



# Appendicitis and surgery

## Information for patients having a day case surgery for appendicitis (planned and emergency)

You have been diagnosed with appendicitis. The appendix is a small thin structure approximately five to 10 cms long. It is connected to the large intestine on your right-hand side. Having it removed will cause you no long-term harm, as you can happily live without one.

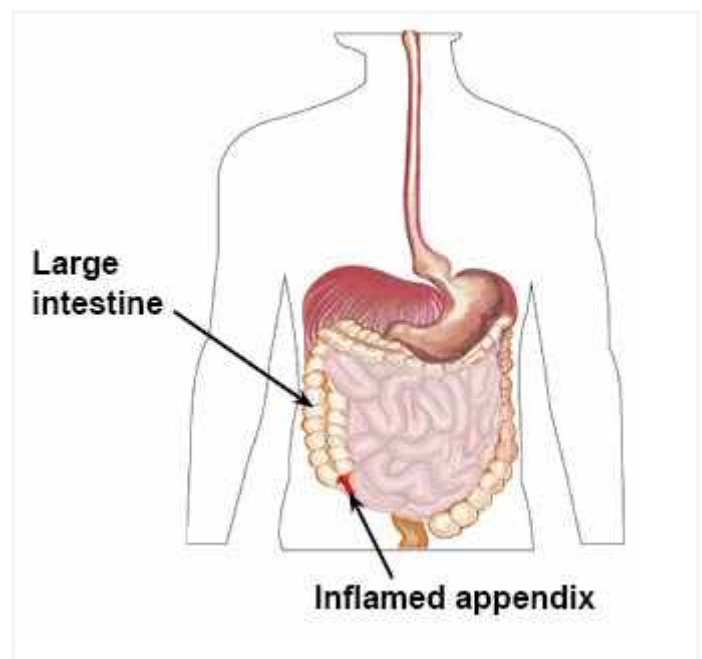
This leaflet will explain the condition and the treatment you have been offered. If after reading this leaflet you have any questions, please speak to the healthcare professional looking after you.

### What are my treatment options?

The usual treatment for appendicitis is surgery. However sometimes it is possible to treat appendicitis with antibiotics, if it is uncomplicated and this option is appropriate for you. Your surgeon will discuss your options with you before any decisions are made.

### What is an appendectomy?

The surgery is called an appendectomy and involves removing your inflamed appendix. This is done either with laparoscopic (keyhole) surgery or open surgery. Both options will be explained to you, before you and your surgeon decide which is the best option for you.



### Will I have a general anaesthetic?

Yes, you will have a general anaesthetic for this procedure (you will be asleep throughout).

### What happens next?

Once you have discussed your options with your surgeon, you will be given a consent form to sign for the procedure. You can ask your surgeon any questions before you agree to the procedure.

You will also be seen by an anaesthetist before your operation. Please ask them any questions about the anaesthetic and pain relief.

Remember you can withdraw your consent for treatment at any time.

### **How long will I be in hospital for?**

An appendectomy is usually performed as a day case procedure; you come in to hospital for your surgery and go home later the same day. You do not stay in the hospital overnight.

If you do need to stay in hospital overnight, this will be explained to you after your surgery.

### **What is laparoscopic (keyhole) appendectomy?**

In most laparoscopic appendectomies, surgeons operate through three small incisions (cuts) while watching an enlarged image of the patient's internal organs on a television monitor. In some cases, one of the small openings may be made bigger to complete the procedure.

The appendix is usually removed through an incision in the right lower abdominal wall.

### **What are the advantages to having a laparoscopic rather than an open surgery appendectomy?**

Results may vary depending on the type of procedure you have and your overall condition.

Common advantages may include the following.

- Less pain after surgery.
- A shorter hospital stay.
- A quicker return to bowel function.
- A quicker return to normal activity.
- Better cosmetic results (the scarring will be smaller).

### **Can I have a laparoscopic appendectomy?**

This depends on how complicated your appendicitis is. If appendicitis is found early, most cases are treated successfully with keyhole surgery. Some patients who have complicated appendicitis, with an inflammation or abscess, may not be suitable for keyhole surgery.

Open surgery is done if your surgeon faces difficulties (for example they cannot see or access your organs clearly) or they feel it is safer not to proceed with keyhole surgery. This is not a complication, but rather a sound surgical judgment. This will happen to between five and 10 out of every 100 patients having an appendectomy.

The chances you will have open surgery are increased if:

- You have an extensive infection and / or an abscess
- You have a perforated appendix
- You are obese
- You have already had abdominal surgery causing thick scar tissue to form
- Your surgeon cannot see your organs
- You have bleeding problems during your operation.

### What will happen after my surgery?

After your operation, you will be taken to a ward to rest and recover. You can start eating and drinking when you are fully awake, unless you are told not to.

Your surgical team will visit you on the ward to see whether you can go home. If your pain is well controlled, you do not feel dizzy, and you have gone to the toilet, it is likely that you can cope at home.

### How will I feel after my surgery?

Every patient is different but you should feel better each day. Some people feel better just a few days after their surgery but remember to take it slowly, your body needs time to heal.

- You are encouraged to be out of bed the day after your surgery and to walk around. This will help reduce the risk of blood clots in your legs and soreness in your muscles.
- You will probably be able to get back to most of your normal activities within a few days. These activities include showering, a gentle walk, and office-based work.
- It is ok to get your wound wet after a couple of days. Up until then you can shower with your dressings on and then change them afterwards for dry dressings.
- We use dissolvable sutures to close your skin, so no stitches need to be removed.
- No follow-up appointment will be needed after your surgery.
- You should avoid driving for at least one week after your operation. You must be able to perform an emergency stop without it hurting, before you can drive again. If in doubt, speak with your GP or insurance company.

### When can I return to work?

You can return to work when you feel well and comfortable enough. If you have an office-based job this is usually after two weeks, but can be at least a month if your job is physical or manual. If in doubt, ask your GP for advice.

### When should I contact my GP or the hospital?

Contact your GP or the Surgical Emergency Assessment Unit (SEAU) immediately if you develop any of the following symptoms.

- Persistent fever over 101°F (39°C).
- Bleeding from your wound or back passage.
- Increasing abdominal distension (swelling) or bloating.
- Pain that is not relieved by your usual painkillers such as paracetamol.
- Persistent nausea (feeling sick) or vomiting.
- Persistent cough or shortness of breath.
- Pus in your wounds.
- Redness surrounding any of your incisions, that is getting worse or bigger.
- You are unable to keep down anything you eat or drink.

### Contact details

- Surgical Emergency Assessment Unit, **Queen Elizabeth the Queen Mother (QEQM) Hospital Margate**  
Telephone: 01843 225544 extension 725-6608
- Surgical Emergency Assessment Unit, **William Harvey Hospital Ashford**  
Telephone: 01233 633331 extension 723-4284

**This leaflet has been produced with and for patients.**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net) ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net))

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