

# Surgery to remove your child's appendix

Children's Hospital

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Information for Patients, Parents & Carers

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## What is an appendix?

The appendix is a small finger-like organ that is attached to the large intestine in the lower right side of the tummy (abdomen).

## What is appendicitis?

Appendicitis is a painful swelling of the appendix.

When the appendix is blocked, it becomes inflamed and bacteria can overgrow in it. Blockage can be because of hard rock-like poo (called a faecolith), inflammation of lymph nodes in the intestines, or even infections like parasites.

If the inflamed appendix is not removed, it can burst and spread bacteria. The infection from a ruptured appendix is very serious as it can form a collection of pus (abscess) or spread throughout the tummy (abdomen). This type of infection is called peritonitis.

Appendicitis mostly affects children and teenagers. It is rare in infants. It is one of the most common reasons for emergency abdominal surgery in children.

## How is it treated?

Appendicitis is treated by removing the inflamed appendix. Nobody knows exactly what the appendix does, but removing it is not harmful. This surgery is called appendicectomy or appendectomy. We do it under general anaesthetic using keyhole surgery or open surgery.

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or call 111 for non-emergency medical advice**

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The majority are done by keyhole surgery (laparoscopic appendicectomy). In some cases, keyhole surgery is not recommended and open surgery is used instead. This can be:

- when the appendix has already burst and formed a lump called an appendix mass.
- when the surgeon is not experienced in laparoscopic removal.
- people who have had open abdominal surgery before.

## **What happens in a keyhole surgery?**

The surgery will be done under a general anaesthetic. This means your child will be asleep during surgery. The anaesthetist doctor will see you and your child to explain what will happen in more detail.

We make 3 small cuts (incisions) in the lower part of the tummy. We remove the appendix through these holes. We insert special instruments like:

- a tube that gas is pumped through to inflate the abdomen. This lets the surgeon see the appendix more clearly and gives them more room to work.
- a small tube with a light and a camera (laparoscope). This shows images of the inside of the abdomen to a TV monitor.
- small surgical tools used to remove the appendix.

After the appendix has been removed, we use dissolvable stitches to close the cuts.

## **What happens before and after the surgery?**

The doctor will talk to you about your child's surgery. They will answer any questions that you may have. You will be asked to sign a consent form.

Although quick treatment is important, for safety reasons we often do not operate on children late in the evening or overnight. We will however do the surgery if your child's condition is getting worse and they need treating straight away.

We will remove an infected appendix that has burst. Your child may need a longer hospital stay to let the antibiotics get rid of any bacteria that has spread into the body. We will give your child painkillers. We will explain to you how to give these. The amount of pain relief your child will need will depend on how bad the condition is.

Before and after surgery, your child will have a small tube (cannula) inserted in a vein (intravenous (IV)) in their hand, arm or foot. This lets us give the following:

- Fluids until your child feels like eating and drinking again. This will also let the bowel recover from surgery.
- Antibiotics which will help prevent complications. It will reduce the risk of infections after surgery. This will continue for 1 to 5 days depending on how bad the appendicitis is.
- Regular medication for pain relief.

## Are there any risks or possible complications?

- **Wound infection.** This does not happen often with keyhole surgery. The wound may become red and contain pus. Your child may have a temperature and feel more unwell. We will give your child more antibiotics for this. The likelihood of this happening is 1 in 10,000 children.
- **Pelvic collection.** This is more common if the appendix has already burst. The majority of cases are treated with a longer course of antibiotics. Rarely your child may need another surgery. The symptoms of this are fever, diarrhoea and worsening pain. The likelihood of this happening is 1 in 10,000 children.
- **Abdominal adhesions.** These are bands of tissue that form inside the abdomen which 'stick' organs and tissues together. Often abdominal adhesions do not cause any problems but sometimes they can lead to bowel blockage (obstruction). You will need to look out in your child for increased abdominal pain, green sick (vomit), a swollen (bloating) tummy and constipation. The likelihood of this happening is 1 in 10,000 children.
- **Changing from keyhole surgery to open surgery.** This is uncommon. The likelihood of this happening is 1 in 10,000 children.
- **Other diagnosis or diagnosis not confirmed:** sometimes after surgery we do not know why your child has abdominal pain and the appendix is normal. This may need different treatment. Abdominal pain can be caused by the lymph nodes in your stomach being inflamed from a virus. This needs no treatment. If the blood tests and scans for appendicitis are inconclusive then the appendix will be taken out. The appendix is not needed.

## Caring for your child after surgery

The following advice will help you care for your child at home after surgery:

- Your child may still have discomfort depending on how many days since the surgery. Give regular pain relief if within 48 hours (2 days) after surgery. After this time give pain relief as and when your child needs it.
- Do not let your child have a bath or shower for the first 48 hours (2 days). Afterwards you can give them short baths or showers. Do not use soap on that area for the first 7 days.
- Give your child easily digestible foods, slowly moving to a normal diet.
- Your child may return to school after a week.
- Your child should not do physical activity for 4 weeks.
- Stitches are dissolvable meaning they will go away on their own. This can take up to 6 weeks.



## What to expect with the wound

All dressings should be removed 3 days after the surgery. Your child may not have had any dressing. This is because we may use surgical glue and dissolvable stitches (sutures) which do not need removal.

The wound:

- should heal by itself.
- will have a certain amount of swelling for about 1 week.
- may have a small amount of oozing. This is normal.
- will look bright pink.

**If your child has the symptoms below then contact ward 10 or the Emergency Department:**

- If the wound starts to bleed.
- If the wound becomes red and more painful to touch.
- If the wound starts to discharge pus.

## Contact details

You can contact Ward 10 if you have any queries or concerns:

Ward 10, Level 4, Balmoral Building, Leicester Royal Infirmary call **0116 258 5362**.

You can also see your GP if you need to, but if you need to come into hospital you will be sent to the Children's Emergency Department.

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