

# Patient information from BMJ

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## Appendicitis

**Having appendicitis can be painful and worrying. You'll probably need an operation. But most people recover completely.**

**You can use the information in this leaflet to talk to your doctor about your treatments.**

### What is appendicitis?

If you have appendicitis it means your appendix is inflamed or infected. Your appendix is a small tube of tissue in the lower right part of your bowels (intestines). Small pieces of partly digested food, or fluid in your intestines can get stuck in your appendix and cause an infection.

### What are the symptoms?

The first sign is usually **pain in your abdomen**. After a few hours the pain may travel to the right side of your lower abdomen. The pain may be worse if you move, and it might get a little better if you draw your knees up.

Other symptoms can include:

- loss of appetite
- vomiting
- a slight fever
- constipation or diarrhoea.

But not everyone with appendicitis gets all these symptoms.

It's very important to **see a doctor urgently** if it's possible that you have appendicitis. If you don't get treatment your appendix can burst. This can cause a serious infection called **peritonitis**.

A burst appendix is more common in babies, young children, and older people. That's because appendicitis is harder for doctors to spot in children and older people.

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## How do doctors diagnose it?

If you have some of the symptoms mentioned above, this will suggest to a doctor that you might have appendicitis. But there are tests they can do to make sure.

For example, you might have an ultrasound scan to look at your appendix and the surrounding area. If your doctor is unable to get a good view of your appendix with ultrasound, you may have other types of scans such as a CT (computerised tomography) scan. This type of scan uses x-rays to look at your internal organs. It can spot if your appendix is inflamed. You will probably also have blood tests and urine tests.

## What treatments are available?

### Surgery

If you have appendicitis you'll probably need surgery to take out your appendix. If your appendix has burst, you will need to have surgery.

There are two types of surgery for appendicitis. If you have **open surgery** your surgeon takes out your appendix through one cut in the lower right part of your abdomen.

Or there's **keyhole surgery**, which is also called **laparoscopic surgery**. That's where the surgeon makes several smaller cuts and removes your appendix through these with the help of a camera.

People who have keyhole surgery are less likely to get an infection or other complications after the operation. They also have less pain and are able to go home from hospital sooner.

Which type of surgery you have may depend on several things, including:

- whether you are pregnant
- if you have obesity (are very overweight)
- whether you have had previous surgeries
- the type of surgery most commonly done at your hospital.

Whichever type of surgery you have, you'll have a **general anaesthetic**. This means you will be asleep during the operation and won't feel any pain.

After your operation the surgeon will close the cut or cuts on your abdomen with stitches or clips. You'll have these taken out after a few days. You'll have a scar but this may fade slowly over time.

You might have some pain after your operation. You'll be given painkillers to help with this. If your painkillers don't work, tell a doctor or nurse. They might be able to give you different painkillers or a larger dose.

### Antibiotics with surgery

You'll be given antibiotics before your surgery. This is to help reduce the chances of infection.

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You'll probably be given these antibiotics as a drip (also called an intravenous infusion or IV). This means the antibiotics are given directly into your veins, usually through a tiny tube inserted into your hand. You might need to carry on having antibiotics for a few days after surgery.

Antibiotics can have **side effects** in some people. For example, some people feel nauseous or get diarrhoea with certain antibiotics. And some people can have an allergic reaction to some of them.

### If you are not able to have surgery immediately

Some people don't have surgery straight away. If the removal of your appendix is delayed while you have other treatments, this is called **interval appendectomy**.

For example, if you have an **abscess** that has formed you may have this drained first. An abscess is a build-up of pus. It is usually drained just using a needle. The doctor uses a CT image to help guide the needle.

You will also be given antibiotics. Usually these will be given as a drip. You may switch to tablets when you're well enough to eat.

You may be well enough to leave hospital after a couple of days. But you will need to go back into hospital when you are well enough to have your appendix taken out, usually after about six weeks.

It is rare, but some people who don't have surgery right away find they don't need to have their appendix removed. This happens if they can have the abscess drained and they get better with antibiotics.

### Treatment without surgery

For some people with appendicitis, antibiotics might be the only treatment they need.

This is more likely if you have what's called **uncomplicated appendicitis**. This means that the infection and inflammation are mainly in the appendix, and have not spread into other tissues or into the blood. There is a risk that you will get appendicitis again. Your doctor or nurse will explain the likely risks to you.

## What can I expect in the future?

As with any type of operation, surgery for appendicitis carries risks. For example there is a risk of infection. But most people recover very well. You can live quite happily without your appendix after it is removed. You'll probably go home from hospital within a few days. With keyhole surgery some people even go home the same day.

You should be able to start eating normally again a day or two after your surgery. You will probably need to take at least a week off work or school to give yourself time to recover.

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