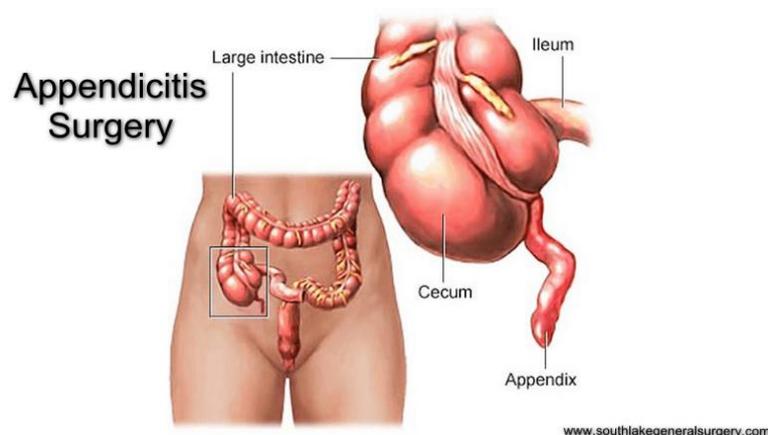


## Appendicectomy post-operative care

An appendicectomy is usually performed laparoscopically to remove an inflamed appendix for acute appendicitis. The appendix is a small outpouching of the bowel about the size of your little finger, attached to your large intestine, found low down in the right side of your abdomen. The appendix produces a bacteria destroying protein called immunoglobulins, which help fight infection in the body. Its function is however, not essential. Acute appendicitis is when the appendix becomes infected, swollen and painful. The appendix can become blocked and infected after a viral infection, or after mucous or faecal matter thickens and hardens within the appendix, or after parasites or foreign bodies enter the appendix, or with inflammatory bowel conditions or cancer. The build-up of bacteria and pus can cause pain around the belly button, spreading to the lower section of the abdomen. If not removed, it can burst inside the abdomen releasing bacteria and other harmful substances into the abdominal cavity. This can be life threatening. Sometimes the appendix is normal when it is removed. If there is any doubt, it is best practice to remove the appendix. There are usually three small cuts, the one at the umbilicus is used for the telescope and to remove the appendix.



### Activity

Take it easy! The first one to two days are the most uncomfortable. Mild discomfort and bloating from the gas is expected. You may feel tired needing an afternoon nap which may last for several weeks. Increase your activity levels as you feel more comfortable with short distance walks and stairs. Participate in light activities from one to two weeks. No heavy lifting (above 5kg), strenuous activity (cycling, jogging, weight lifting) or competitive sport for six weeks. After this you may increase your activity levels gradually, as your level of comfort allows.

You may have sex after the first week only if comfortable.

## Pain

Healing pain can last for about one to two weeks, however this is individual and varies from patient to patient. You can also experience bloating for the first week or two and shoulder discomfort for the first 48 hours from the carbon dioxide (gas) used during surgery. Wear loose clothing for comfort and to decrease pressure and irritation to the surgical wounds.

For pain relief take regular Paracetamol (Panadol, Panamax) for the first few days, switching to Panadeine or Panadeine Forte for increased levels of pain, especially before bed time. You may be sent home with Palexia (Tapentadol) slow release (SR) or immediate release (IR) or Endone. Please take these as prescribed and be aware that they may constipate you (including the codeine in Panadeine and Panadeine Forte). These drugs can also make you drowsy. Please do not drive if you are taking the stronger pain medication. Non-steroidal anti-inflammatory drugs (Ibuprofen (Nurofen), Mobic) can also be taken with Panadol if the discomfort is still troublesome.

If you need ongoing strong pain relief and your supply from hospital has run out, please call our rooms between 9am-5pm Monday to Friday and discuss this with the practice nurse or surgeon. Prescriptions can only be provided if the surgeon is available.

## Wounds

You are able to shower within 12 hours after your surgery, avoid deodorant soaps and do not use lotions near the wounds. The dressings are waterproof and will resist water from the shower. Pat the dressings dry with a towel and avoid rubbing the wounds. Please keep the waterproof dressings in place for two weeks, replacing them if they loosen or peel off. There are usually steri-strips underneath the waterproof dressing, leave these in place when replacing the waterproof dressing. No baths, spa's, sauna, swimming pools or swimming in the sea for three to four weeks after the surgery, until the wounds are well healed to avoid infections.

Your wounds are closed with buried, dissolving sutures and external steri-strips. You will not need to have any stitches removed.

You may be given antibiotics by the hospital on discharge. Please complete the full course as directed.

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## Bowels

Bowel activity may be slow initially. Avoid getting constipated and straining when opening your bowels. Be proactive in taking aperients morning and/or night (Movicol, Coloxyl with senna, Metamucil) before your bowels become a problem.

## Work & Driving

You have had a general anaesthetic, therefore avoid alcohol, operating machinery and making personal or business decisions for the first 48 hours. Return to work after one to two weeks and go onto light duties if your work involves manual labour.

No driving for ten days, and only when you are no longer taking strong pain relief which may make you drowsy and less attentive to traffic conditions, and when comfortable to do an emergency stop, and moving your foot from the brake to the accelerator safely.

## Clot prevention

Wear compression tights if supplied by the hospital for one to two weeks, until fully mobile.

Keep doing deep breathing exercises, leg exercises, and frequent little walks to keep the blood pumping in your legs. If you notice any discomfort, pain, swelling in your calves and lower legs, or you notice you are short of breath or have chest pain, please present to your GP ASAP, or return to your nearest emergency department.

No flying is recommended for three weeks post operatively. After this, it may be recommended to take aspirin from 24 hours pre-flight and wear compression stockings if flying close to this period. Please discuss with Dr Vasica.

If you take anticoagulants (warfarin, aspirin, xarelto, apixaban etc), please confirm when you are to resume these.

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## Problems

Please contact us immediately or present to your GP if you experience:

Pain that is not relieved by pain relief medications provided

Chills and persistent fevers > 38C

Worsening nausea and/or vomiting

Bleeding that will not stop

Difficulty passing urine

Unable to pass stools or gas

Increased swelling or pain in abdomen

Increasing redness or warmth around your incisions or any discharge from your incision

Yellowness of your skin

Itchiness, signs of a reaction to medication

If you think that there may be something wrong or you are worried, please do not hesitate to call

If serious, and/or after hours, please present to your nearest emergency department

## Follow up appointment

Our clinic nurse will see you at approximately two weeks after surgery unless otherwise specified.

**Please contact the office on 9997 7346 to make this appointment.**

The appendix is sent for analysis and this histo result will be discussed at your appointment.

**If you are over 50 years of age, it is highly recommended you have a follow up colonoscopy after 6 weeks, in the next 2-3 months after your appendicectomy.**

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