

Appendicectomy – A Young Person’s Guide

Children’s Services
Women & Children’s Services

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



Information for patients and visitors

Introduction

The aim of this leaflet is to provide young people and their families with all the relevant information about appendicectomy, and to answer some commonly asked questions and queries.

Benefits

One of the benefits of having an appendicectomy is that the pain caused by the inflamed appendix will go away. By removing the appendix it also prevents it from perforating (bursting) and releasing infection into the abdomen causing peritonitis. Peritonitis is when the inner lining of the abdomen that covers the organs (the peritoneum) becomes inflamed (swollen).

The lining is very sensitive to infection. Peritonitis causes the normal bowel movement to stop and the bowel becomes blocked, which causes severe pain, fever and shock and if not treated can cause long-term problems. Peritonitis is treated with antibiotics for a longer period postoperatively.

Risks

There are risks with any operation, (a chest infection or heart problems). A clot can form in the leg (deep vein thrombosis), break off and travel to the lungs (pulmonary embolism). This is serious when it occurs, but it is not common in children.

Appendicitis is caused by an infection, which can mean that following the operation some people can get a wound infection and has to be treated with antibiotics. An abscess (collection of pus) in the abdomen is another possible complication requiring treatment with antibiotics and / or surgical drainage to drain any pus from the abscess.

Injury to the bowel, injury to a blood vessel within the abdomen and paralytic ileus (the absence of the natural movement of the bowel) are all complications with abdominal surgery.

If you have any concerns about any of these risks please speak to the doctor involved in your care.

Alternatives

Some people have antibiotics only, but most people have their appendix removed. An alternative method is a laparoscopic appendicectomy (when the abdominal cavity is viewed by passing an endoscope through the abdominal wall).

What is an appendix?

An appendix is a small finger-like part of the bowel that is approximately 10cm long. It is attached to part of the intestine (large bowel) and does not have any known use to humans.

Appendicitis is when the appendix becomes inflamed and infected. It mostly affects children and young adults, but can occur at any age.

Appendicitis can sometimes be difficult to diagnose because different people have different symptoms. There is no specific test for appendicitis, however doctors usually take a blood test and may decide to order a test called an abdominal ultrasound to help them in their diagnosis.

The doctor will suspect it is appendicitis if you have a constant pain often in the lower right side of the abdomen, especially if you feel sick.

Nursing staff and Surgical Doctors will take a brief history of your concerns and current medical condition. The nurse will take your



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temperature and pulse and the doctor will look at your abdomen (tummy). They might gently press a hand onto the abdomen and then quickly lift the hand allowing the tummy to rebound (spring) back up.

If you have appendicitis then usually the appendix is removed. This operation is called an **appendicectomy**.

Prior to the operation one of the surgical doctors will ask one of your parents or yourself to sign a consent form to say that you agree to having the operation. You will also be seen by an anaesthetist. The anaesthetist is the specialist doctor who will be giving you an anaesthetic prior to the operation. You will not be allowed to eat or drink prior to the operation.

Nursing staff will help you prepare safely for the operation, however if you at any time you do not understand any information given to you please do not hesitate to ask a member of staff.

Older girls may be given anti embolic stockings to wear on their legs. These are worn to prevent the formation or decrease the risk of deep vein thrombosis after surgery.

What does the operation involve?

An appendicectomy involves removing the appendix through a small cut in the lower abdomen. It is difficult to say how long the operation will take as every patient is different and following the operation some time is spent in the recovery area (staff will try to keep your family updated at all times).

Initially, the wound will be covered with a small dressing that helps to keep the wound clean.

The wound may be closed with clips that look like staples, dissolvable and / or removable

stitches or steri-strips (sticky tape) to the skin.

There may also be a drain into the wound. This drain is a plastic tube that will help drain fluid from the wound. If a drain is present, then it is usually removed after 24 to 48 hours. The decision to remove the drain will be made by the surgeons. The size of the wound may vary depending on the findings of the surgeon.

The small dressing covering the wound may be removed within 48 to 72 hours after the operation. For easy removal of the dressing, you may bathe and remove the dressing in the bath. You will be left with a small scar which will fade in time.

On return from theatre you will usually have an intravenous infusion (drip). This is a method of allowing fluid to enter your body via a cannula (small plastic tube) inserted into a vein usually in the hand or arm.

This fluid will also pass through a machine. The machine monitors and keeps a record of how much fluid passes into you, allowing both nursing and medical staff to monitor the balance of fluids in your body.

You may also need to have IV (intravenous) antibiotics. If this is the case then an antibiotic solution will be injected through the small tube in your hand or arm.

The drip is important because you may remain **nil by mouth** (having nothing to eat or drink) for a time after the operation.

Depending on your recovery pattern, drink and then food will be gradually introduced to you. It is important that you should return to a normal diet when instructed to by nursing and medical staff.



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What happens after the operation?

After the operation you may need encouragement to begin to move about. This is necessary to prevent some complications such as a chest infection. If you are in pain, then inform nursing staff and appropriate pain relief (analgesia) will be given. Medication can only be given as prescribed by the doctor.

To help enable you to move, allow yourself to take your time and support your wound site by gently pressing your hand on it.

What happens when you go home?

When you are discharged home, probably two to three days after your operation, we advise that you should remain off school for approximately two weeks and do not take part in any strenuous physical activity (i.e. sports, swimming) for at least four weeks or as otherwise instructed by the doctor.

A community nurse referral will be made for you.

Reference Section

There are no references sources used in the leaflet.

Contact Details for Further Information

Grimsby

Rainforest Ward,
Diana Princess of Wales Hospital,
Grimsby

Tel: 01472 874111 extension 7520

Children's Services Community Nursing
Team – Grimsby

Tel: 01472 874111 extension 7559

Scunthorpe

Disney Ward,
Scunthorpe General Hospital,
Scunthorpe

Tel: 01724 290139

Children's Services Community Nursing
Team – Scunthorpe

Tel: 01724 282282 extension 2425

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net



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**Diana Princess of Wales Hospital
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**Scunthorpe General Hospital
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**Goole & District Hospital
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