APPENDISECTOMY - OPEN

BRIEF DESCRIPTION

An appendectomy operation is performed to remove the appendix which had become inflamed and swollen. In some cases the appendix has ruptured or has formed an abscess. Your surgeon will discuss the procedure with you in detail and will answer any questions you may have before the operation.

WHY IS THIS OPERATION NECESSARY?

A rupture or perforation of the appendix can cause a serious infection in the abdomen that could lead to sepsis and may be fatal.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Using only medication or antibiotics is mostly unsuccessful and the only treatment is to remove the appendix. The appendix can also be removed with a laparoscopic procedure. Your surgeon will discuss with you the advantages and disadvantages of the surgical options.

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 which may occur with any surgical proce-dure. 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?

For appendectomy there is a risk of wound sepsis afterwards. You may also develop a hematoma (blood clot) in the wound or a seroma (drainage of clear fluid). There is a small risk of a leak occurring from the colon where the appendix is attached, or an abscess may develop in that area after the appendix is removed. 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. Later complications may occur such as a suture granuloma or a hernia at the site of the wound.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

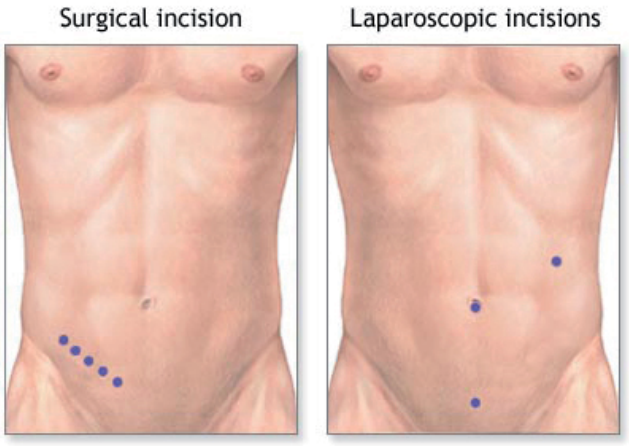
You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

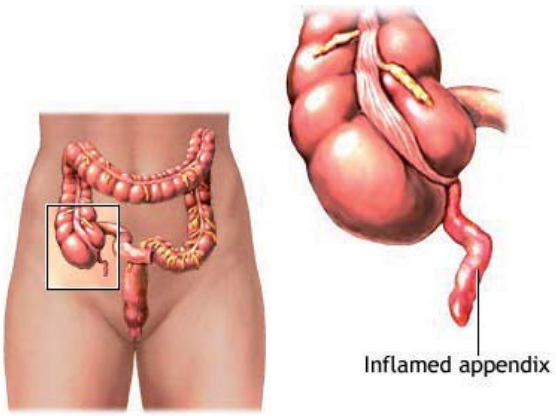
WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

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





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.

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. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of 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 operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood lots 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 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.

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 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?

Mention here pain, swelling, nausea, cold limb, paraesthesia, black stools, constipation, sitz baths, whatever is appropriate for the specific operation

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?

10 days

HOW LONG WILL I BE OFF WORK?

Usually between two and three weeks