

## **PATIENT INFORMATION FROM DURBAN SURGEONS**

### **Laparoscopic Appendicectomy**

#### **WHAT IS THE APPENDIX?**

The appendix is thought to be involved in immune functions in the adult. Its function, however, is not essential. Patients who have had their appendix removed do not have an increased risk toward infection. Other organs in the body take over this function once the appendix has been removed.

#### **WHAT IS A LAPAROSCOPIC APPENDICECTOMY?**

Appendicitis is a common surgical problem. One out of every 2,000 people has an appendicectomy sometime during their lifetime. Treatment requires an operation to remove the infected and inflamed appendix. Traditionally, the appendix is removed through an incision in the right lower abdominal wall.

In a laparoscopic appendicectomy, we operate through 3 small incisions (each 5 to 10mm) while watching an enlarged image of the internal organs on a television monitor. In some cases, one of the small openings may be lengthened to 20 or 30 mm to facilitate removal of the enlarged appendix.

#### **ADVANTAGES OF LAPAROSCOPIC APPENDICECTOMY**

Scientific studies have shown the following advantages:

- Less postoperative pain
- Shorter hospital stay
- Possible quicker return to normal bowel function
- Quicker return to normal activity
- Better cosmetic results

#### **ARE YOU A CANDIDATE FOR LAPAROSCOPIC APPENDICECTOMY?**

Although laparoscopic surgery has many benefits, it may not be appropriate for some patients. Early, non-ruptured appendicitis usually can be removed laparoscopically. Laparoscopic appendicectomy is more difficult to perform if there is advanced infection or the appendix has ruptured. In rare instances, a traditional, open procedure using a larger incision may be required to safely remove the infected appendix.

#### **HOW IS A LAPAROSCOPIC APPENDICECTOMY PERFORMED?**

We incise a small hole below the umbilicus and using a trocar/port (a narrow tube-like instrument), the abdomen is entered. A laparoscope (a tiny telescope connected to a video camera) is inserted through a port, giving the surgeon a magnified view of the patient's internal organs on a television monitor. Two other cannulas are inserted to allow us to work inside and remove the appendix. The entire procedure may be completed through the ports or by lengthening one of the small port incisions. A drain may be placed during the procedure. This will be removed before you leave the hospital.

#### **WHAT HAPPENS IF THE OPERATION CANNOT BE PERFORMED OR COMPLETED BY THE LAPAROSCOPIC METHOD?**

In a small number of patients the laparoscopic method is not feasible because of the inability to visualize or handle the organs effectively. When the surgeon feels that it is safest to convert the laparoscopic procedure to an open one, this is not a complication, but rather sound surgical judgment. Factors that may increase the possibility of converting to the "open" procedure may include:

- Extensive infection and/or abscess
- A perforated appendix
- Obesity
- A history of prior abdominal surgery causing dense scar tissue
- Inability to visualize organs
- Bleeding problems during the operation

The decision to perform the open procedure is a judgment decision made by your surgeon either before or during the actual operation. The decision to convert to an open procedure is strictly based on patient safety.

### **WHAT SHOULD I EXPECT AFTER SURGERY?**

After the operation, it is important to follow your doctor's instructions. Although many people feel better in just a few days, remember that your body needs time to heal.

- You are encouraged to be out of bed the day after surgery and to walk. This will help diminish the risk of blood clots in your legs and of soreness in your muscles.
- You will probably be able to get back to most of your normal activities in one to two weeks' time. These activities include showering, driving, walking up stairs, working and engaging in sexual intercourse.
- If you have prolonged soreness or are getting no relief from the prescribed pain medication, you should notify your surgeon.
- You should call and schedule a follow up appointment for 1 week following your operation – Office Tel. 031-261 7111

### **WHAT COMPLICATIONS CAN OCCUR?**

As with any operation, there are risks including the risk of complications. However, the risk of one of these complications occurring is no higher than if the operation was done with the open technique.

- Bleeding
- Infection
- Removal of a normal appendix
- A leak at the edge of the colon where the appendix was removed
- Injury to adjacent organs such as the small intestine, ureter, or bladder.
- Blood clot to the lungs

It is important for you to recognize the early signs of possible complications. Contact your surgeon if you have severe abdominal pain, fever, chills or rectal bleeding.

### **WHEN TO CALL YOUR DOCTOR**

Be sure to call your physician or surgeon if you develop any of the following:

- Persistent fever over 39 C
- Bleeding
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids