

Having surgery to remove your appendix

General Surgery

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Information for patients

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What is appendicitis?

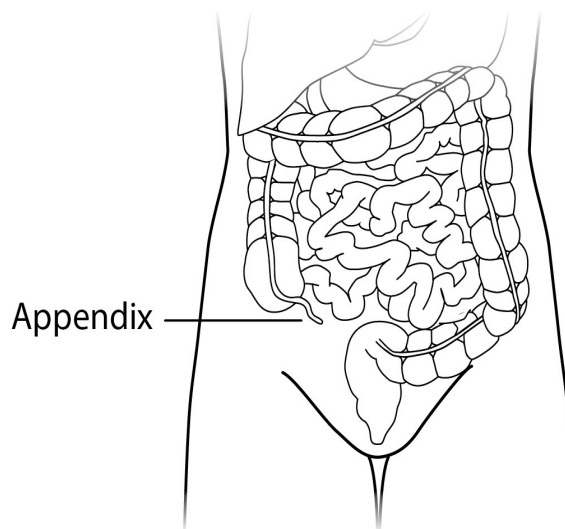
Appendicitis is inflammation of the appendix. The appendix is a small closed-ended pouch that is normally around the size of your little finger. It is attached to the bowel (large intestine) in the lower right hand side of your tummy (abdomen). Why we have an appendix is not fully understood. You can live a completely normal life without it.

What causes appendicitis?

In most cases it is not clear what causes appendicitis. Sometimes the appendix becomes blocked by

- a small piece of poo (faeces) or
- a swollen lymph node within the wall of the intestine.

This blockage can cause inflammation and swelling. This leads to an increase in pressure inside the appendix. At this point the appendix may burst (perforate). When the appendix bursts there is a risk of pus and poo spilling out of the intestine. This causes an infection of the inner lining of the tummy called the peritoneum. This condition is called peritonitis. If left untreated it can be fatal.



In some cases the intestine and fat within the tummy can create a wall around the inflamed appendix to seal it off. It is possible that an abscess can form inside the sealed off appendix. This will need draining.

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or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What are the symptoms of appendicitis?

The main symptom of appendicitis is often tummy (abdominal) pain.

You will feel pain on the right-hand side of your lower tummy where the appendix is. It is common for the pain to start in the centre of the tummy. It can then move to the lower right side. The pain may come and go at first and then become constant and worse. The pain often gets worse when you apply pressure to the area, cough or move around. It may be better at rest.

Other symptoms you may have:

- Lack of appetite
- Feeling sick (nausea)
- Being sick (vomiting)
- Fever
- Becoming constipated or having diarrhoea
- Having to pee more often than usual
- Feeling generally unwell

How is the appendix removed?

The surgery to take out the appendix is called an appendicectomy. It is done under a general anaesthetic. This means you will be asleep during the procedure. The doctor giving you anaesthetic (called an anaesthetist) will talk to you before your surgery about this.

While you are asleep we sometimes need to empty your bladder using a small tube (catheter). We will remove this before you wake up.

We can take the appendix out in 2 ways:

1. Keyhole surgery through small cuts in the tummy.
2. Open surgery through larger cuts in the tummy.

In most cases we remove the appendix using keyhole surgery (laparoscopic appendicectomy).

During keyhole surgery:

- We make at least 3 small cuts in the tummy. These cuts are between 0.5cm to 1.5cm long. We then insert the surgical instruments and a small camera (laparoscope).
- We use a gas (carbon dioxide) to inflate the tummy. This makes space to do the surgery and to see the appendix properly.
- The appendix is cut at the point it is attached to the large intestine.
- We use stitches, surgical clips or staples to seal the connection to the large bowel.
- If there is any pus inside or an abscess around where the appendix was, we will wash this away.

- If the appendix has burst or there is an abscess, we may need to insert a small tube (called an abdominal drain) during the surgery. This tube will stick out of your tummy and be connected to a container or bag. It will collect any fluid that needs to be drained away after the surgery. This is often fluid used to wash out the infection. The drain is usually removed before you leave the hospital.
- Sometimes it is not possible to take out the appendix with a keyhole procedure. We will then need to make a larger cut. This is called an 'open appendicectomy'. This is something that may be decided before your surgery.
- Sometimes the operation starts as keyhole surgery. After looking inside, the doctor may decide it is safer to carry on with a bigger cut in the tummy. This is called changing to an open appendicectomy. The cut can be made in the middle of the tummy or on the lower right side. Where the cut is and how big it is depends on how hard the appendix is to take out.
- At the end of the surgery the muscles are stitched closed. We close the skin with stitches (that may or may not need removing) or staples or glue.

Are there any alternatives to surgery?

In some cases, we can treat appendicitis with antibiotics. This is only if there is no evidence of it having burst or there being an abscess. We call this 'conservative management'. Your doctor will talk to you about this. There are 2 ways we can give you antibiotics:

1. We may need to give you antibiotics through a small tube (cannula) in the vein. You will have to stay in hospital until your condition has improved.
2. We may give you antibiotic tablets. You will be discharged home with the advice that if your symptoms get worse you will need to return to the hospital. We may also arrange an appointment to assess you again in the hospital towards the end of the course of antibiotics.

It is important to understand that there is a chance that the appendix may become inflamed again in the future if treated with antibiotics and not surgically removed.

What are the possible risks of surgery?

All surgery has a risk of complications. The chance of serious complications during and after appendicectomy is low. These risks will be explained to you before you sign a consent form:

- **Risk from general anaesthesia:** Serious complications from general anaesthetic are rare. Your anaesthetist will talk about this with you before your surgery.
- **Pain:** We will give you painkillers before and after surgery. You may ask for more painkillers if needed.
- **Changing from keyhole to open surgery:** In some cases the surgeon may not be able to remove the appendix using keyhole surgery. They will need to make a larger cut on the tummy.
- **Normal appendix:** In most cases, we diagnose appendicitis after a scan. Scans are very

accurate. Sometimes if you have had a scan suggesting that your appendix is inflamed, the appendix can be normal when the surgeon looks at it directly. If the appendix looks normal it may not be removed.

- **Bleeding:** Bleeding from the wound or within the tummy can happen. In rare cases this may need a blood transfusion or more surgery. Bleeding is more common if you have been taking blood thinning medication.
- **Difficulty peeing:** Sometimes after a general anaesthetic you may find it more difficult to pee. This usually settles in time. In rare cases, we may need to insert a small tube called a catheter to drain the bladder.
- **Injury to organs or bloods vessels around:** In rare cases other parts of the body inside the tummy like the bowel, bladder or blood vessels can be damaged. We will fix any injury at the time of the surgery. We may need to make a larger cut in the tummy. Sometimes we may not be able to identify damage to other parts of the body until after the operation is finished. If so, you may need a further surgery.
- **Needing to rest the bowel (ileus):** In rare cases, when the intestine is handled during a surgery it becomes sluggish. This often settles on its own by resting the bowel through not eating.
- **Removing a part of the colon (bowel resection):** Sometimes the inflammation of the tissues around the appendix may involve nearby bowel. Or it may be found that there is a problem with the bowel itself. In rare cases, to treat the infection and inflammation inside the tummy safely, we may need to remove a part of the large or small bowel. If this is needed, then the bowel ends are usually joined back up inside the tummy.

In very rare cases, the bowel may have to be connected to the skin. This means the bowel contents will empty into a bag. This is called a stoma or ileostomy or colostomy. We will do this to prevent a serious risk of complications or a risk to your life. A stoma can often be reversed in the future.

- **Wound infection:** Wound infection is rare in keyhole surgery. Wounds may become red and leak pus. You may start to get a temperature and feel unwell. The treatment for this is antibiotics.
- **Infected fluid in the tummy (abdominal collection):** Sometimes a collection of infected fluid may form under the wound or deeper inside the tummy. If this happens, you may need to come back to the hospital for a scan. You may need antibiotics or have a plastic tube (drain) inserted through the skin to drain fluid and pus. In rare cases you may need to have another surgery.
- **Blood clots:** A blood clot or a deep vein thrombosis (DVT) may form in the leg after surgery. A part of the clot may break off and travel to the lungs causing a pulmonary embolism (PE).
- **Scarring:** You may have a scar or several smaller scars on the tummy after surgery.
- **Scar tissues forming inside the tummy (abdominal adhesions):** Adhesions are scar tissue that can form in the tummy and cause a blockage in the intestine. You may need a stay in hospital and, in some cases, further surgery.

- **Hernia:** A hernia happens when an internal part of the body pushes through a weakness in the muscle or tissue wall. A weakness in the wound may happen causing a hernia. This may need further surgery.
- **Cancer:** Sometimes, when the appendix is examined under a microscope in the laboratory, cancer is found. If this happens, you may need further tests or, in some cases, additional treatment or surgery. This is very rare.

What happens before the surgery?

A doctor or an advanced clinical practitioner will talk to you about the surgery and answer any questions you may have. They will explain the risks and benefits of the procedure and ask you to sign a consent form.

We will place you on an emergency theatre list. The length of this list depending on the amount of emergency admissions there are on that day. The sickest patients will be taken to theatre first before those who are more well. Although quick treatment of appendicitis is important, for safety reasons we may not do your surgery overnight if you are well. For these reasons it is possible that you may not have your operation on the day of admission.

You will not be allowed anything to eat or drink before the operation. You will usually be able to take your regular medications by mouth. We will insert a small tube (cannula) into your vein to give you:

- Intravenous (IV) fluids to keep you hydrated.
- Antibiotics to help lessen the chance of complications and the risk of infection after surgery.
- Pain relief and anti-sickness.

We will give you some stockings and a daily injection to prevent blood clots.

What happens after the surgery?

On the ward

In most cases you will return to the same ward that you were in before the surgery. Sometimes we may take you into another surgical ward. In very rare cases we may need you to be cared for in the high dependency unit after the surgery. Your property will be transferred to the relevant area.

For a keyhole appendicectomy you should expect to stay in hospital for 24 to 48 hours (1 to 2 days) on average. This can be longer if you need a longer course of intravenous antibiotics or open surgery. In some cases you may be discharged sooner than 24 hours after your operation if it is safe to do so.

You should be allowed to eat soon after the surgery. You will be encouraged to get up and walk as soon as you feel able. After keyhole surgery it is normal to have a bloated tummy and shoulder tip pain because of the gas that is used to inflate the abdominal cavity. Walking around will help to relieve these symptoms.

We will prescribe you pain relief and anti-sickness medication. You are encouraged to ask for this if needed.

At home

Medication

We will give you painkillers to take home. We may also give you anti-sickness medication and antibiotics. We will talk about these medications with you before discharge. We will also give you a copy of your discharge summary paperwork. This has details of the medications and your stay in hospital.

Personal hygiene

You can shower normally the day after your surgery. Try to avoid putting perfumed soaps onto the wounds. After showering, pat wounds dry and cover with clean dressings.

Wound care

We glue keyhole wounds on the surface of your tummy. Do not try to remove this. It will lift off over time.

If we use stitches then these will normally be dissolvable. If stitches need to be removed we will explain this to you.

We will give you some dressings. In some cases we will ask you to arrange dressing changes with the practice nurse at your GP practice. Or you will be referred to a district nurse to change the dressings in the community. You usually need to use dressings for a few days. After this the wounds can be left open to the air.

If the surgeon has made a longer cut it is possible that metal clips have been used to close the wound. These will need to be taken out by the practice nurse or district nurse after 10 days. We will explain the details of this to you on discharge. It is important to keep all wounds clean and dry. Look out for any signs of infection such as redness, pus, swelling and fever.

Eating and drinking

You can have a normal diet after discharge from hospital. You may want to start with lighter and more often meals. You can then slowly go back to normal meals as you feel able. Make sure you are well hydrated by drinking the recommended 2 litres of water daily.

Driving

It is recommended that you do not drive for at least 1 week after keyhole surgery. Do not drive for 2 weeks after an open appendicectomy. The DVLA advises that you must not drive until you can safely and comfortably do an emergency stop. This is different from person to person. You need to be confident you are safe to drive before you do so.

Physical activity

It is important to walk around as soon as possible after the surgery. Make sure not to do too much too soon. Try to avoid strenuous exercise and heavy lifting for at least 6 weeks. It is normal to feel more tired for several weeks after surgery.

Going back to work

The length of time you will need off work depends on the job that you do and the type of surgery you have. Most people who have had keyhole surgery will be able to return to a desk job or light duties after 2 weeks. If your job involves heavy lifting you may need longer off work. We can give you a sick note when you go home for a minimum period of 2 weeks. Your GP can give you another sick if more time is needed to recover.

Holidays

Flying soon after surgery is generally not advised. You may not be covered by your insurance. If you wish to travel please talk with your insurance provider.

Follow up appointments

You do not usually need to see a doctor for a follow-up appointment after an appendicectomy.

If the procedure has been more complicated you may be asked to attend a follow up at the hospital. We will tell you if you are having a follow up appointment when you leave hospital.

If you are concerned about any symptom or problem with your surgery, after you go home you should phone the ward where you had your operation (last page of leaflet). Or you can contact **NHS 111** or your GP.



Contact details

Leicester Royal Infirmary

Ward 16 Surgical Assessment Unit

0116 258 5332

0116 258 7513

0116 258 6519

Surgical Triage

0116 258 8906

Ward 21

0116 258 5475

Ward 22

0116 258 4165

When you call it would be helpful if you have:

- The patient's full name and date of birth
- Hospital number (printed on discharge summary)
- Type and date of surgery

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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