Complicated Appendicectomy

The appendix is a small part of bowel (about the size of a little finger) that is connected to the bottom right hand side of the large intestine (the caecum). Appendicitis is caused by a blockage or infection of the appendix. The appendix has no use to the proper workings of the bowel and this is the reason why a person can live a healthy life without their appendix.

At the Women’s and Children’s Hospital, we sort appendicitis as either ‘complicated’ or ‘uncomplicated’. Complicated or uncomplicated are separated as they both have different levels of treatment. ‘Complicated appendicitis’ means that your child’s appendix was inflamed, gangrenous or had “popped” (perforated) and they have had a surgical operation in order to remove their appendix. There are varying levels of ‘complicated appendicitis’ and depending on the severity will be treated accordingly.

Diet & fluids:

Your child may return to the ward with a nasogastric tube. A nasogastric tube is inserted into the nose, down the oesophagus and sits in the child’s stomach. This will allow nursing staff to “aspirate” (remove) unwanted stomach contents preventing your child from feeling nauseous or vomiting.

Your child may have some nausea and vomiting after surgery. Medications can be given to help this, so please tell your nurse if your child feels sick or vomits.

Your child will return from the operating theatre with an intravenous (I.V.) cannula (“drip”) so that I.V. fluids, antibiotics and other medications can be given. If your child has very difficult IV access or may need prolonged antibiotics, they could need a more long term line in called a PICC.

The I.V. fluids will be stopped when your child is able to drink normal amounts of oral fluids and is no longer feeling nauseous or vomiting.

Your child may be not allowed to eat or drink to allow the bowel to settle and heal. Otherwise, they may be allowed to drink starting with “clear fluids” - (water, cordial, apple juice, icy poles, and jelly). Your child then may be allowed to drink “free fluids” (any fluids including ice-cream, yoghurt, custard and soup). After this, your child will be allowed to start eating a light diet.

Toileting:

your child may return to the ward with an Indwelling Urinary Catheter (IDC). This is a tube inserted into the urethra to allow urine to drain out the bladder. The IDC will be removed when the surgical team decide your child’s pain is sufficiently covered and they will be able to mobilise comfortably to the toilet.

Loose stools can occur before/after the operation due to inflammation of the bowel and/or antibiotics. This can last up to a week.

After surgery when the bowel is handled, sometimes the bowel ‘can go to sleep’. This disruption of normal bowel mobility and propulsion is called an ileus. If this occurs, your child’s food/fluid intake may need to be withheld until the bowel ‘wakes up’.

Mobilising:

Encouraging your child to get up and move around as soon as possible can help with their recovery. Small movements like sitting on the edge of the bed or sitting out of bed in a chair are positive steps. Your child will generally be expected to get out of bed within 24 hours after they return to the ward.

Your child will be given a “Tri-Flow” upon return to the ward. Your child is encouraged to practice using the Tri-Flow 1-2hourly when awake as a deep breathing exercise during their hospital stay.

To use the Tri-Flow, have your child blow into the mouth piece to try and elevate the balls. Alternatively encourage bubble-blowing or use a party blower.
A physiotherapist may also see your child to assist with mobilising and/or breathing exercises. Each day your child will be able to do more, such as short walks and sitting out of bed. Mobilising is important as it also contributes to preventing an ileus.

**Pain relief:**
Your child may return to the ward with a PCA (Patient Controlled Analgesia). A PCA is a form of pain relief that is controlled by the patient via their drip. Your child can press a button to receive pain relief as required. This is a safe technique because the machine is programmed to give pain relief according to your child’s weight.

Alternatively your child may return to the ward with an analgesic infusion. This will give pain relief continuously via their drip. An analgesic infusion is most often used for babies and children under 7 and is also safe as it’s programmed according to their weight.

Your child will be given pain relief via their intravenous cannula if they feeling nauseous or not allowed to drink just yet. Your child will be given pain relief that is either syrup, tablets if able to drink and eat.

**Antibiotics:**
Your child will require antibiotics via the I.V. for 1-7 days depending on the severity of appendix inflammation and infection. Sometimes prolonged antibiotics are required depending on culture results from samples taken during the operation.

**Drain:**
Your child may return to the ward with a drain inserted into their wound. A drain is inserted to remove pus, blood or other fluids from a wound. The drain will be secured well to your child to prevent accidental removal. The clinical team will decide to remove the drain on the ward with appropriate pain relief once the fluid as lessened or stopped.

**For more information**

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