

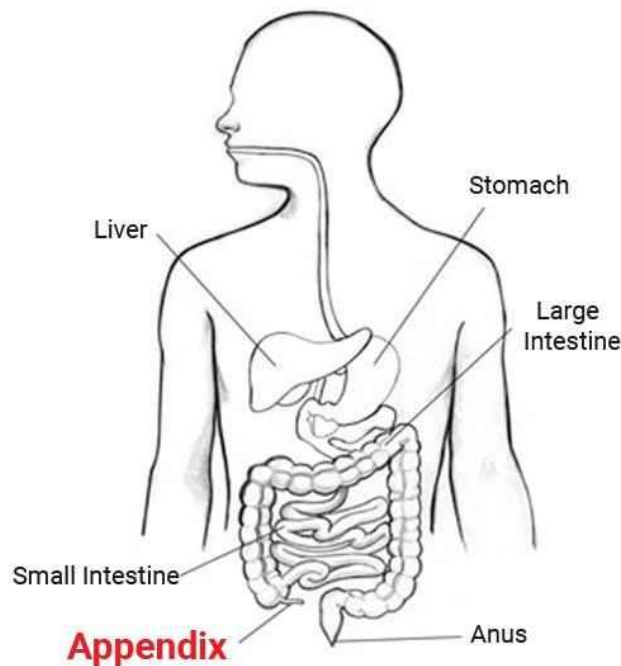
**Patient
Information**

Appendicitis

Introduction

This leaflet gives you information about appendicitis, including the risks and benefits of having the appendix removed.

What is the appendix?



The appendix is a small organ that branches off the large intestine. It is not a vital organ and can be removed safely with no long-term after effects.

Sometimes bugs (bacteria) can cause the appendix to become inflamed or infected which can cause tummy pain.

When the appendix is infected, it can burst and cause an infection in your tummy called peritonitis. This can be very serious.

Reference No.

GHPI1830_01_24

Department

General Surgery

Review due

January 2027

Treatment options

Operation to remove the appendix (appendicectomy)

Appendixes are usually removed using key hole (laparoscopic) surgery through small cuts in your tummy. The surgery will be done while you are under a general anaesthetic (asleep).

Sometimes we need to make a bigger cut in the tummy to help us remove the appendix. This is called an open operation but is not very common. An open operation might be needed if there is a complication such as bleeding which we cannot resolve through keyhole surgery.

If you are diagnosed with appendicitis, you will have an opportunity to discuss all of the information included in this leaflet with the doctors taking care of you.

Medication

- Antibiotics can treat appendicitis and are usually given in combination with surgery to remove the appendix.
- Antibiotics alone (without surgery) may be the best treatment if you have other medical conditions that means you cannot have an operation or an anaesthetic.
- If your appendicitis has been going on for a long time, the risks of an operation are greater. Antibiotics (without surgery) may be the best treatment in this case.
- Antibiotics alone are not likely to be the best treatment if your appendix has burst.
- If appendicitis is treated without surgery, you will be at risk of developing appendicitis again in the future.

No treatment

- Appendicitis is unlikely to get better on its own. If you do not have treatment the infection might progress and your appendix may burst.

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Risks of the surgery

- **Pain** - You can take pain relief such as paracetamol and ibuprofen if you have not been told otherwise. The pain should get better gradually over 1 to 2 weeks following the surgery.
- **Infection** in the tummy or wounds.
- **Bleeding** - This can be inside the tummy or on the surface from the cuts in the skin. Any bleeding seen during the operation, will be stopped at the time.

If you experience worsening abdominal pain despite pain relief in the first few days after your operation, it may suggest some bleeding in your tummy. **Please return to the Surgical Assessment Unit (SAU), Gloucestershire Royal Hospital, for a review by a surgical doctor.**

- **Scars** - If you have a keyhole operation then usually there will be 1 small cut next to your tummy button and 2 smaller cuts; one in your lower right tummy and the other in the middle below your trouser line. Sometimes further small cuts are made if your appendix is not accessible with the first 3 cuts.

If your operation is converted from keyhole to open, you will have a scar vertically in the middle of your tummy, usually below your tummy button. The length of this scar can vary, but is usually in the region of 15 to 20 cms. Scars usually fade over time.

If you have diabetes, take long-term steroids for medical conditions or have a wound infection after your operation, it may take longer for your wounds to heal and the scars to fade.

- **Wound problems such as a hernia** - Making a cut in the tummy disrupts the strength of your tummy wall. If the pressure inside your tummy increases while the cuts are healing (for example if you strain on the toilet or lift something heavy) then the fat/intestines in your tummy can push through this weakness and cause a lump. This is called a hernia.

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If you notice that you have a lump under your scars in the months after your operation, and it is causing you pain or significantly affecting your quality of life, please see your GP. It may be appropriate to be referred to surgery as an outpatient, to discuss an operation to repair a hernia.

Sometimes hernias can contain bowel. The bowel can get trapped in the hernia and become extremely painful. **If you experience severe pain in a lump under your scars, please go to the Accident & Emergency Department, Gloucestershire Royal Hospital for assessment of your symptoms.** An emergency operation is sometimes required to remove the bowel from the hernia.

- **Abscess** - If you have infection in your tummy (peritonitis) then even after your appendix has been removed and your tummy washed out, a few bacterial cells might remain. These cells can multiply and cause infection inside your tummy. If you develop worsening tummy pain in the first couple of weeks after the surgery, please go to the Accident & Emergency Department, Gloucestershire Royal Hospital as investigations such as blood tests may be needed to check for an abscess.
- **Damage to intestine during surgery** (tubes that carry urine (ureters), or the bladder). If this happens, we will repair the problem at the time of surgery. You will be informed after the operation when you have recovered from the anaesthetic.
- **Anaesthetic** – This can cause complications such as, a blood clot in the leg or lungs or nausea and vomiting after the surgery.

Benefits of having your appendix removed

- Prevention of the appendix bursting and causing abdominal infection (peritonitis).
- Relief of pain and symptoms.
- If the appendix has burst, then relief of infection in the tummy (peritonitis).
- You will not get appendicitis again if you have had your appendix removed.

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What to expect after the operation

Your wounds will be closed with stitches and skin glue. You will be able to have a shower but **do not** have a bath or go swimming for 2 to 3 weeks after the operation.

It is normal to have some pain, this will get better over 1 to 2 weeks as the scars begin to heal. You can take paracetamol for pain, please follow the instruction inside the packet. If you have not been told otherwise, you can also take ibuprofen for pain relief.

You should not lift anything heavier than 5 kgs for 4 weeks. This will reduce the risk of a hernia forming. From 2 weeks after the surgery, you can begin some light exercise if you feel comfortable.

Going back to work will depend on how you respond to surgery, the healing of your wounds and the type of job you do. In most cases, it is usually safe to return to work 10 to 14 days after the operation. Please let a member of staff know if you need a signed 'fit note' for your employer.

Discharge advice

You are likely to go home the same day as having your appendix removed or in the 1 to 2 days following the surgery.

Please contact your GP or NHS 111 for advice, if:

- you develop a fever.
- your wounds seem infected (worsening pain, pus coming out of the wound).
- your pain is not improved by simple pain relief such as paracetamol or ibuprofen.

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Contact information

Surgical Assessment Unit

Tel: 0300 422 5616

NHS 111

Tel: 111

Please contact 999 if it is an emergency.

Further information

For more information about appendicitis, please visit:

Website: www.nhs.uk/conditions/appendicitis/

Content reviewed: January 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>