before you decide to have the procedure or after your operation, if the appendicitis is found to be complicated (perforated appendix, appendix abscess).

During the procedure

At the start of your procedure we will give you the necessary anaesthetic. An Anaesthetist will come and see you prior to surgery.

Most appendectomy operations are carried out with laparoscopic (keyhole) surgery. When we use a laparoscope (small camera) to look into the abdomen, it is usually possible to examine the appendix, bowel and ovaries (in females) to look for alternative causes for your symptoms. The appendix can usually be removed using this keyhole surgery without making a larger incision, sometimes a 'standard' appendectomy incision (wound) is required. If you have a laparoscopic (keyhole) operation, the appendix may not be removed if another diagnosis is found. If you have open surgery, even if appendicitis is not confirmed, your appendix will be removed because it is thought that leaving the appendix in place might cause confusion if there is what looks like an appendectomy scar. The appendix serves no useful function and so there are no long term consequences to its removal.

After the Procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor all your vital signs and you may be given Oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to the ward.

Eating & Drinking

You will not feel like eating or drinking immediately after your operation. However, very soon afterwards we will offer you some water and then you will be allowed to drink more and eat according to your speed of recovery.

Getting about after the procedure

We will help you to become as mobile as possible after the procedure. Typically, you will be able to get up after just a couple of hours. This helps your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

Leaving Hospital

Discharge from hospital will usually be within one to two days but will depend on how quickly you recover from the surgery and whether there are any complications.

Wound care

Usually wounds are glued following this procedure, however occasionally your surgeon will use staples. These staples will need to be removed 8-10 days after your procedure. Your discharging nurse will refer you to the appropriate Treatment Room to have this done. Please seek medical attention if you notice any signs of infection with your wound. These can include, redness, swelling, discharge and/or having a fever.

Resuming normal activities including work

General activity will aid your recovery but strenuous exercise will be too painful for a few weeks. Speed of recovery depends greatly on the individual and the severity of the illness, but you can expect to feel more tired than normal for a few weeks after the operation. There are no medical restrictions: go back to work or drive as soon as you feel able and safe to do so.