

## Procedure Information Sheet - Appendectomy

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### **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 abdominal 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.

### **Indication**

Appendicitis, incidental removal during other surgical procedures or tumor of appendix.

### **Procedure**

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

### **Pre-operative preparation**

1. Usually performed as an emergency operation once the diagnosis is made.
2. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
3. Fast for 6 to 8 hours before operation.
4. Shave off pubic hair may be required as instructed by your doctor.
5. May need pre-medication and intravenous drip.
6. Antibiotic prophylaxis is recommended.
7. Inform your doctor about drug allergy, your regular medications or other medical condition.

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### **Possible risks and complications**

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

### **Post –operative information**

#### **A. Hospital care**

##### ➤ ***Usually after operation***

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

##### ➤ ***Wound care***

1. In the first one or two days after operation, keep dressing intact and dry unless otherwise indicated.
2. Light dressing may be applied after wound inspected from day 2 onward.
3. Avoid tight garment and pressure on wound/ dressing.
4. Stitches or skin clip (if present) will be taken off around one week time.

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➤ **Diet**

1. May be restricted from eating or drinking in the initial period.
2. Resume diet gradually in the next day as instructed by your doctor.
3. Fluid and fibers are encouraged.

**B. Home care after discharge**

1. Contact your doctor if increase pain or redness around the wounds.
2. Take the analgesics as prescribed by your doctor if necessary.
3. Complete the antibiotics course if considered necessary by your doctor.
4. Resume your daily activity gradually (depends on individual condition).
5. Avoid lifting heavy objects in the first 4 weeks.
6. Avoid bending or extending the body excessively in the first 4 weeks.
7. Remember the dates of taking off stitches/ clips and follow-up on scheduled as instructed by your doctor.

**Risk if not undergoing the procedure**

It would progress with rupture causing peritonitis which is life-threatening.

**Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

**Name:**

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_