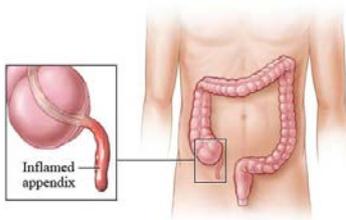


# Advanced Appendicitis

## Enhanced Recovery Pathway

The appendix is a small part of bowel 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.



Advanced appendicitis means that your child's appendix was inflamed, gangrenous or had "popped"

(perforated) in a contained way and they have had a surgical operation in order to remove their appendix.

### Diet and Fluids:

Your child may initially be hydrated using I.V. fluids. When your nurse/doctor allows, they may begin to have oral fluid. It is suggested to start with clear fluids then to slowly upgrade (as allowed) to free fluids, and then a light diet and eventually a normal diet.

Examples below:

Clear fluids	
Free fluids	
Light diet	

Your child may have nausea and vomiting. We can give medication to help – please let us know if this is a problem.

### Toileting:

Your child is encouraged to get up and go to the toilet to urinate (wee). Loose stools (poo) can occur before/after the operation due to inflammation of the bowel and/or antibiotics. This can last several days.

### Mobilising

Early mobilisation is the best therapy to prevent further post-operative complications like developing a chest infection or pneumonia. 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 8-24 hours after they return to the ward.

Your child may be given an incentive spirometer, sometimes referred to as 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. If they do not receive one, practicing deep breathing and coughing can be as effective.



To use the Tri-Flow, have your child inhale with the mouth piece to try and elevate the balls. For younger children, encourage bubble-blowing or use a party blower. Ask the nursing staff if these are available for your child's use



**Pain relief:**

Your child will be given pain relief that is either syrup or tablets if able to drink and eat. Your child will be given pain relief via their intravenous cannula if they feeling nauseous or not allowed to drink just yet. Pain relief via the drip comes in 2 forms, a PCA (Patient Controlled Analgesia) or an infusion that the nurses maintain. 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.

**Antibiotics:**

Your child will require antibiotics via the I.V. for 1-3 days depending on the severity of appendix inflammation and infection. Sometimes prolonged antibiotics are required depending on sample results that were taken during the operation. Your child will be discharged from hospital with the need to continue oral antibiotics. These will last for a minimum of 7 days total (I.V. and oral).

**Wound Care:**

Most laparoscopic wounds are glued back together and therefore the removal of stitches is often not required. Sometimes a simple dressing is applied over the wounds to provide protection until they fully heal. It is advised to keep these dressings on for one week and then remove and treat like a normal cut. These dressings can get wet in the shower and can be patted dry afterwards.

**GOALS FOR DISCHARGE**

- I can get out of bed and walk around the ward on my own
- I have been to the toilet without a problem
- I have only needed Paracetamol ("Panadol") &/or Ibuprofen ("Nurofen") for pain
- I can eat and drink without feeling "sick"
- There is no ooze or redness on my wounds
- I have my script/medications for antibiotics for home

**Going Home/School/Sport:**

Once discharged, your child is expected to slowly resume normal activity. Most children are able to return to school a week after discharging from the hospital. Sport is advised to be restricted for 2-3 weeks after discharge.

Depending on the severity of your child's appendicitis, they may require a follow up phone call approximately 2 weeks after surgery. A follow-up appointment is sometimes requested by the surgical team, this is often approximately 4-6 weeks after surgery.

**When/where to represent:**

- Fever (temperature greater than 38°C)
- Abdominal pain
- Any nausea or vomiting
- Lethargy or weakness
- Signs of infection on the incision sites - redness, ooze or swelling
- **Please in the first instance contact the Women's and Children's Hospital for review in our Emergency Department. If this is not possible follow up with your General Practitioner (GP)**



**For more information**

Women's and Children's Hospital  
72 King William Rd, North Adelaide SA 5006  
Telephone (08) 8161 7000  
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Women's and Children's  
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