



Operation Information

Appendectomy

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.

Other indications for appendectomy included incidental removal during other surgical procedures or tumor of appendix.

Outcomes

This operation is a surgical intervention to remove an inflamed appendix to prevent further complications.

Procedures

1. The operation is performed under general anesthesia.
2. The procedure could be performed by open appendectomy or laparoscopic appendectomy.
 - 2a Open appendectomy
 - An incision is made over right lower quadrant or lower midline of abdomen.
 - 2b 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 its blood supply are ligated and appendix removed.
5. Drain(s) for removal of fluid might be inserted depending on necessity.
6. The wound is closed in with sutures.

Possible Risks and Complications

- A. Complications related to anaesthesia: (very rare, with possibility < 0.01% but could lead to permanent damage or death)
 1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
 2. Respiratory complications: 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
 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%)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Usually performed as an emergency operation once the diagnosis is made.
2. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
3. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
5. No food or drink six to eight hours before operation. (If clinically allow)
6. Shaving of surgical site may be necessary prior to the operation.
7. Pre-medication or intravenous infusion may be given as doctor's prescription.
8. Antibiotic prophylaxis recommended.
9. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
10. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Intravenous drip may continue till feeding resumes.
4. May need further doses or a full course of antibiotics.

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 7-10 days time.

Diet

1. You may be restricted from eating or drinking in the initial period.
2. A normal diet may be resumed as instructed by doctor in the next day.

Advices on Discharge

1. Prescription pain medication may be taken as needed.
2. Increase activities and walking gradually is encouraged.
3. Heavy lifting, strenuous activities, excessive body bending or extension should be avoided for 4 – 6 weeks.
4. Complete the antibiotics course if considered necessary by doctor.
5. The wound should be covered with water-proofed dressing before shower. The dressing must be kept clean and dry.

6. Please avoid tight garment and pressure on wound / dressing.
7. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, tenderness, secretion of pus, bleeding, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

