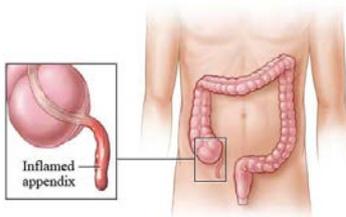


Complicated Appendicitis

Post-Operative Care

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.



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 and Fluids:

Your child may be not allowed to eat or drink to allow the bowel to settle and heal.

Initially he/she will be kept hydrated using intravenous (I.V.) cannula ("drip") fluids.

They may be allowed:

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.

Your child may have a nasogastric tube, this goes through the nose, down the oesophagus (food pipe) and into the stomach. This allows us to "aspirate" (remove) unwanted stomach contents to reduce the feeling of nausea and vomiting.

If it is expected that there will be a delay in allowing your child to eat and drink, special fluids will be commenced called Total Parental Nutrition (TPN). TPN provides nutrition via a drip until a normal diet can be established

Toileting:

Your child may have an Indwelling Urinary Catheter (IDC). This is a tube inserted into the urethra to allow urine to drain out the bladder.

Loose stools can occur before/after the operation due to inflammation of the bowel and/or antibiotics. This can last several days. When the bowel is handled, it can 'go to sleep'. This disruption of normal bowel motility 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

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 1-2 hourly 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.



A physiotherapist may 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.

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 has lessened or stopped.

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 are 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.

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.

Antibiotics:

Your child will require antibiotics via the I.V. for 1-7 days depending on the severity of appendicitis. Sometimes prolonged antibiotics are required depending on sample results that were taken during the operation. Your child may be discharged from hospital with the need to continue oral antibiotics.

Wound Care:

Most surgical 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.

For more information

Women's and Children's Hospital
72 King William Rd, North Adelaide SA 5006
Telephone (08) 8161 7000
Date reviewed: February 2021



www.ausgoal.gov.au/
creative-commons



This document has been reviewed
and endorsed by WCHN consumers

These dressings can get wet in the shower and can be patted dry afterwards.

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 (this is not the case for all patients). 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)

GOALS FOR DISCHARGE

(child or care giver to tick once complete)

- 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 completed my script/medications for antibiotics for home