

Appendectomy 闌尾切除術

Introduction

Appendicitis is the inflammation of the appendix caused by faecal impaction or other reasons. Appendicitis runs a rapid course. It commonly presents with abdominal pain and discomfort. After a few hours, the abdominal pain increases and shifts to right lower abdomen with nausea, vomiting and fever. Appendicitis could occur in man or woman of any age. Inflamed appendix should be removed by operation; otherwise it would progress with rupture causing peritonitis, which is life-threatening.

Other indications for appendectomy included incidental removal during other surgical procedures or tumor of appendix.

The procedure

1. Operation is done under general anaesthesia
2. The procedure could be performed by open appendectomy or laparoscopic appendectomy
 - 2a Open appendectomy
 - An incision is made over right lower quadrant or lower midline of abdomen
 - 2b Laparoscopic appendectomy
 - 1 to 3 separated small incisions made in abdomen for instruments insertion
3. Peritoneal cavity is entered with its content examined and pathology identified
4. Appendix and its blood supply are ligated and appendix removed
5. Drain(s) for removal of fluid might be inserted depending on necessity
6. Wound is closed in with sutures

Risks

- A. Complications related to anaesthesia: (very rare, with possibility < 0.01% but could lead to permanent damage or death)
 1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
 2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
 3. Allergic reaction and shock
- B. Complications related to operation:
 1. Wound infection or dehiscence (5 – 30%)
 2. Pelvic collection or abscess
 3. Faecal fistula
 4. Damage to other nearby organs, e.g. urinary bladder, colon (~ 5%)
 5. Leakage over ligation site (1%)
 6. Adhesive colic or intestinal obstruction
 7. Mortality (0.1 – 1%)

Preoperative preparation

1. Usually performed as an emergency operation once the diagnosis is made
2. Keep fast 6 to 8 hours before operation

3. Pubic hair shaving may be required
4. Change to operation room uniform before transferred to operating room
5. Empty bladder before surgery
6. May need pre-medications and intravenous drip
7. Antibiotic prophylaxis recommended
8. Inform your doctors about drug allergy, your regular medications or other medical conditions

Postoperative events

Usually after operation:

1. Intravenous drip may continue till feeding resumes
2. May need further doses or a full course of antibiotics
3. May feel mild throat discomfort or pain because of intubation
4. May experience nausea or vomiting; inform nurses if severe symptoms occur
5. Inform nurses if more analgesics prescribed is not adequate for pain control
6. Can mobilize and get out of bed 6 hours after operation
7. Usually go home two days after the operation

Wound care:

1. In the first one or two days after operation, keep dressing intact and dry unless otherwise indicated
2. Light dressing may be applied after wound inspected from day 2 onward
3. Avoid tight garment and pressure on wound / dressing
4. Stitches or skin clip (if present) will be taken off around one week time

Diet:

1. May be restricted from eating or drinking in the initial period
2. Resume diet gradually in the next day as advised by doctor
3. Fluid and fibres are encouraged

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if increased pain or redness around the wounds
2. Take the analgesics prescribed by your doctor if required
3. Complete the antibiotics course if considered necessary by doctor
4. Resume your daily activity gradually (according to individual situation)
5. Avoid lifting heavy objects in the first 4 weeks
6. Avoid bending or extending the body excessively in the first 4 weeks
7. Remember the dates of taking off stitches/clips in the clinic, and follow-up in the specialist clinic

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.