

Procedure Information Sheet – Appendectomy (Open / Laparoscopic)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Appendix is a 4-inch pouch attached to the cecum. It is the first part of the large intestine. The function of the appendix is unknown.
- 1.2. Appendicitis is the inflammation of the appendix. It can be caused by faecal impaction or other reasons. In serious inflammation, the appendix may be ruptured and causing leakage and infection to the entire abdominal area. This is a life-threatening situation. Appendicitis can be classified as acute appendicitis or chronic appendicitis.
- 1.3. Appendectomy is the surgical removal of appendix. Appendectomy can be performed in two approaches:
 - 1.3.1. Laparoscopic appendectomy is a minimally invasive surgery to remove the appendix. The abdominal cavity will be filled with carbon dioxide. A series of small incisions are involved. A laparoscope is used to view the abdominal cavity and remove the appendix through a small incision by dissection instruments.
 - 1.3.2. Open appendectomy is making an incision in the lower right abdomen for the removal of appendix. It is performed when laparoscopic appendectomy is not applicable. The situation includes:
 - 1.3.2.1. Extensive infection and/or abscess
 - 1.3.2.2. A perforated appendix
 - 1.3.2.3. Obesity
 - 1.3.2.4. A history of prior abdominal surgery causing dense scar tissue
 - 1.3.2.5. Inability to visualize organs

2. Procedural Preparation

- 2.1. Appendectomy usually performed as an emergency operation once the diagnosis is made.
- 2.2. Stop taking anti-coagulant that may increase the risk of bleeding according to doctors instruction, such as aspirin, warfarin and Plavix.
- 2.3. Necessary clinical examinations and investigations may be carried out, such as blood tests, urine tests, electrocardiogram, chest X-ray or CT abdomen etc.
- 2.4. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.5. Pre-operative anaesthetic assessment will be performed. The anaesthetic management and its possible risks will be explained by the anaesthetist with consent for anaesthesia signed.
- 2.6. No food or drink is allowed 6 to 8 hours before the operation.
- 2.7. Cleaning of umbilicus is required for laparoscopic approach.
- 2.8. Removal of pubic hair may be necessary.
- 2.9. Antibiotic prophylaxis and cross match may be performed.

3. Procedure

- 3.1. This operation is performed under General Anaesthesia.
- 3.2. Incision is made based on the approach of the operation.
- 3.3. The blood supply to the appendix is isolated and tied off.
- 3.4. Appendix is removed.
- 3.5. The wound is closed with staples or stitches.
- 3.6. If the appendix ruptured or there is an abscess formation, your abdomen will be washed out during the surgery. A drainage tube may be placed to drain out fluids or pus.

4. Recovery Phase

- 4.1. Your vital sign and fluid balance will be monitored.
- 4.2. Mild throat discomfort, neck pain, hoarse or weak voice and increased mucus secretion might be experienced after tracheal intubation.

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- 4.3. Tiredness, nausea and vomiting may be experienced after general anesthesia. Inform the nursing team know if symptoms persisted or become severe.
- 4.4. Post-operative pain can be managed by pain killers given by the anaesthetist. Inform nurses for alternative pain control if pain persisted.
- 4.5. Intravenous fluid will be continued until diet resumed.
- 4.6. Diet will be resumed gradually. Start with clear water, fluid, soft and diet as tolerated according to Doctor's prescription.
- 4.7. Inform nurses if you experience excessive pressure over the wound, this may indicate hematoma formation.
- 4.8. Early mobilization as tolerable is suggested to minimize the risk of pneumonia and blood clot in the legs.
- 4.9. Deep breathing exercise is encouraged to prevent post-operative pneumonia.
- 4.10. Place hands over the abdominal wound when coughing or bringing up sputum.
- 4.11. The wound dressing will be kept intact after operation.
- 4.12. Avoid pulling the drain when mobilize.
- 4.13. Stitches or staples will be removed around 7-10 days.

5. Possible Risks and Complications

- 5.1. Potential complication related to laparoscopic surgery include:
 - 5.1.1. Vascular or visceral injury by trocar insertion (<1%).
 - 5.1.2. Fatal gas embolism and hypercarbia (<1%).
 - 5.1.3. Surgical emphysema and pneumothorax.
 - 5.1.4. Possible injury to vascular and visceral organs including liver, spleen, urinary bladder, or bowel.
 - 5.1.5. Further intervention including conversion to open surgery for poor progress or for management of complications.
- 5.2. Potential complications related appendectomy include:
 - 5.2.1. Bleeding.
 - 5.2.2. Infection (5-30%).
 - 5.2.3. Injury to adjacent organs (5%).
 - 5.2.4. Leakage over ligation site (1%).
 - 5.2.5. Adhesive colic or intestinal obstruction.
 - 5.2.6. Pus formation (for ruptured appendicitis).
 - 5.2.7. Faecal fistula.
 - 5.2.8. Mortality (0.1-1%).

6. Discharge Education

- 6.1. Usually, you can be discharged in 1-2days after the operation if there isn't any ruptured of appendix.
- 6.2. Seek medical attention if severe pain, tenderness, purulent discharge, severe vomiting, fever (body temperature above 37.8°C) or rigor occurs.
- 6.3. You may take analgesics as prescribed by your doctor if necessary.
- 6.4. Avoid wearing tight clothing and apply pressure to the wound.
- 6.5. Avoid strenuous activities and heavy lifting for 2-4 weeks after the operation.
- 6.6. Follow up appointment should be attended as arranged.
- 6.7. Keep your wound dressing clean and dry to minimize risk for infection.

7. Remark

- 7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.



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8. Reference

- 8.1. MedlinePlus, Medical Encyclopedia. Appendectomy.
- 8.2. Society of American Gastrointestinal and Endoscopic Surgeons. Laparoscopic Appendectomy Surgery Patient Information.
- 8.3. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

