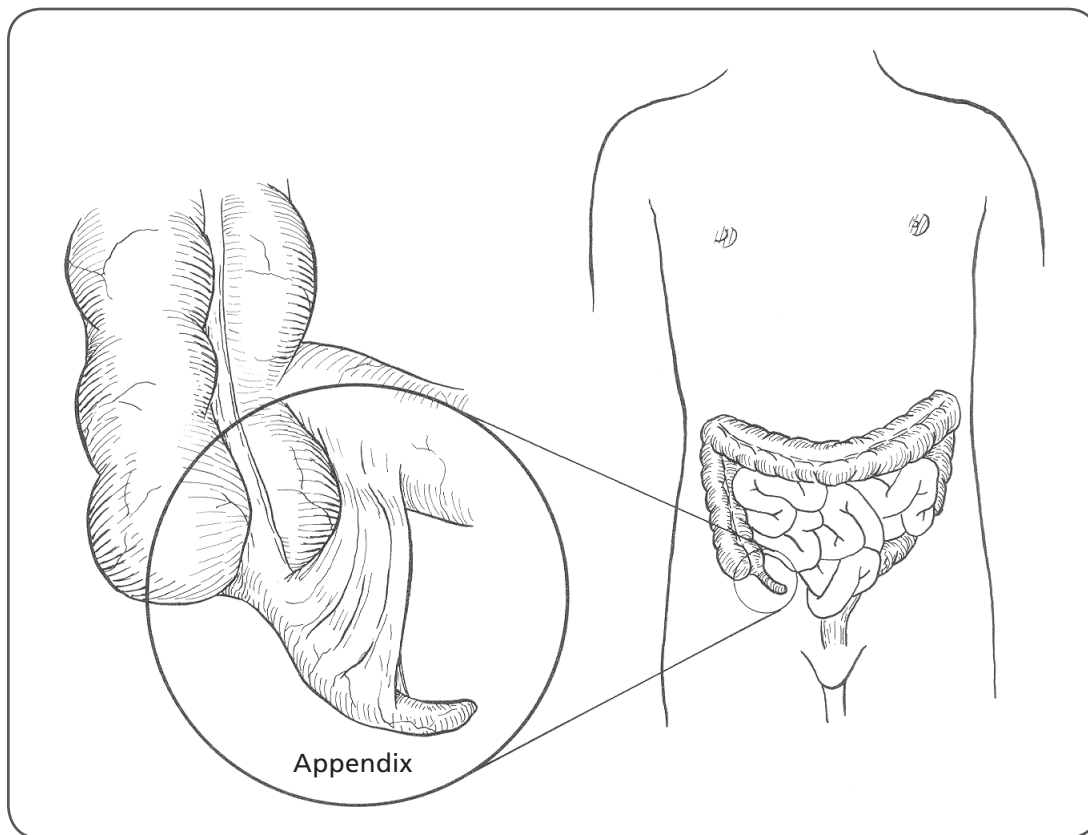


Let's Talk About...

Appendicitis



Appendicitis (ah-pen-di-SY-tus) is an inflammation of the appendix. It is a small pouch located in the lower right side of the abdomen, where the small intestine joins with the large intestine. The inside of the appendix forms a pouch that opens into the large intestine. The opening of the pouch can get blocked by a foreign object or by swelling in the intestine. It can become inflamed and infected by bacteria.

If the infected appendix is not removed, pus from an infection can build up and burst. The infection from a ruptured appendix can spread throughout the abdomen.

What should I look for?

If your child complains about constant pain in the lower part of her belly, you should pay attention because this might be a sign of appendicitis. Almost always, the pain is felt first around the belly button.

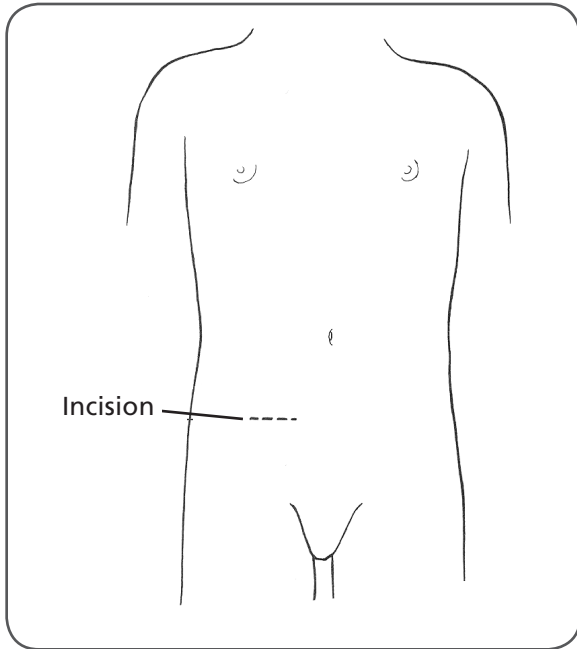
After several hours, as the appendix gets more swollen, the pain may be more intense in the lower right side.

Other common signs are vomiting (throwing up), fever, loss of appetite, and diarrhea. The child usually vomits after complaining of pain, not before (as in the flu). Small children may not speak about their symptoms, but may be fussy and might not want to move around as they normally do.

If you think that your child might have appendicitis, take her to the doctor as soon as possible. The doctor will give your child a physical exam to see if it is appendicitis.

If you can't get an appointment with your doctor take her to the emergency room at the nearest hospital.

How is appendicitis treated?



One of the most effective treatments for appendicitis is an operation to remove the appendix, called an appendectomy (ap-en-DECK-toe-me). Antibiotics are usually started before the operation so they can stop the infection from spreading. They will be given through an IV (a tiny tube inserted in a vein). The appendectomy is done in the operating room with general anesthesia. This means your child will be completely asleep and unaware of any pain during the procedure. In most cases, the appendix will be removed through a small surgical opening in the lower right part of the belly.

After the operation, your child will be watched carefully in the Recovery Room for about one hour. When she is stable and awake enough, she will be moved to a hospital room.

What happens in the hospital?

Nurses will make every effort to keep your child comfortable, clean, and free of pain. Your child's vital signs (temperature, pulse, and blood pressure) will be taken often.

Your child will be encouraged to cough and breathe deeply to lessen the chance of lung complications. Nurses will encourage your child to be active, including walking the first day after the operation. Activity helps the intestine work correctly after the operation.

IV

For most children, pain medicine will be given through the IV (a tiny tube inserted into a vein) that was started while your child was in surgery. Fluids and antibiotics will also be given through the IV tube. As your child starts to eat more the IV medications will be changed to something they can take by mouth.

NG tube

An NG, or nasogastric (nay-zo-gas-trick) tube, may be needed. This tube passes through the nose and down into the stomach. It is usually inserted in the operating room and is used to prevent vomiting, gas, and abdominal bloating. If an NG tube is placed it will remain in place until your child passes gas through the rectum or has a normal bowel movement.

Drains

Tiny rubber drains (they look like thin strips of rubber bands) may be left extending from the outer layers of the surgical opening. These drains keep infected material from building up under the skin. They also help antibiotics work better. The drains are usually removed before leaving the hospital. Children say that these don't hurt at all when they are taken out.

Deep drains are seldom necessary in children with appendicitis. However, a burst appendix may cause a localized infection. A deep drain may be needed to remove any part of the infection not able to be removed during the operation.

Diet

If the appendix did not burst and if an NG tube is not necessary, clear liquids by mouth are usually started after the operation. A normal diet can then be eaten if the liquids do not cause nausea, vomiting, or bloating of the belly. Children whose appendix burst cannot eat or drink by mouth until their intestines are working again. Their diet is then moved from liquids to a normal diet as soon as the child can tolerate food.

Incision care

After the operation, a sterile bandage will cover the opening. If the rubber drains have not been used, the

outer bandage will be removed the next day, leaving only strips of paper tape called Steri-strips™. These tapes support the incision and are the only bandage most children have when they leave the hospital. Some children may have a glue coating instead of tapes and it will dissolve on its own. You will be taught how to care for your child's healing incision and how to change any bandages if needed before your child leaves the hospital.

Length of stay

Most children stay in the hospital one to three days after the operation if the appendix did not burst and if there were no complications. If their appendix did burst, most children stay four to seven days. Children usually regain normal bowel movements after three to five days with an NG tube. IV antibiotics are required for at least four to seven days. Any complication, such as pelvic infection, pneumonia, or an intestinal blockage, will delay discharge.

What happens at home?

Your child will probably not be in any pain when she leaves the hospital. Just in case she needs it, however, your child will be sent home with pain medication.

The incision will be easy to take care of if there has been no infection. Leave the Steri-strips in place for at least two weeks. If your child has complications, make sure you have been taught how to care for her before leaving the hospital.

Do not give your child a bath for at least five days after the operation. Instead, let her take showers or sponge baths. The Steri-strips should be carefully patted dry to keep them from coming off.

You can feed your child all the foods that normally make up a healthy diet.

Go to the follow up

Your surgeon will schedule a follow-up exam, usually one to three weeks after the operation. It is very important that you do not miss this appointment. If a return visit is not possible, please call your surgeon's office after two weeks to discuss your child's recovery.

Call your doctor if...

- Your child has a fever above 101°F that does not come down with Tylenol®
- Your child starts vomiting
- Your child starts having pain in the belly
- Your child's belly swells or becomes bloated and she cannot go to the bathroom
- There is any redness, swelling, or increasing tenderness around the wound
- There is drainage from the wound