Patient Education
This educational information is to help you be better informed about your operation and empower you with the skills and knowledge needed to actively participate in your care.

Keeping You Informed
Information that will help you further understand your operation and your role in healing.

Education is provided on:
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The Condition
Appendectomy is the surgical removal of the appendix. The operation is done to remove an infected appendix. An infected appendix, called appendicitis, can burst and release bacteria and stool into the abdomen.

What are the common symptoms?
Abdominal pain that starts around the navel
Not wanting to eat
Low fever
Nausea and sometimes vomiting
Diarrhea or constipation

Benefits and Risks
An appendectomy will remove the infected organ and relieve pain. Once the appendix is removed, appendicitis will not happen again. The risk of not having surgery is the appendix can burst, resulting in an abdominal infection called peritonitis.

Possible complications include abscess, infection of the wound or abdomen, intestinal blockage, hernia at the incision, pneumonia, risk of premature delivery (if you are pregnant), and death.

Expectations
Before your operation—Evaluation usually includes blood work, urinalysis, and an abdominal CT scan, or abdominal ultrasound. Your surgeon and anesthesia provider will review your health history, medications, and options for pain control.

The day of your operation—You will not be allowed to eat or drink while you are being evaluated for an emergency appendectomy.

Your recovery—if you have no complications, you usually can go home in 1 or 2 days after a laparoscopic or open procedure.

Call your surgeon if you are in severe pain, have stomach cramping, a high fever, odor or increased drainage from your incision, or no bowel movements for 3 days.

Surgical Patient Education Program
Prepare for the Best Recovery

This first page is an overview. For more detailed information, review the entire document.
The Appendix

The appendix is a small pouch that hangs from the large intestine where the small and large intestine join. If the appendix becomes blocked and swollen, bacteria can grow in the pouch. The blocked opening can be from an illness, thick mucus, hard stool, or a tumor.

Appendicitis

Appendicitis is an infection of the appendix. The infection and swelling can decrease the blood supply to the wall of the appendix. This leads to tissue death, and the appendix can rupture or burst, causing bacteria and stool to release into the abdomen. This is called a ruptured appendix. A ruptured appendix can lead to peritonitis, which is an infection of your entire abdomen. Appendicitis most often affects people between the ages of 10 and 30 years old. It is a common reason for an operation in children, and it is the most common surgical emergency in pregnancy.3

Appendectomy is the surgical removal of the appendix.

Symptoms

Stomach pain that usually starts around the navel and then moves to the lower right side of the abdomen.

Loss of appetite

Low fever, usually below 100.3°F

Nausea and sometimes vomiting

Diarrhea or constipation

Keeping You Informed

Appendicitis Pain

Pain can be different for each person because the appendix can touch different organs. This can be confusing and make it difficult to diagnose appendicitis. Most often pain starts around the navel and then moves to the right lower abdomen. The pain is often worse with walking or talking. During pregnancy, the appendix sits higher in the abdomen, so the pain may seem to come from the upper abdomen. In the elderly, symptoms are often not as noticeable because there is less swelling.4

Other medical disorders have symptoms similar to appendicitis, such as inflammatory bowel disease, pelvic inflammatory disease, gastroenteritis, urinary tract infection, right lower lobe pneumonia, Meckel's diverticulum, intussusception, and constipation.

Common Diagnostic Tests

History and Physical

The focus will be on your abdominal pain. There is no single test to confirm appendicitis.3

Tests (see glossary)

Abdominal ultrasound—Checks for an enlarged appendix

Complete blood count (CBC)—A blood test to check for infection

Rectal exam—Checks for tenderness on the right side and for any rectal problems that could be causing the abdominal pain

Pelvic exam—May be done in young women to check for pain from gynecological problems like pelvic inflammation or infection

Urinalysis—Checks for an infection in your urine, which can cause abdominal pain

Electrocardiogram (ECG)—Sometimes done in the older adult to make sure heart problems are not the cause of pain
Surgical and Nonsurgical Treatment

Surgical Treatment
Acute appendicitis is an urgent problem requiring surgical consultation.

Laparoscopic Appendectomy
This technique is the most common for simple appendicitis. The surgeon will make 1 to 3 small incisions in the abdomen. A port (nozzle) is inserted into one of the slits, and carbon dioxide gas inflates the abdomen. This process allows the surgeon to see the appendix more easily. A laparoscope is inserted through another port. It looks like a telescope with a light and camera on the end so the surgeon can see inside the abdomen. Surgical instruments are placed in the other small openings and used to remove the appendix. The area is washed with sterile fluid to decrease the risk of further infection. The carbon dioxide comes out through the slits, and then the sites are closed with sutures or staples or covered with glue-like bandage and Steri-Strips. Your surgeon may start with a laparoscopic technique and need to change to an open technique. This change is done for your safety.

Open Appendectomy
The surgeon makes an incision about 2 to 4 inches long in the lower right side of the abdomen. The appendix is removed from the intestine. The area is washed with sterile fluid to decrease the risk of further infection. A small drainage tube may be placed going from the inside to the outside of the abdomen. The drain is usually removed in the hospital. The wound is closed with absorbable sutures and covered with glue-like bandage or Steri-Strips.

Nonsurgical Treatment
If you only have some of the signs of appendicitis, your surgeon may treat you with antibiotics and watch for improvement. In an uncomplicated appendectomy, antibiotics may be effective, but there is a higher chance of reoccurrence.

Keeping You Informed
Laparoscopic versus Open
For both adults and children, laparoscopic appendectomy has an advantage of lower infection rate, shorter hospital and recovery time, and lower pain scores. There was a slightly increased risk of infection of the urinary tract and within the abdomen (abdominal abscess) and bleeding within the abdomen.

Ruptured Appendix
Unfortunately, many people do not know they have appendicitis until the appendix bursts. If this happens, it causes more serious problems. The incidence of ruptured appendix is 270 per 1,000 patients. This is higher in the very young and very old and also higher during pregnancy because the symptoms (nausea, vomiting, right-sided pain) may be similar to other pregnancy conditions.
Your surgeon will do everything possible to minimize risks, but appendectomy, like all operations, has risks.

<table>
<thead>
<tr>
<th>Risks of This Procedure from Outcomes Reported in the Last 10 years of Literature</th>
<th>Percentage</th>
<th>Keeping You Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intestinal obstruction:</strong> Short-term blockage of stool or fluids</td>
<td>3%</td>
<td>Swelling of the tissue around the intestine can stop stool and fluid from passing. You will be asked if you are passing gas, and bowel sounds will be checked. If you have a temporary block, a tube may be placed through your nose into your stomach for 1 or 2 days to remove fluid from your stomach.</td>
</tr>
<tr>
<td><strong>Pregnancy risks</strong></td>
<td>Premature labor 8 to 10% Fetal loss 2%</td>
<td>The risk of fetal loss increases to 10% when the appendix ruptures and there is peritonitis (infection of the abdominal cavity).&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Pediatric risks</strong></td>
<td>Less than 1% for all complications</td>
<td>Children with perforated appendix have increased wound infection rates and abdominal infections. There are no deaths reported with simple appendectomy.</td>
</tr>
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<tr>
<th>Risks of This Procedure Based on the ACS Risk Calculator*</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td><strong>Wound Infection:</strong> Infection at the area of the incision or near the organ where the surgery was performed</td>
<td>Laparoscopic 1.9% Open 4.3%</td>
<td>Antibiotics are typically given before the operation. Smoking can increase the risk of infection.</td>
</tr>
<tr>
<td><strong>Return to the operating room</strong></td>
<td>1.8%</td>
<td>Significant pain and bleeding may cause a return to surgery.</td>
</tr>
<tr>
<td><strong>Pneumonia:</strong> Infection in the lungs</td>
<td>Less than 1%</td>
<td>Stopping smoking, walking and deep breathing after your operation can help prevent lung infections.</td>
</tr>
<tr>
<td><strong>Urinary tract infection:</strong> Infection of the bladder or kidneys</td>
<td>Less than 1%</td>
<td>A urinary catheter (small thin tube) that drains urine from the bladder is sometimes inserted. Signs of a urinary tract infection include pain with urination, fever, and cloudy urine.</td>
</tr>
<tr>
<td><strong>Blood clot:</strong> A clot in the legs that can travel to the lung</td>
<td>Less than 1%</td>
<td>Longer surgery and bed rest increase the risk. Getting up, walking 5 to 6 times per day, and wearing support stockings reduce the risk.</td>
</tr>
<tr>
<td><strong>Heart complication:</strong> Includes heart attack or sudden stopping of the heart</td>
<td>Less than 1%</td>
<td>Problems with your heart or lungs can be sometimes be worsened by general anesthesia. Your anesthesia provider will take your history and suggest the best option for you.</td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>Less than 1%</td>
<td>Death is extremely rare in healthy people.</td>
</tr>
<tr>
<td><strong>Any complication, including:</strong> Surgical infections, breathing difficulties, blood clots, renal (kidney) complications, cardiac complications, and return to the operating room</td>
<td>Laparoscopic 3.4% Open 6.4%</td>
<td>Complications are higher in smokers, obese patients, and those with other diseases such as diabetes, heart failure, renal failure and lung disease. Wound healing may also be decreased in smokers.</td>
</tr>
</tbody>
</table>

*The ACS Surgical Risk Calculator estimates the risk of an unfavorable outcome. Data is from a large number of patients who had a surgical procedure similar to this one. If you are healthy with no health problems, your risks may be below average. If you smoke, are obese, or have other health conditions, then your risk may be higher. This information is not intended to replace the advice of a doctor or health care provider. To check your risks, go to the ACS Risk Calculator at [http://riskcalculator.facs.org/online](http://riskcalculator.facs.org/online).
Appendectomy

Questions to Ask About My Operation:

- What are the side effects and risks of anesthesia?
- What technique will be used to remove my appendix? Laparoscopic or open?
- What are the risks of this procedure for me?
- Will you be performing the entire operation yourself?
- What level of pain should I expect, and how will it be managed?
- How long will it be before I can return to my normal activities (work, driving, lifting)?

Preparing for Your Operation

Home Medication

Appendectomy is usually an emergency procedure. You can help prepare for your operation by telling your surgeon about other medical problems and medications that you are taking.

Be sure to tell your surgeon if you are taking blood thinners (Plavix, Coumadin, aspirin).

Anesthesia

You will meet with your anesthesia provider before the operation. Let him or her know if you have allergies, neurologic disease (epilepsy or stroke), heart disease, stomach problems, lung disease (asthma, emphysema), endocrine disease (diabetes, thyroid conditions), loose teeth, or if you smoke, drink alcohol, use drugs, or take any herbs or vitamins. Let your surgical team know if you smoke and plan to quit. Quitting decreases your complication rate. Resources to help you quit can be found at www.facs.org/patienteducation/quitsmoking.html.

Length of Stay

You can often go home in 1 or 2 days. Your hospital stay may be longer for a ruptured appendix.

Don’t Eat or Drink

You will not be allowed to eat or drink while you are being evaluated for appendectomy. Not eating or drinking reduces your risk of complications from anesthesia.

What to Bring

- Insurance card and identification
- Advance directive (see glossary)
- List of medicines
- Loose-fitting, comfortable clothes
- Leave jewelry and valuables at home

What You Can Expect

Safety Checks

An identification (ID) bracelet and allergy bracelet with your name and hospital/clinic number will be placed on your wrist. These should be checked by all health team members before they perform any procedures or give you medication. Your surgeon will mark and initial the operation site.

Fluids and Anesthesia

An intravenous line (IV) will be started to give you fluids and medication. For general anesthesia, you will be asleep and pain free during the operation. A tube may be placed down your throat to help you breathe during the operation.

After Your Operation

You will be moved to a recovery room where your heart rate, breathing rate, oxygen saturation, blood pressure, and urine output will be closely watched. Be sure that all visitors wash their hands.

Preventing Pneumonia and Blood Clots

Movement and deep breathing after your operation can help prevent postoperative complications such as blood clots, fluid in your lungs, and pneumonia. Every hour, take 5 to 10 deep breaths and hold each breath for 3 to 5 seconds.

When you have an operation, you are at risk of getting blood clots because of not moving during anesthesia. The longer and more complicated your surgery, the greater the risk. This risk is decreased by getting up and walking 5 to 6 times per day, wearing special support stockings or compression boots on your legs, and for high-risk patients, taking a medication that thins your blood.
Your Recovery and Discharge

Thinking Clearly

The anesthesia may cause you to feel different for 1 or 2 days. Do not drive, drink alcohol, or make any big decisions for at least 2 days.

Nutrition

When you wake up, you will be able to drink small amounts of liquid. If you do not feel sick, you can begin eating regular foods.

Continue to drink lots of fluids, usually about 8 to 10 glasses per day.

Eat a high-fiber diet so you don’t strain during bowel movements.

Activity

Slowly increase your activity. Be sure to get up and walk every hour or so to prevent blood clots.

Do not lift or participate in strenuous activity for 3 to 5 days for laparoscopic and 10 to 14 days for open procedure.

You may go home in 1 to 2 days for a laparoscopic repair. If your appendix ruptured or you have other health issues or complications, you may stay longer.

It is normal to feel tired. You may need more sleep than usual.

Work and Return to School

You can go back to work when you feel well enough. Discuss the timing with your surgeon.

Children can usually go to school 1 week or less after an operation for an unruptured appendix and up to 2 weeks after a ruptured appendix.

Most children will not return to gym class, sports, and climbing games for 2 to 4 weeks after the operation.

Wound Care

Always wash your hands before and after touching near your incision site.

Do not soak in a bathtub until your stitches or Steri-Strips are removed. You may take a shower after the second postoperative day unless you are told not to.

Bowel Movements

After intestinal surgery, you may have loose watery stools for several days. If watery diarrhea lasts longer than 3 days, contact your surgeon.

Pain medication (narcotics) can cause constipation. Increase the fiber in your diet with high-fiber foods if you are constipated. Your surgeon may also give you a prescription for a stool softener.

Pain

The amount of pain is different for each person. Some people need only 1 to 3 doses of pain control medication, while others need more.

Home Medications

The medicine you need after your operation is usually related to pain control.

High-Fiber Foods

Foods high in fiber include beans, bran cereals and whole-grain breads, peas, dried fruit (figs, apricots, and dates), raspberries, blackberries, strawberries, sweet corn, broccoli, baked potatoes with skin, plums, pears, apples, greens, and nuts.
When to Contact Your Surgeon

If you have:
- Pain that will not go away
- Pain that gets worse
- A fever of more than 101°F (38.3°C)
- Repeated vomiting
- Swelling, redness, bleeding, or bad-smelling drainage from your wound site
- Strong abdominal pain
- No bowel movement or unable to pass gas for 3 days
- Watery diarrhea lasting longer than 3 days

Pain Control

Everyone reacts to pain in a different way. A scale from 0 to 10 is often used to measure pain. At a “0,” you do not feel any pain. A “10” is the worst pain you have ever felt.

Common Medicines to Control Pain

**Narcotics** or **opioids** are used for severe pain. Possible side effects of narcotics are sleepiness; lowered blood pressure, heart rate, and breathing rate; skin rash and itching; constipation; nausea; and difficulty urinating. Some examples of narcotics include morphine, oxycodone (Percocet/Percodan), and hydromorphone (Dilaudid). Medications are available to control many of the side effects of narcotics.

**Non-Narcotic Pain Medication**

Most non-opioid pain medications are nonsteroidal anti-inflammatory drugs (NSAIDs). They are used to treat mild pain and inflammation or combined with a narcotic to treat severe pain. Some side effects of NSAIDs are stomach upset, bleeding in the digestive tract, and fluid retention. These side effects usually are not seen with short-term use. Examples of NSAIDs include ibuprofen, Motrin, Aleve, and Toradol (given as a shot).

Non-Medicine Pain Control

**Distraction** helps you focus on other activities instead of your pain. Music, games, and other engaging activities are especially helpful with children in mild pain.

**Splinting your stomach** by placing a pillow over your abdomen with firm pressure before coughing or movement can help reduce the pain.

**Guided imagery** helps you direct and control your emotions. Close your eyes and gently inhale and exhale. Picture yourself in the center of somewhere beautiful. Feel the beauty surrounding you and your emotions coming back to your control. You should feel calmer.

**OTHER INSTRUCTIONS:**

**FOLLOW-UP APPOINTMENTS**

**WHO:**

**DATE:**

**PHONE:**

Keeping You Informed

Extreme pain puts extra stress on your body at a time when your body needs to focus on healing. Do not wait until your pain has reached a level “10” or is unbearable before telling your doctor or nurse. It is much easier to control pain before it becomes severe.

**Laparoscopic Pain**

Following a laparoscopic procedure, pain is sometimes felt in the shoulder. This is due to the gas inserted into your abdomen during the procedure. Moving and walking helps to decrease the gas and the right shoulder pain.

**Guided imagery**

**Distraction**

**Splinting your stomach**

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**Keeping You Informed**

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REFERENCES

The information provided is chosen from clinical research. The research below does not represent all of the information available about your operation.


Glossary of Terms and More Information

For more information, please go to the American College of Surgeons Patient Education Web site at www.facs.org/patienteducation. For a complete review of appendectomy, consult Selected Readings in General Surgery, “Pediatric Appendectomy” 2014 Vol. 40 No. 4 and “Adult Appendectomy” 2011 Vol. 38 No. 5 at www.facs.org/SRGS.

GLOSSARY

Abdominal ultrasound: Sound waves are used to determine the location of deep structures in the body. A hand roller is placed on top of clear gel and rolled across the abdomen.

Abscess: Localized collection of pus.

Advance directives: Documents signed by a competent person giving direction to health care providers about treatment choices. They give you the chance to tell your feelings about health care decisions.

Adhesion: A fibrous band or scar tissue that causes internal organs to adhere or stick together.

Complete blood count (CBC): A blood test that measures red blood cells (RBCs) and white blood cells (WBCs). WBCs increase with inflammation. The normal range for WBCs is 8,000 to 12,000.

Computed tomography (CT) scan: A specialized X ray and computer that show a detailed, 3-D picture of your abdomen. A CT scan normally takes about 1½ to 2 hours.

Electrocardiogram (ECG): Measures the rate and regularity of heartbeats, the size of the heart chambers, and any damage to the heart.

Nasogastric tube: A soft plastic tube inserted in the nose and down to the stomach.

Urinalysis: A visual and chemical examination of the urine, most often used to screen for urinary tract infections and kidney disease.

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DISCLAIMER

This information is published to educate you about your specific surgical procedures. It is not intended to take the place of a discussion with a qualified surgeon who is familiar with your situation. It is important to remember that each individual is different, and the reasons and outcomes of any operation depend upon the patient’s individual condition.

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