

Appendicitis

If it is suspected that your child has acute appendicitis a general surgeon will be called to examine them. A blood test may be done to check whether there is an infection present. If appropriate, a "magic" numbing cream will be used on your child's skin before the blood test to make this less frightening.

Diagnosis of appendicitis can sometimes be difficult, so your child may be observed for a period before it is confirmed.

Scans may help to make the diagnosis and if appendicitis is diagnosed an operation will be necessary.

If an inflamed appendix is not removed, it may burst and cause a general infection in the abdomen and can have the potential to be quite serious.

Sometimes the only way to rule out appendicitis is to operate. It is recognised that when appendisectomies are performed, some of the appendixes removed will be normal. This is in accordance with good practice.

The surgeon will recommend either a traditional (open) appendicectomy or a keyhole (laparoscopic) operation. Each operation has its own advantages and disadvantages and the surgeon will explain which is best for your child.

Once the surgeon decides to operate to remove the appendix, he or she will, discuss this with you. You will also be asked to sign a consent form if an operation called an appendectomy is necessary. If your child is a teenager they may be able to sign the consent form themselves. This can be discussed further with the nurse and surgeon if you are concerned in anyway.

Your child will be seen by an anaesthetist, to make sure that they are fit for an anaesthetic.

Your nurse will explain about preparing your child for theatre and may show you further information about short stay surgery.

You are usually able to go into the anaesthetic room with your child. There is only one parent allowed into the anaesthetic room for the safety of the child, although more than one parent can go up to theatre and wait in the reception area.

When your child is ready to go to theatre, your child will be taken to theatre on their hospital bed or cot (or you can carry them) and a member of staff from the ward will go with you.

Once your child is 'asleep' the member of staff will take you back to the ward. Whilst your child is in theatre use this time to get something to eat and drink, and make any telephone calls you need to. It would be useful to make sure a member of staff is aware of where you are so we can keep you informed when your child is awake. If you want to go for a walk etc, it can be handy to leave your mobile number.

When the operation is all over and your child is awake you will usually be able to go to the Post Anaesthetic Care Unit (PACU) to be with your child until they are recovered enough to return to the ward.

Once back at the ward the nurse will check your child's condition regularly and make sure that you know what care and treatment your child needs to have.

In theatre, your child may have been given pain relief. However, if you think your child is in pain after returning to the ward please do ask your nurse to try and help.

Please don't offer drinks to your child until the nurse has discussed this with you. Drinks have to be introduced gradually. Most children return on a 'drip' to make sure that they have enough fluids until they can drink properly.

The wound is closed with stitches, sometimes these are dissolvable so won't need to be removed.

Sometimes glue is used. Alternatively, the surgeon may choose to use a stitch, or metal clips, that need to be removed. Each method of skin closure has its own advantages and disadvantages. The wound may also be covered in a waterproof transparent dressing; if this is the case your child can have a bath/shower with this type of dressing in place.

Once your child is drinking normally and the doctor is happy that the intestines have recovered, a light diet is introduced according to your child's tastes. They can then progress to a normal diet.

It's always better that children and young people become more active and independent quite quickly after an operation. On the first day your child will be encouraged to get out of bed and have short walks around the ward. This will be increased daily.

Your child will probably go home after two or three days. The District Nurse will be asked to call to your home and check the wound normally within a day or two after discharge. If necessary, they will call again to remove the dressing and stitches.

It is standard practice to always remove the appendix, even when it is normal, when an open appendicectomy is performed. If a laparoscopy is performed a normal appendix may not be removed. We will confirm with you whether your child has had their appendix removed or not. It is important that you remember this and that your child is informed when they are old enough to understand. If the appendix was not removed because it was normal, appendicitis is still a possibility in the future. Please make sure that you know whether the appendix was removed before your child leaves the hospital.

It's a good idea if your child has a well balanced diet as soon as possible, with plenty of high fibre foods like fresh fruit and vegetables, wholemeal bread and pasta. Drinks are important too.

Regular pain relief may be needed using Paracetamol or Ibuprofen for example. During the first few days it may be useful to keep a record of what pain relief your child has taken. You may find the table on the final page helpful to keep a record of what has been given simply by inserting the time you give the pain relief per day.

Children and young people do tend to recover quite quickly from operations, but it's best to stay off school for two weeks and avoid strenuous exercise for six weeks.

Despite best surgical practice and appropriate use of antibiotics, wound infection after appendicectomy is not always avoidable. Pus can collect under the wound and may need to be drained by opening up the skin. Deeper-sealed (abdominal or pelvic) collections of pus may develop after an appendicectomy and these can usually be drained without the need for further surgery.

The surgeon may have informed you of the post operative complication of a wound infection, so it is important that you remember the symptoms indicating this ~ such as:

- Increasing pain - or pain that cannot be controlled by pain relief.
- High temperature, sweating or shaking.
- Extending redness or swelling of the wound site and maybe it will become hot.
- Discharge from the wound.

Your family doctor (GP), and Health Visitor or School Nurse will be informed of your child's operation and discharge home.

Following discharge home if you have any concerns contact your family doctor.

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