

APPENDICITIS IN CHILDREN

After the surgery

The usual length of stay is 24 to 48 hours for simple appendicitis and 5 to 7 days for ruptured appendicitis. Intravenous (in the vein) pain medication and antibiotics are given during the hospital stay. Oral feedings are started slowly, and your child will gradually advance to a regular diet.

Your child will be ready for discharge from the hospital when he or she is tolerating a regular diet, has no fever or drainage from the incision, and has normal bowel function.

What to expect after discharge

Most children will require one week of rest at home before returning to school, and 2 to 3 weeks before returning to gym and sports.

When to call your child's health care provider

You may notice some minor swelling around the incision; this is normal.

However, call your health care provider if your child develops any of the following:

- Fever
- Excessive swelling, redness or drainage from the incision
- Bleeding
- Increasing pain

Follow-up office appointment

A follow-up outpatient visit will be scheduled 7 to 10 days after your child's surgery. Your child's health care provider will examine the wound and assess his or her recovery.

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PEDIATRIC SURGERY

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What is appendicitis?

Appendicitis occurs when the appendix, an appendage (extension) of the colon, becomes obstructed and infected, resulting in bacterial overgrowth. In 20 percent to 30 percent of children, this infection ruptures into the abdominal cavity.

What are the symptoms of appendicitis?

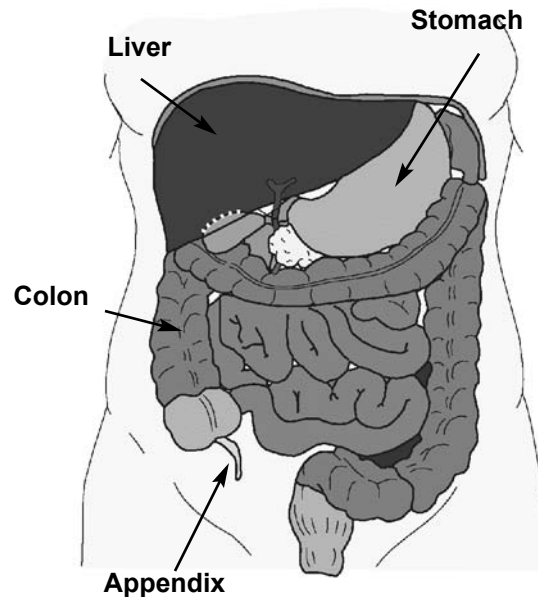
Because the appendix is located in the right lower portion of the abdomen, the most important symptom is pain in the right lower abdomen. Other symptoms include:

- Nausea and vomiting
- Low-grade fever
- Diarrhea (after several days)

How common is appendicitis?

Appendicitis affects 80,000 children per year in the United States. It is most common in the first two decades and last two decades of life, and affects 15 percent of all individuals during their lifetime. Fifty percent of children will have a family history of appendicitis.

Ruptured appendicitis occurs in 30 percent of patients and is more common in children under 5 years old.



How is appendicitis diagnosed?

Ninety percent of cases are diagnosed by medical history and physical examination alone. A history of pain in the right lower portion of the abdomen followed by vomiting and low grade fever, and physical findings of tenderness and rigidity in the same area are principal signs of appendicitis.

For patients with signs and symptoms that are not clear, diagnostic tests such as ultrasound and computed tomography (CT) scan may be useful.

Keep in mind that no one test or finding is 100 percent accurate and reliable in diagnosing appendicitis. The physician must piece together all available

information. In some cases, the only way to diagnose appendicitis is to perform surgery.

How is appendicitis treated?

The best treatment is surgical removal of the infected appendix. In some cases, when the appendix has already ruptured, surgery is done after a period of treatment with antibiotics.

During the surgery

- A pediatric anesthesiologist (a physician who specializes in pain relief and sedation in children) gives your child anesthesia, which induces sleep.
- A small incision (cut) is made in the right lower portion of the abdomen. If a laparoscopic procedure is used, the surgeon will make several punctures in the lower abdomen. Each of these surgical techniques offers advantages and disadvantages, which you may discuss with your surgeon.
- The appendix is removed and the infected fluid is washed out of the abdominal cavity. In some cases, drains are placed to allow for the removal of infected fluid..
- The surgical procedure generally takes less than an hour to complete.