

Appendectomy



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St. Maarten Medical Center

Appendectomy is the surgical removal of the appendix. The operation is done to remove an infected appendix. An infected appendix, called appendicitis, can burst and release bacteria and stool into the abdomen.

The appendix is a small pouch that hangs from the large intestine where the small and large intestine join. If the appendix becomes blocked and swollen, bacteria can grow in the pouch. The blocked opening can be from an illness, thick mucous, hard stool or a tumor.

Symptoms of appendicitis

- Stomach pain that usually starts around the navel and then moves to the lower right side of the abdomen
- Loss of appetite
- Low fever, usually below 100.3°F
- Nausea and sometimes vomiting
- Diarrhea or constipation



Appendicitis Pain

Pain can be different for each person because the appendix can touch different organs. This can be confusing and make it difficult to diagnose appendicitis.

Most often pain starts around the navel and then moves to the right lower abdomen. The pain is often worse with walking or talking.

During pregnancy, the appendix sits higher in the abdomen, so the pain may seem to come from the upper abdomen. In the elderly, symptoms are often not as noticeable because there is less swelling.

Other medical disorders have symptoms similar to appendicitis, such as inflammatory bowel disease, pelvic inflammatory disease, gastroenteritis, urinary tract infection, right lower lobe pneumonia, Meckel's diverticulum, intussusception, and constipation.

Common diagnostic tests

Tests

Abdominal ultrasound or abdominal CT scan—Checks for an enlarged appendix.

Complete blood count (CBC)—A blood test to check for infection.

Rectal exam—Checks for tenderness on the right side and for any rectal problems that could be causing the abdominal pain.

Pelvic exam—May be done in young women to check for pain from gynecological problems like pelvic inflammation or infection.

Urinalysis—Checks for an infection in your urine, which can cause abdominal pain.

Electrocardiogram (ECG)—Sometimes done in the older adult to make sure heart problems are not the cause of pain.

Treatment options

Surgery

Laparoscopic appendectomy—The appendix is removed with instruments placed into small abdominal incisions.

Open appendectomy—The appendix is removed through an incision in the lower right abdomen.

Nonsurgical

Surgery is the standard treatment for an acute (sudden) infection of the appendix. Antibiotic treatment might be used as an alternative for specific patients and children.

Benefits and risks

An appendectomy will remove the infected organ and relieve pain. Once the appendix is removed, appendicitis will not happen again. The risk of not having surgery is the appendix can burst, resulting in an abdominal infection called peritonitis.

Possible complications include abscess, infection of the wound or abdomen, intestinal blockage, hernia at the incision, pneumonia, risk of premature delivery (if you are pregnant), and death.

Surgical treatment

Acute appendicitis is an urgent problem requiring surgical consultation.

Laparoscopic Appendectomy

This technique is the most common for simple appendicitis. The surgeon will make 1 to 3 small incisions in the abdomen.

A port (nozzle) is inserted into one of the slits, and carbon dioxide gas inflates the abdomen. This process allows the surgeon to see the appendix more easily. A laparoscope is inserted through another port. It looks like a telescope with a light and camera on the end so the surgeon can see inside the abdomen. Surgical instruments are placed in the other small openings and used to remove the appendix. The area is washed with sterile fluid to decrease the risk of further infection.

Open Appendectomy

The surgeon makes an incision about 2 to 4 inches long in the lower right side of the abdomen. The appendix is removed from the intestine. The area is washed with sterile fluid to decrease the risk of further infection. A small drainage tube may be placed going from the inside to the outside of the abdomen. The drain is usually removed in the hospital. The wound is closed with absorbable sutures and covered with glue-like bandage or Steri-Strips.

Nonsurgical treatment

If you only have some of the signs of appendicitis, your surgeon may treat you with antibiotics and watch for improvement. In an uncomplicated appendicitis, antibiotics may be effective, but there is a higher chance of reoccurrence.

Preparing for your operation

Anesthesia

You will meet with your anesthesia provider before the operation. Let him or her know if you have allergies, neurologic disease (epilepsy or stroke), heart disease, stomach problems, lung disease (asthma, emphysema), endocrine disease (diabetes, thyroid conditions), loose teeth, or if you smoke, drink alcohol, use drugs, or take any herbs or vitamins. Let your surgical team know if you smoke and plan to quit. Quitting decreases your complication rate. Resources to help you quit can be found at [facs.org/quit smoking](https://facs.org/quit-smoking).

Don't Eat or Drink

You will not be allowed to eat or drink while you are being evaluated for appendectomy. Not eating or drinking reduces your risk of complications from anesthesia.

Your recovery and discharge

Thinking Clearly

The anesthesia may cause you to feel different for 1 or 2 days. Do not drive, drink alcohol, or make any big decisions for at least 2 days.

Nutrition

- When you wake up, you will be able to drink small amounts of liquid. If you do not feel sick, you can begin eating regular foods.
- Continue to drink lots of fluids, usually about 8 to 10 glasses per day.
- Eat a high-fiber diet so you don't strain during bowel movements.

Activity

- Slowly increase your activity. Be sure to get up and walk every hour or so to prevent blood clots.
- Do not lift or participate in strenuous activity for 3 to 5 days for laparoscopic and 10 to 14 days for open procedure.

- You may go home in 1 day. If your appendix ruptured or you have other health issues or complications, you may stay longer.
- It is normal to feel tired. You may need more sleep than usual.

Work and Return to School

- You can go back to work when you feel well enough. Discuss the timing with your surgeon.
- Children can usually go to school 1 week
- or less after an operation for an unruptured appendix and up to 2 weeks after a ruptured appendix.
- Most children will not return to gym class, sports, and climbing games for 2 to 4 weeks after the operation.

Wound Care

- Always wash your hands before and after touching near your incision site.
- Do not soak in a bathtub until your stitches or Steri-Strips® are removed. You may take a shower after the second postoperative day unless you are told not to.
- Follow your surgeon's instructions on when to change your bandages.
- A small amount of drainage from the incision is normal.
- If the drainage is thick and yellow or the site is red, you may have an infection, so call your surgeon.
- If you have a drain in one of your incisions, it will be taken out when the drainage stops.
- Steri-Strips will fall off in 7 to 10 days or they will be removed during your first office visit. If you have a glue-like covering over the incision, allow the glue to flake off on its own.
- Avoid wearing tight or rough clothing. It may rub your incisions and make it harder for them to heal.
- Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.

- Your scar will heal in about 4 to 6 weeks and will become softer and continue to fade over the next year.
- Sensation around your incision will return in a few weeks or months.

Bowel Movements

- After intestinal surgery, you may have loose watery stools for several days. If watery diarrhea lasts longer than 3 days, contact your surgeon.
- Pain medication (narcotics) can cause constipation. Increase the fiber in your diet with high-fiber foods if you are constipated. Your surgeon may also give you a prescription for a stool softener.

Pain

The amount of pain is different for each person. Some people need only 1 to 3 doses of pain control medication, while others need more.

When to contact your surgeon

If you have:

- Pain that will not go away
- Pain that gets worse
- A fever of more than 101°F (38.3°C)
- Repeated vomiting
- Swelling, redness, bleeding, or bad- smelling drainage from your wound site
- Strong abdominal pain
- No bowel movement or unable to pass gas for 3 days
- Watery diarrhea lasting longer than 3 days

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