

What is appendicitis?

Inflammation of the appendix.

Anatomy

The appendix is a tubular structure of varying lengths found attached to the right colon.

What are the symptoms?

Generalised abdominal pain which migrates to the right side of the abdomen. There is associated nausea and loss of appetite. You may also notice alterations to your bowel or urinary habits, vomiting or fever in certain circumstances.

What tests are required?

Usually none, as the diagnosis remains clinical.

Ultrasound is useful in female patients with atypical symptoms or a CT of the abdomen and pelvis for patients over the age of 40 to exclude alternative pathology.

What are the options of management?

Typically surgical, although an alternative is a conservative approach which avoids surgery. This option is preferable for patients who decline surgery or who are otherwise well and have either a delayed presentation or complicated appendicitis such as an abscess (collection of pus) or a phlegmon (mass of inflammatory tissue). If a conservative approach is chosen, this is pursued with antibiotics alone through a drip. On occasion, this may be accompanied by a drain placed by a specialist who uses an

ultrasound or CT scan to place a drain if an abscess is present.

Typically, surgery is performed by a laparoscopic technique (keyhole) and the appendix removed through multiple small incisions.

Alternatively, the appendix may require removal through a larger incision known as an open procedure if the procedure is complicated and attached bowel required for removal together with the appendix.

What are the possible complications?

- Infection of the wound or an abscess in the abdomen. Managed with antibiotics and occasionally drainage. Surgery may be required in some situations.
- Bleeding
- Recurrent appendicitis (if too much appendix is left behind).

What to expect following your procedure?

You will wake from anaesthesia with dressings over dissolvable sutures. It is normal to experience some pain from the procedure which is easily managed with painkillers. You will be encouraged to ambulate after surgery and will be discharged from hospital if you are tolerating a diet, able to pass urine, your pain is controlled with painkillers, and you are ambulating independently. The dressing is waterproof to splashes only and can be removed after 4 days.

Gentle exercises are encouraged. Avoid heavy lifting for 2-4 weeks. You may drive if you are able to put your foot on the brake in an emergency or have ceased taking any painkillers. Usually this occurs after 1-2 weeks. Post-operative follow-up usually occurs in two weeks and will be arranged on discharge with your surgeon.

An open procedure will extend your stay from 3-5 days. You will awake from anaesthesia with a dressing over your incision covering dissolvable sutures. It is normal to experience pain from the procedure and require additional painkiller medications. It is also not uncommon for patients to experience nausea after their surgery which is controlled with medications. You will be encouraged to ambulate after surgery and will be discharged from hospital if you are tolerating a diet, able to pass urine, your pain is controlled with painkillers, and you are ambulating independently. The dressing should remain intact for seven days.

Gentle exercises are encouraged. You may drive if you are able to put your foot on the brake in an emergency or have ceased taking any painkillers. Usually this occurs after 4-6 weeks. Post-operative follow-up usually occurs in two weeks and will be arranged on discharge with your surgeon.