



Laparoscopic Appendectomy

What is the appendix?

The appendix produces a bacteria-destroying protein called immunoglobulins which help fight infection in the body. Its function, however, is not essential. People who have had appendectomies 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 Appendectomy?

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

In most laparoscopic appendectomies, surgeons operate through 3 small incisions (each ¼ to ½ inch) while watching an enlarged image of the patient's internal organs on a television monitor. In some cases, one of the small openings may be lengthened to 2 or 3 inches to complete the procedure.

Advantages of a Laparoscopic Appendectomy

Results may vary depending upon the type of procedure and patient's overall condition. Common advantages are:

- Less postoperative pain
- May shorten hospital stay
- May result in a quicker return to bowel function
- Quicker return to normal activity
- Better cosmetic results

Are you a candidate for a Laparoscopic Appendectomy?

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

How is a Laparoscopic Appendectomy performed?

The words “laparoscopic” and “open” appendectomy describes the techniques a surgeon uses to gain access to the internal surgery site.

Most laparoscopic appendectomies start the same way. Using a cannula (a narrow tube-like instrument), the surgeon enters the abdomen. A laparoscope (a tiny telescope connected to a video camera) is inserted through a cannula, giving the surgeon a magnified view of the patient’s internal organs on a television monitor. Several other cannulas are inserted to allow the surgeon to work inside and remove the appendix. The entire procedure may be completed through the cannulas or by lengthening one of the small cannula 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 your surgeon and schedule a follow up appointment for about 1-2 weeks following your operation.

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, fevers, 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 101 degrees F (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

This brochure was reviewed and approved by the Board of Governors of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES), March 2004. It was prepared by the SAGES Task Force on Patient Information.