

Appendicitis

Child Health Patient Information Leaflet



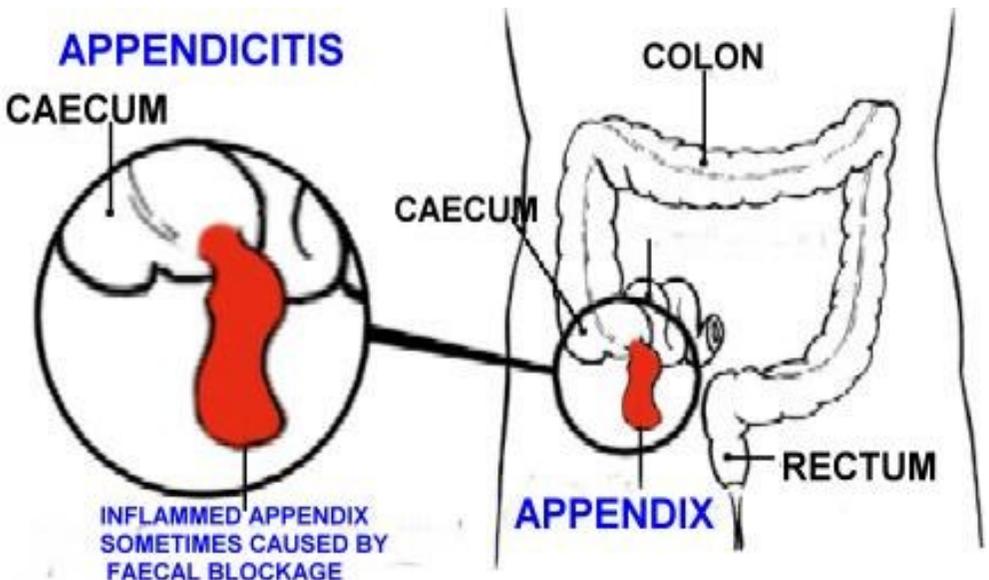
Introduction

The purpose of this leaflet is to explain appendicitis and what to expect from an appendicectomy.

What and where is the appendix?

The appendix is a small 'dead end' tube that comes off the caecum. It is normally about 5-10 cm long and is quite thin. The appendix appears to have no function. Why it is there is a bit of a mystery.

The caecum is the first part of the large intestine just before the colon. The small intestine digests and absorbs food. The parts of the food that are not digested begin to be formed into faeces (motions) in the caecum.



What is appendicitis?

Appendicitis means inflammation of the appendix. The inflamed appendix becomes infected with bacteria (bugs) from the intestine. The inflamed appendix gradually swells.

Eventually, if not treated, the swollen appendix might perforate (burst). This is serious as the contents of the intestine then spill into the abdominal cavity. This can cause a serious infection of the membrane that lines the abdomen (peritonitis), or an abscess in the abdomen. If appendicitis is suspected, early treatment is best before it bursts.

What are the symptoms of appendicitis?

Symptoms include the following:

- **Pain** in the middle of the abdomen is usual at first. It normally develops quickly, over an hour or so. Over the next few hours the pain typically 'travels' to the lower right hand side of the abdomen. This is over where the appendix normally lies. The pain may become severe. The abdomen is usually tender.
- **Feeling sick** and off food is typical. You may vomit.
- **Fever** and generally feeling unwell.
- **Constipation** may occur. Sometimes diarrhoea.
- **Frequent passing of urine** may develop. This is thought to be due to the inflammation 'irritating' the nearby ureter (the tube between the kidney and bladder).

If the appendix perforates (bursts) then severe pain can spread to all of the abdomen. You also become very ill.

How is appendicitis diagnosed?

The diagnosis is easy if the typical symptoms occur. However, not everyone has typical symptoms. For example, the pain may not become severe until the appendix perforates. The site of the pain may not be typical if the appendix lies in an unusual place. Sometimes it is difficult for doctors to be sure that appendicitis is the cause of the symptoms.

Some people develop pain which is similar to appendicitis, but which is caused by other conditions such as irritable bowel. Some people have surgery only to find that the appendix is normal and not inflamed.

There is no easy or foolproof test to confirm appendicitis. A surgeon has to make a judgement whether to operate or not. It depends on whether the symptoms suggest that appendicitis is the probable diagnosis. Sometimes a surgeon advises to 'wait and see' for a few hours or so. This allows some time to see if symptoms progress, change, or go away. An ultrasound scan may help to clarify the diagnosis in some cases, but it is not a foolproof test.

Who gets appendicitis?

Appendicitis is common and may affect anyone of any age. Teenagers are the most commonly affected. About 6 in 100 people in the UK have appendicitis sometime in their life. It is much more common in western countries where the diet is often low in fibre.

What causes appendicitis?

The cause is not known in most cases. Sometimes a blockage occurs somewhere along the short appendix. This is due to some hard faeces that gets stuck. Bacteria may thrive and cause inflammation behind the blockage in the 'dead end' of the appendix.

What is the treatment for appendicitis?

You will be admitted to hospital if appendicitis is suspected. An operation to remove the inflamed appendix is usually done quite quickly once the diagnosis is made. It is much better to remove an inflamed appendix before it bursts. The inflamed appendix is found and cut off the caecum. The 'hole' left in the caecum is stitched up to stop any contents from the gut leaking out.

Removal of the appendix (**Appendicectomy**) is one of the most commonly performed operations in the UK. The operation is usually a success. There are usually no long term complications after the operation.

What happens after the operation?

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past. You may have a fine plastic tube running down the back of your nose to drain your stomach for a few days. You may have a fine tube in an arm vein connected to a bag of fluid until the bowel recovers from the operation. You may have a drainage tube coming out of your skin near the wound to get rid of secretions. There is some discomfort on moving rather than severe pain. You will be given continuous painkillers to control this. Ask for more if the pain is still unpleasant.

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you cannot pass urine let the nurses know.

You will be expected to get out of bed the day after the operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The second day after the operation you should be able to spend most of your time out of bed and in reasonable comfort. By the end of one week the wound should be virtually pain-free.

Any wounds will have a dressing, which may show some staining with old blood in the first 24 hours. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

There may be some purple bruising around the wound, which spreads downward by gravity and fades to a yellow colour after two to three days. It is not anything to worry about.

There may be some swelling of the surrounding skin, which also improves in two to three days. Any wound drain is usually taken out in three or four days.

Keep your wound dry for five to seven days, then you can wash the wound area with soap and water.

There may be stitches or clips in the skin that will need to come out. Please arrange an appointment with the nurse practitioner in your GP surgery to have them removed after 7-10 days or as advised by your surgeon.

No follow up appointment is needed unless there was a complication.

Your recovery may be slower if the appendix has burst by the time of operation.

You should not do any heavy lifting or engage in contact sports for at least a month.

Questions you might like to ask:

Further information can be obtained from:

NHS 111

Dial 111

Or contact your GP

Bluebell Ward,
Lister Hospital, Stevenage

01438 284008

Children's A&E, Lister

01438 284333

QEII Urgent Care Centre,
Welwyn Garden City

01707 247549

Lister Community Children's Nurses

01438 284012

QEII Community Children's Nurses

01438 288370

Patient Advice and Liaison Service

01438 285811

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