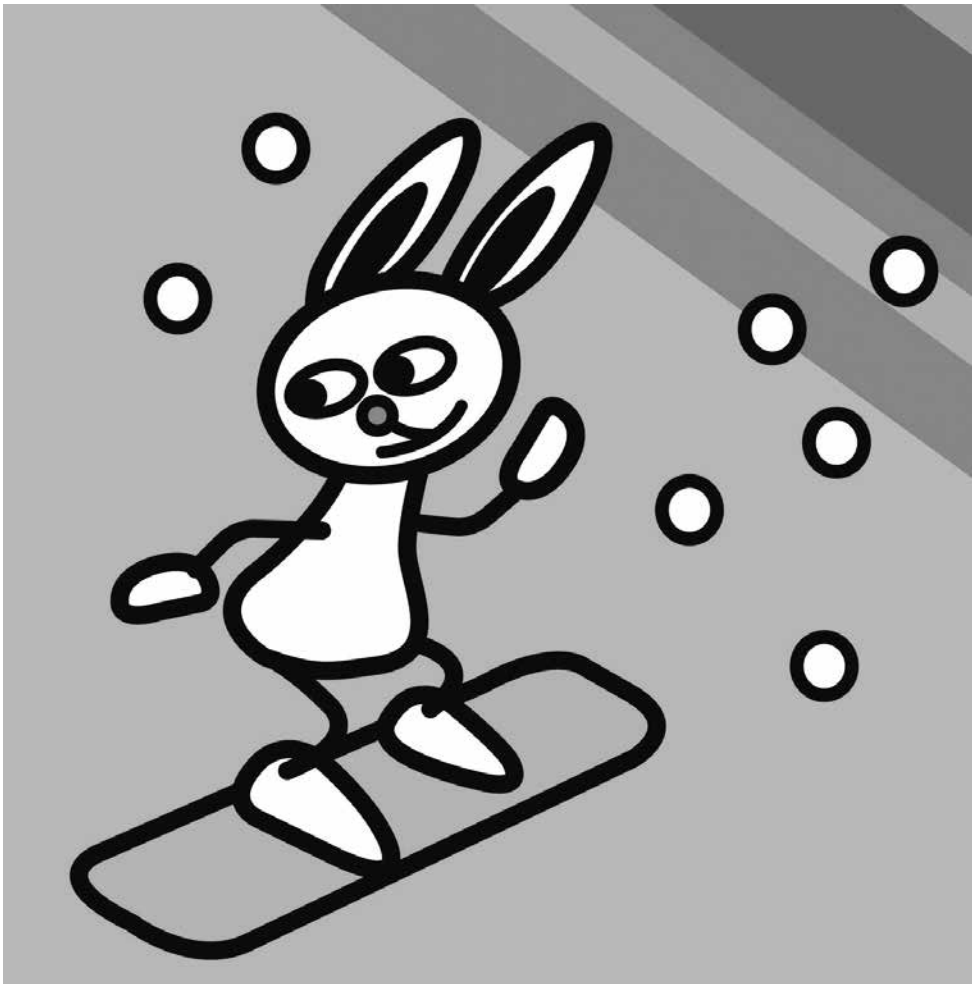


The Children's Hospital, Tom's Ward

Appendicectomy (removal of an inflamed appendix)

Information for parents



What is the appendix?

Your child has been recommended for surgery to remove their appendix. The appendix is a small pouch which is connected to the large intestine (large bowel). It is found in the lower right side of the abdomen (tummy). It is not clear what the appendix does for our bodies.

What is appendicitis?

Appendicitis is an inflammation of the appendix, causing swelling and pain. It is a common cause of abdominal (tummy) pain in children. Other symptoms may include nausea (feeling sick), vomiting (being sick), constipation (not being able to have a poo) and high temperature.

The reason why the appendix becomes inflamed is not known. It may be due to a hard piece of faeces (poo) getting stuck in the appendix. Bacteria (germs) then multiply quickly and cause the appendix to swell and become filled with pus.

If not treated, the swollen appendix can burst. This is very serious as the bacteria could then cause a serious infection of the membrane that lines the abdomen (peritonitis) or an abscess (collection of pus) in the abdomen. Appendicitis can be treated by having an operation called an appendicectomy to remove the appendix.

Diagnosis

Appendicitis can sometimes be difficult to diagnose because different people have different symptoms. The doctor will examine your child's abdomen and may recommend an ultrasound scan or other tests to help confirm the diagnosis. But there is no test which will prove that your child has appendicitis.

Sometimes the doctor will recommend waiting for a few hours or up to a day to see how symptoms develop and sometimes they will recommend an immediate operation.

The surgeon cannot be absolutely sure that your child has appendicitis until the operation itself. This uncertainty must be balanced against the risk of the appendix bursting. Sometimes a different diagnosis is discovered, which needs a different operation. Decisions about which procedure should be performed may therefore be made by the surgeon during the course of the operation. The surgeon will talk to you about this before the operation.

What are the risks?

This is a commonly performed and safe operation and has a high success rate. However, all operations carry some risks. The following complications have a small chance of happening:

- **wound infection** – the chance of this happening depends on whether there is infection present during surgery
- **infection in the abdomen called peritonitis** – if the appendix has burst
- **an abscess can form inside the abdomen after the surgery** – this may need a longer-term course of antibiotics or another operation to remove the pus from abdomen.
- rarely, months or years after the operation, the **intestine can twist around scar tissue caused by the appendicitis or by the operation**, causing pain and vomiting.

The doctor will discuss these risks with you in more detail.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia much safer in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The risk of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail at your pre-operative visit.

Alternatives

As the appendix has a serious risk of bursting in the abdomen, surgery is the only choice of treatment.

If the appendix has already burst and formed a mass in the abdomen, doctors may decide to treat this with antibiotics. They would advise to have surgery after a few weeks when the mass should have disappeared.

Consent

We will ask you for your consent for the operation to go ahead. If there is anything you are unsure about or if you or your child want to ask any questions, please speak to the doctor before signing the consent form.

Before the appendicectomy

We will explain to your child what is going to happen, where the 'cut' will be and what to expect when they wake up. We will start your child on a course of antibiotics before the operation to reduce the risk of wound infection caused by the pus in the appendix.

How is the operation done?

The operation is done under general anaesthetic. Your child will be asleep throughout.

In the anaesthetic room

A nurse and parent can go with your child to the anaesthetic room. Your child can also take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube which is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be placed on the hand or arm before injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave promptly. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with your child at all times.

What happens during the operation?

The surgery is done either by open surgery or by keyhole (laparoscopic) surgery.

In keyhole surgery, the surgeon will make small cuts in the abdomen and insert a small tube which has a tiny light and camera on the end (a laparoscope). The surgeon can then see inside the abdomen to remove the appendix through the cuts. The cuts are usually closed with stitches under the skin which will dissolve.

If open surgery is needed, a larger cut will be made. The cut will be made over the appendix. The appendix will be removed after examining it and other organs in the tummy.

After the operation

You will be able to be with your child in the recovery room as soon as they are awake. When they get back to the ward they can start drinking and, if they are not sick, they can start eating their normal diet.

We will give your child medicines to help with pain relief. The antibiotics may need to be continued for several days if a severe appendicitis is found.

Discharge

Your child will be able to go home once they are able to eat normally (i.e. once their intestines start working properly) and the course of antibiotics is finished.

We will write to your child's GP to tell them about your child's operation.

If you have any problems after you get home, please contact your GP. Otherwise, you can phone the ward for advice on:

Tom's Ward 01865 234 108 or 01865 234 109
(24 hours)

Further information

If you have any questions, or there is anything you don't understand, please ask one of the doctors or nurses. You can also contact:

NHS 111 111 (Freephone from landline and mobile)

Or visit:

NHS Choices

www.nhs.uk/symptomcheckers/Pages/Symptoms.aspx

We hope that this information is useful to you and welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

Fiona Ultsch, Senior Staff Nurse
Ms. Kokila Lakhoo, Consultant Paediatric Surgeon
Updated by Claire McLaren
August 2014
Review: August 2017
Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk/patient-guide/leaflets/library.aspx

