PROCEDURE

Appendectomy

An appendectomy is surgery to remove the appendix, usually to treat appendicitis.

PURPOSE
Remove an inflamed, infected, or damaged appendix

PROCEDURE TYPE
Therapeutic surgery, usually minimally invasive

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General

HOW LONG IT TAKES
About 30-60 minutes; longer for complicated cases

PREPARATION
Fasting, medication review, blood tests, fluids, and antibiotics

RECOVERY
Same day or overnight; no driving after anaesthesia

MAIN RISKS
Infection, bleeding, organ injury, and abdominal abscess

RESULTS
Surgical findings immediately; pathology usually within days

Overview

An appendectomy is an operation to remove the appendix, a narrow pouch attached to the first part of the large bowel.

Most appendectomies treat appendicitis, which is inflammation or infection of the appendix. Surgery may be urgent because the appendix can develop a hole, called a perforation, and release infected material into the abdomen.

The operation is usually performed through several small cuts using a camera, known as laparoscopic or keyhole surgery. Some people need open surgery through one larger cut. You can live normally without an appendix.

Why the procedure is performed

The main reason for an appendectomy is suspected or confirmed appendicitis. Diagnosis may involve your symptoms, an abdominal examination, blood and urine tests, and imaging such as ultrasound, CT, or MRI.

Surgery may also be recommended when:

Removing the appendix treats the problem and prevents ordinary appendicitis from returning.

- The appendix has perforated or developed gangrene
- An abscess is linked to the appendix
- Appendicitis returns after antibiotic treatment
- An abnormal appendix is found during another operation
- A growth or tumour involving the appendix needs removal

Who should and should not have it

Appendectomy is often recommended for people with acute appendicitis who are fit enough for surgery. It can also be used after perforation, although additional infection treatment may be needed.

Surgery may be delayed while severe dehydration, low blood pressure, or another medical problem is stabilized. A contained abscess or mass of inflamed tissue may first be treated with antibiotics and sometimes drainage. Surgery can be reconsidered later.

Selected people with uncomplicated appendicitis may consider antibiotics like amoxicillin or doxycycline instead of immediate surgery, but treatment can fail and appendicitis can return.

Surgery should not proceed if another condition is causing the symptoms. A serious anaesthetic reaction or high bleeding risk may change the timing or approach. Pregnancy does not automatically prevent appendectomy, but imaging, anaesthesia, and surgery are adapted accordingly.

How to prepare

Appendectomy is often unplanned, so preparation may happen quickly. Follow the treating facility's instructions.

You will usually be told not to eat or drink before general anaesthesia. Tell the team when you last ate or drank. You may receive intravenous fluids and antibiotics.

Tell your healthcare team about:

Do not stop a prescribed blood thinner like warfarin or apixaban unless your treating team tells you to. Arrange for someone to take you home if same-day discharge is expected.

Before consenting, discuss why surgery is recommended, the planned technique, important risks, and alternatives.

- All medicines and supplements you take
- Blood thinners or medicines affecting clotting
- Medication, latex, or adhesive allergies
- Previous problems with anaesthesia
- Pregnancy or possible pregnancy
- Heart, lung, kidney, or bleeding conditions

What happens during the procedure

You receive general anaesthesia and are unconscious throughout the operation. The team monitors your breathing, heart rate, blood pressure, and oxygen level.

During laparoscopic surgery, the surgeon makes several small abdominal cuts. Carbon dioxide gas creates working space, and a camera displays the appendix. The appendix is separated from the bowel and blood supply, sealed, and removed through one cut.

Open surgery uses a larger cut, usually in the lower right abdomen. It may be planned or needed if inflammation is extensive, anatomy is unclear, or keyhole surgery cannot be completed safely.

If the appendix has perforated, infected fluid may be removed and the abdomen cleaned. A temporary drain is sometimes left. The cuts are closed with stitches, staples, glue, or adhesive strips.

Recovery and what to expect afterward

Pain: Abdominal and incision soreness are expected. Keyhole surgery can cause temporary shoulder-tip pain from the operating gas. Use pain medicine as directed; pain should gradually improve.

Eating: You may start with fluids and return to your usual diet as nausea settles and your bowel begins working. Complicated infection may delay eating.

Activity: Gentle walking supports circulation and bowel recovery. Increase activity gradually and avoid strenuous exercise or heavy lifting until your surgeon says it is safe. Follow instructions for wound care, showering, and bathing.

Driving: Do not drive after general anaesthesia. Wait until you are not taking medicines that impair alertness and can brake, turn, and wear a seat belt without significant pain. Follow your surgical team's restrictions.

Work: Return time depends on the surgical approach, infection severity, and physical demands of your job. Recovery is usually longer after open surgery or a perforated appendix.

Many people go home the same day or after an overnight stay. Perforation, abscess, open surgery, or other health concerns may require a longer admission.

Risks and possible complications

Possible complications include:

A perforated appendix increases infection risk and may require longer antibiotic treatment, drainage, or another procedure.

- Infection of a wound or inside the abdomen
- Bleeding or a collection of blood
- Injury to the bowel, bladder, blood vessels, or nearby organs
- Leakage from the sealed base of the appendix
- Temporary slowing or blockage of the bowel
- Blood clots in the legs or lungs
- Breathing, heart, or allergic problems related to anaesthesia
- A later hernia at an incision

Results and follow up

The surgeon can usually explain the findings after you wake. The removed appendix is commonly examined in a laboratory to confirm inflammation and identify any unexpected abnormality. Results usually take several days.

Follow-up may review your wounds, pain, eating, bowel function, activity, and pathology result. If testing finds a tumour or another condition, your team will discuss further imaging, specialist

review, or treatment.

Alternatives

Antibiotics without immediate surgery may be suitable for selected people with uncomplicated appendicitis. Symptoms may not settle, appendicitis may return, and later surgery may be needed.

Antibiotics and abscess drainage may treat a contained pocket of infection. A radiologist may place a tube through the skin to drain it. Monitoring is required, and future appendicitis remains possible.

Observation and repeat testing may be appropriate when the diagnosis is uncertain, but treatment could be delayed if appendicitis worsens.

Open and laparoscopic appendectomy are surgical approaches rather than treatment alternatives. Open surgery may provide safer access when infection is extensive or anatomy is difficult.

When to call your healthcare team

Contact your surgical team promptly if you develop:

Seek emergency care for difficulty breathing, chest pain, fainting, uncontrolled bleeding, confusion, or severe and rapidly worsening abdominal pain. Use local emergency services if symptoms are severe or you cannot travel safely.

- Pain that worsens instead of improving
- Increasing wound redness, warmth, swelling, pus, or separation
- Fever or chills
- Repeated vomiting or inability to keep fluids down
- Increasing abdominal swelling or failure to pass gas with worsening discomfort
- New calf pain or one-sided leg swelling

Common questions

Will I be asleep?

Yes. Appendectomy is normally performed under general anaesthesia.

Can I drive home?

No. Another adult must take you home. Do not drive again until you meet your surgical team's restrictions.

How painful is an appendectomy?

Abdominal and incision soreness is often strongest during the first few days and should then improve. Keyhole surgery may also cause temporary shoulder-tip discomfort.

When will I know what the surgeon found?

The surgeon can usually explain the operative findings soon afterward. Laboratory results generally take several days.

Will I need to stay in hospital?

You may leave the same day or stay overnight after an uncomplicated operation. Perforation, abscess, open surgery, or other medical needs can extend the stay.

Can appendicitis come back afterward?

Removing the appendix prevents ordinary appendicitis from returning. Rare problems involving the sealed remnant require assessment if similar symptoms develop later.

Sources

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