



## Procedure Information Sheet

### Introduction

Appendicitis is the inflammation of the appendix caused by fecal impaction or other bacterial infection. Appendicitis runs a rapid course. It commonly presents with abdominal pain and discomfort. After a few hours, the abdominal pain increases and shifts to right lower abdomen with nausea, vomiting and fever. Inflamed appendix should be removed by operation; otherwise it would progress with rupture causing peritonitis, which is life-threatening. Other indications for appendectomy included incidental removal during other surgical procedures or tumor of appendix.

### The Operation / Procedure

1. Operation is done under general anesthesia.
2. The operation could be performed by Laparoscopic or Open approach:
  - 2.1 Laparoscopic Appendectomy
    - 1 to 3 separated small incisions (wound size 0.5 - 1 cm) will be made in abdomen. Operation space created with CO2 insufflations. Visualization of intra-abdominal organs achieved with video instruments.
  - 2.2 Open Appendectomy
    - An incision is made over right lower quadrant or lower midline of abdomen:
      - 2.2.1 Open Appendectomy mostly is the choice by doctor and patient, or
      - 2.2.2 Open Appendectomy need to be proceeding during attempted of Laparoscopic Appendectomy with the decision of your doctor. It will be occasionally occurred in about 10% - 40% of the operation of Laparoscopic Appendectomy.
3. Peritoneal cavity is entered with its content examined and pathology identified.
4. Appendix and its blood supply are ligated and appendix removed.
5. Drain(s) for removal of fluid might be inserted depending on necessity.
6. Wound is closed with sutures.

### Before the Operation / Procedure

1. Usually performed as an emergency operation once the diagnosis is made.
2. Interview with doctor in charge about operation management, nature of operation and possible risk. Read through and understood this information sheet and sign the consent form.
3. Inform doctor about drug allergy, your regular medications or other medical conditions.
4. Pre-operative anaesthetic assessment. Read through and understood the information sheet on anaesthesia, then sign the consent for anaesthesia.
5. Hair clipping of the abdominal and pubic according to doctor's order.
6. To prevent wound infection, if the procedure is performed by Laparoscopic approach umbilicus cleansing is needed on the day of surgery.
7. For non emergency elective case.
  - 7.1 3 days before surgery, patient may use clean cotton wool applicators soaked with soapy water to clean the umbilicus. Swab from inside to outside and repeat procedure until the umbilicus is cleaned thoroughly. Take a shower then put on clean clothes.
  - 7.2 On the day of Surgery, health care worker will check the cleanliness of the operation area. The umbilical area may need to be cleaned again when necessary.
8. Keep fast 6 - 8 hours before operation.
9. Take off underwear, remove denture, contact lens and jewellery (including hair pins, necklace, earrings etc), then change to operation gown and cap.
10. Empty bladder before transferring to O.T.

**Patient's Label**

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_



### After the Operation / Procedure

1. After general anesthesia, you may feel tired, dizzy or weak.
2. You may have sore throat, headache, vomiting or bruises at the puncture site occasionally. They will subside after a few days.
3. You may have shoulder pain due to CO<sub>2</sub> gas and it will subside after a few day. If the procedure performed by Laparoscopic approach.
4. Intravenous drip may continue till feeding resumes.
5. May be restricted from eating or drinking in the initial period.
6. Resume diet gradually in the next day as advised by doctor.
7. Fluid and fibers are encouraged.
8. May need further doses or a full course of antibiotics.
9. Mild wound pain is common; please take prescribed analgesic for pain relief.
10. Can mobilize and get out of bed 6 hours after operation.
11. Don't remove the dressing. Keep the wound clean and dry. Stitches or skin clip if present will be taken off around 1 week time.
12. Avoid tight garment and pressure on wound / dressing.
13. Use your hand to protect the wound when coughing or sneezing to prevent wound disruption.
14. Restrict lifting any heavy weight and avoid strenuous exercise for 4 - 6 weeks after operation. Lifting will put pressure on your wound which takes time to heal properly.
15. Follow up as scheduled and taking off stitches or skin clips in doctor's clinic.

### Risk and Complication

1. Complications of general anesthesia (<0.01% but may be fatal):
  - 1.1 Cardiovascular complications: acute myocardial infraction, cerebrovascular accidents, deep vein thrombosis, massive pulmonary embolism.
  - 1.2 Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
  - 1.3 Allergic reaction and anaphylactic shock.
2. Operation related complications:
  - 2.1 Wound infection or dehiscence (5 – 30%).
  - 2.2 Pelvic collection or abscess.
  - 2.3 Fecal fistula.
  - 2.4 Damage to other nearby organs, e.g. urinary bladder, colon (~5%).
  - 2.5 Leakage over ligation site (1%).
  - 2.6 Adhesive colic or intestinal obstruction.
  - 2.7 Mortality (0.1 – 1%).

### Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

### Reference

Smart Patient Website by Hospital Authority: Appendectomy (3/2020)

<p><b>Patient's Label</b>          Patient Name: _____          Hospital No: _____          Episode No: _____</p>
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Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_