APPENDISECTOMY - LAPAROSCOPIC

BRIEF DESCRIPTION

The operation is done through three small cuts, one at the belly button for the telescope, and then two others for the operating instruments. The appendix is dissected out, cut off at its base and then removed. Any associated pus collection is thoroughly washed out. The appendix is then removed through one of the wounds, and the wounds are then stitched up. If the operation can not be completed laparoscopically, coversion to an open procedure is required which involves a longer cut on incision in the lower abdomen.

WHY IS THIS OPERATION NECESSARY?

The appendix is an outpouching of the bowel about the size of your little finger. It lies low down in the right side of your abdomen. Quite commonly the appendix gets swollen and causes pain. If left it can end up by bursting inside the abdomen causing serious infection and illness. A diseased appendix needs to be taken out. Sometimes in patients with symptoms, the appendix is normal when it is taken out. In cases of doubt, it is safer to remove the appendix than to risk the problem of leaving a diseased appendix inside.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

The operation can also be performed through an incision in the right groin area (open appendisectomy). Your surgeon will advise you on the advantages and disadvantages of the options. Occasionally the symptoms will settle spontaneously and the patient will then be treated with antibiotics and closely monitored to ensure that the appendicitis is indeed resolving.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

These are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

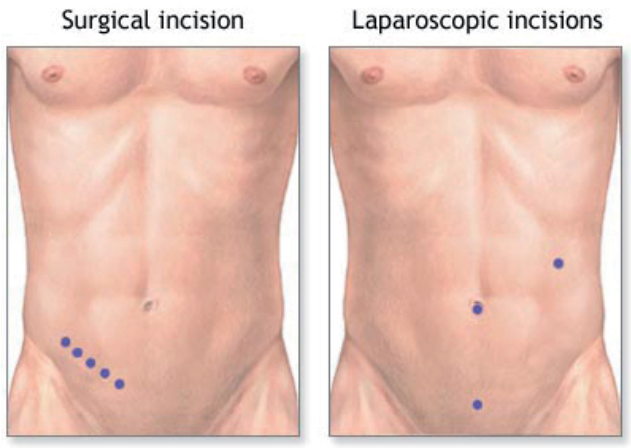
The main surgical complication is a wound infection and can occur in up to 15 % of patients. The risk is greatest if the appendix has burst. This may settle with anti-biotics, but if not the wound will need to be re-opened, ei-ther in the ward or in theatre. Other risks include bowel injury, bleeding, delayed return of of your bowels working or making a poo, blood clots in your legs, lung collapse or lung infection like pneumonia. Late complications may occur such as a suture granuloma or a hernia at the site of the wound.

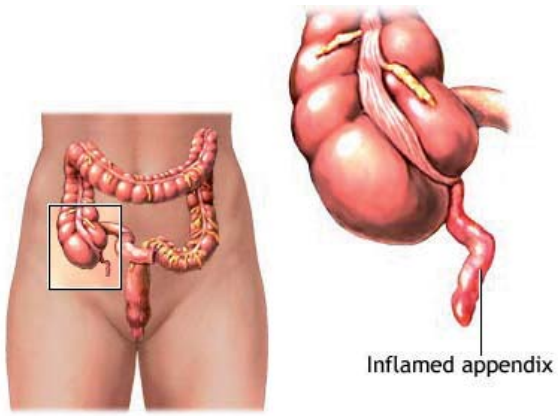
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat anything solid for at least six





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

hours before your operation. Please let your surgeon know if you take regular medications, especially blood thinning agents such as Warfarin or dispirin.
You may require further investigations to assess your fitness for surgery and may need to see a physician.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the opera-tion and you will be asked to sign your consent for the operation. If you are not clear about any part of the op-eration, ask for more details from the surgeon or from the nurses.

You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward.

There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 45 to 75 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. (ICU/HCU) Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Depending on the severity of the infection, one may have a tube coming out the nose that drains the tummy and a urinary catheter draining the bladder .

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

An operation can make your bowels lazy for a day or two afterwards. You will be allowed water , tea or juice in small amounts.

amounts immediately after the operation, but can only start eating food again the following day.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 1 to 3 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

There may be pain and swelling and some numbness at the wound sites. Bowel activity may be slow initially and
you may need a stool softener to help you go to the loo as the surgery and the painkillers may make you constipated
It will take a few days for appetite to return.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within a week and full exercise after three weeks.

HOW SOON CAN I DRIVE A CAR?

Usually after five to seven days

HOW LONG WILL I BE OFF WORK?

Usually between one and two weeks