

# 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's attached to the large intestine in the lower right side of the tummy (abdomen). The inside of the appendix forms a cul-de-sac that usually opens into the large intestine.

## 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 due to hard rock-like stool (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 abdomen. This type of infection is called peritonitis.

Appendicitis mostly affects children and teenagers. It is rare in infants. It's 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 operation is known as an appendicectomy or appendectomy. Removal of the appendix is carried out under general anaesthetic using either keyhole or open surgery.

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The majority are done by keyhole surgery (laparoscopic appendicectomy). In some circumstances, keyhole surgery is not recommended and open surgery is used instead. These include:

- 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 previously had open abdominal surgery.

## What does keyhole surgery involve?

The operation will be done under a general anaesthetic. The anaesthetist doctor will see you and your child to explain what will happen in more detail.

During keyhole surgery, 3 small cuts (incisions) are made in the lower part of the tummy. The appendix is removed through these holes. Special instruments are inserted, including:

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

After the appendix has been removed, dissolvable stitches are used to close the incisions.

## What happens before and after the operation?

You will see a doctor who will talk to you about your child's operation and 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 generally do not operate on children late in the evening or overnight unless their condition is getting worse and they need treating straight away.

An infected appendix that bursts will be removed surgically but might need a longer hospital stay to allow antibiotics to get rid of any bacteria that has spread into the body. Your child will be given painkillers too, and this will be explained. 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 allows us to give the following intravenously:

- Fluids until your child feels like eating and drinking again. This will also allow the bowel to recover from surgery.
- Antibiotics which will help prevent complications and 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 is rare with keyhole surgery, it will need more antibiotics. The wound may become red, contain pus and your child may have a temperature and feel more unwell.
- **Pelvic collection** - this is more common if the appendix has already burst. The majority of cases are treated with a longer course of antibiotics and rarely your child may need another operation. The symptoms would be fever, diarrhoea and worsening pain.
- **Abdominal adhesions** - these are bands of tissue that form inside the abdomen which 'stick' organs and tissues together. Generally abdominal adhesions do not cause any problems but occasionally they can lead to bowel obstruction. You will need to observe your child for increased abdominal pain, green sickness, a swollen (distended) tummy and constipation.
- **Changing from keyhole surgery to open surgery** - this is uncommon.
- **Other diagnosis or diagnosis not confirmed** - this may need different treatment. Abdominal pain can be caused by the lymph nodes in your stomach being inflamed from a virus, this requires no treatment. However, if the blood tests and scans for appendicitis are inconclusive then the appendix will be taken out. The appendix is not needed and if no other cause is found this is likely to be the cause of the abdominal pain and should resolve in a few weeks.

## 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 operation. Give regular pain relief if within 48 hours after surgery. After this time give pain relief as and when your child needs it.
- Do not have a bath or shower for the first 48 hours after that they should be short and no soaps to be used on that area for the first week.
- Give your child easily digestible foods, gradually moving to a normal diet.
- Your child may return to school after a week.
- Your child should avoid physical activity for 4 weeks. Physical activity can begin again after that.
- Stitches are dissolvable and can take up to 6 weeks to disappear.

## What to expect with the wound

All dressings should be removed by day 3 after the operation. Your child may not have had any applied as usually now we use surgical glue and dissolvable stitches (sutures), which do not need removal.

- Should heal by itself.
- Will have a certain amount of swelling for about 1 week.
- A small amount of oozing can be expected.
- It will look bright pink.

If you notice any of the following please contact Ward 10 or go to the Children's 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 - Tel: 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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