

2. Patient will be admitted to surgical ward once the diagnosis is made.
3. Patient is booked in the emergency operating theatre and will be assessed by the anesthetic oncall prior operation.

C. Operation.

1. Anesthesia: refer to anesthesia leaflet.
2. Operation as the above diagram.

D. After the operation.

- a. Patient will be brought to surgical ward for post operative care.
- b. Follow up:
 - i. 3 weeks after discharge (may change according patient medical case and logistics).
 - ii. Venue: Surgical clinic. Menara Utama , First floor.
- c. Home advice
 - i. No heavy lifting for 2 weeks to 3 months
 - ii. Should consume work in a week to 2 weeks.
 - iii. Should consume normal diet.

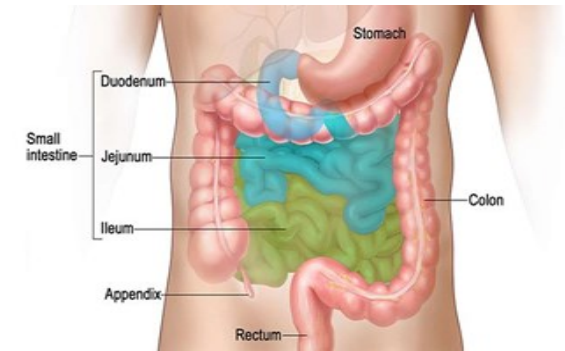
- iv. Advice to come to accident and emergency if patient having persistent fever or redness or discharge from the surgical wound site.

E. Commonly asked questions

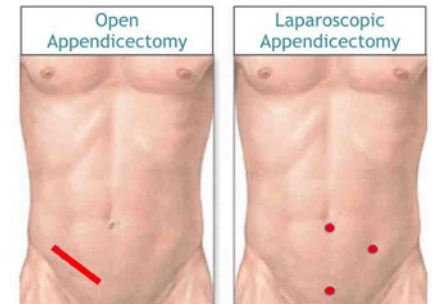
- i. When should the patient can return to work.
- ii. When can the patient return to normal activities.

F. Useful contact numbers :

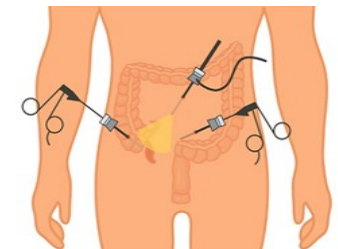
University Malaya Medical Centre:
03-79494422 (ext: surgical outpatient clinic)



APPENDICECTOMY



Scars associated with respective operation



A. General Information

1. Introduction

a. What is an appendix

The appendix or vermiform appendix is a tubular structure that attached to the large intestine (caecum). It is named after Latin word 'vermiform' which means 'worm shaped'. The diameter of the appendix ranges from 7 to 8 mm and its length ranges between 2 to 20cm. it is usually located at the lower right side of the abdomen.

The function of the appendix is unknown. Theory said that the appendix act as an immune system as it rich with lymphoid cells. Other experts believe that appendix is a useless vestigial remnant.

b. What is Appendicectomy

Appendicectomy is an operation where the appendix is removed surgically. It can be done either an open procedure (Open appendicectomy) or using laparoscope (Laparoscopy appendicectomy).

c. Indication of Appendicectomy

Acute appendicitis.

d. What is Acute Appendicitis

Acute appendicitis is an inflammation of the appendix caused by an obstruction of the

appendix lumen from the lymphoid tissue swelling secondary to viral or bacterial infection. It can also be obstructed from faecolith (hard faeces). This can lead to perforation of the appendix. Patient common present in accident and emergency.

2. Advantage of Laparoscopy Appendicectomy

- I. Reduce hospital stay.
- II. Reduce morbidity.
- III. Reduce post operative pain.
- IV. Decrease post operative recovery.
- V. Early return to normal activities.

3. Risks / Complications of the surgery.

Complications associated with laparoscopic access to the abdominal cavity may broadly classified into 4 groups: abdominal wall injuries, vascular injuries, visceral injuries and others.

- I. Abdominal wall and intra-abdominal injuries:
 - i. Skin infection.
 - ii. Subcutaneous emphysema.
 - iii. Haematoma.
 - iv. Port site hernia.
 - v. Bleeding.
 - vi. Intra abdominal abscess collection.
 - vii. Stump leak.
 - viii. Fistula.

II. Vascular injuries:

- i. Bleeding.
- ii. Gas embolism.

III. Visceral (Bowel) injuries.

IV. Others:

- i. Cardiovascular compromise.
- ii. Respiratory distress.
- iii. Renal impairment.

4. Other open if Laparoscopy appendicectomy is declined.

Open appendicectomy.

5. Conversion

Indication converting Laparoscopy appendicectomy to an open appendisectomy:

- a. Uncontrol bleeding.
- b. Difficult separating the appendix from the nearby organ.
- c. Any circumstances that endanger the patient.

B. Before the surgery.

1. Pre-admission.

Most of the patient is referred to the respective oncall surgical unit from accident and emergency department