Thanks so much for downloading my laparoscopic appendectomy guide! This guide is broken up into two sections.

**Section One:** The first section you will find my regular “Post-Op Laparoscopic Appendectomy Instructions”. This is the advice I give my patients. The instructions are fairly standard across most surgeons. However, not all surgeons explain it in a clear manner, which is one of the reason’s I’ve made this guide for you.

**Section Two:** The second portion of the guide goes over the 5 most common problems patients face after a laparoscopic appendectomy, how do identify them and what to do about them.

My intention is to give you a clear picture of how your recovery will go, and a very good idea of what the major complications are, and how to deal with them if they should arise. Most patients have an uneventful (normal) recovery, but if you don’t, I hope this guide will help you catch any problems in the early stages so you can get treatment as soon as possible and avoid any catastrophic illness.
SECTION ONE
Post-op Instructions

You have had a “Laparoscopic Appendectomy”. This just means your appendix was removed using a small camera and small instruments through 3 separate small (5–12 millimeter) incisions. After having your appendix removed, there are no limitations on your diet. After the surgery, you may feel full or nauseated easily with a large meal. The bowels usually need some time to begin functioning normally again, so the first one or two days after the surgery this is normal. If it persists beyond one or two days, you should call the office for advice.

The incisions have “Steri-Strips” (small tape), and a plastic adhesive dressing over the top to protect them from water. Alternatively, you may have skin glue on the top of the incisions. You may wash over the plastic dressings or skin glue in the shower. Please do not soak in a tub or bath as this may loosen the plastic dressings and they may fall off, leaving the incisions exposed. After about 48–72 hours, the incisions in the skin are watertight, but they are still very weak, so it is important to protect them for about 7 days. Leave the plastic dressings on for 72 hours. After 72 hours, you may remove the plastic and underlying gauze. Leave the Steri-strips in place for 7 days after your surgery. You may wash gently over the Steri-strips with soap and water, but be sure to dry them well after showering. After 7 days, if they have not fallen off by themselves, you may remove them.
Note: If you have skin glue on your incisions, you do not need to do anything. You may wash over them with soap and water in the shower, but do not soak in a tub or pool for 2 weeks. The skin glue will come off slowly over the next few weeks.

Your activity level should be reduced the first two weeks after the surgery. The incisions are about 60% strength of normal tissue at 6 weeks. I generally advise not to lift anything more than 15lbs. for about 4 weeks. You can increase your activity to moderate exercise after the first two weeks. I often advise to “let pain be your guide” in your recovery. This just means you can steadily increase your activity as long your pain is under control.

Often after surgery you may have a few days where you feel really well. This is usually when people increase their activity level and the following day feel very sore or very tired. This is normal. It is OK to do this, just be aware you may experience these “ups and downs” for a few weeks. Just as long as you are improving from week to week, you are on the right road to recovery.

If you should have fevers, chills, increasing nausea, vomiting, or abdominal pain you should contact your surgeon. You should call your surgeon’s office to make your post-operative appointment about 14 days after the surgery.
SECTION TWO
PAIN
**WHAT:** Well you just got cut open silly, no wonder you have pain! However, this pain should fairly closely related to to your incision sites. Sometimes patients have pain where the appendix used to live for a couple days. Any more than 3 days of pain in the right lower quadrant is abnormal.

**WHEN:** The first 24-72 hours the pain is most prominent.

**HOW:** Sharp pain at the incision site is normal. It may become worse 3-4 hours after you take the pain medication. This just means the medication is wearing off. Pay attention to how long your medication lasts.

**WHY:** When our tissue is injured many different signals are sent out in our blood which tell the repair cells to show up. This causes some swelling, which causes pain. Also the nerve endings in our tissues are cut sending pain signals to our brain warning us to protect that area for a bit of time.
WARNINGS:
Pain is accompanied by nausea and vomiting
Pain is accompanied by fevers
Pain is severe (6-10/10) of intensity

TREATMENT: Take the prescribed pain medication your surgeon gave you. Most of the time this is adequate to resolve the pain. The biggest problem I see is when people do not take their pain medication after surgery then have a difficult time “catching up” to the pain with the regularly prescribed doses.

TIME FOR A VISIT: If you encounter these warning signs you should see your surgeon ASAP.
**WHAT:** This less frequent bowel movements than what is normal for YOU. Typically constipation is defined by no bowel movement for 1-2 days, but for some this is a normal frequency. Which is why I say less frequent for YOU.

**WHEN:** If you begin taking a stool softener post op day one, you will get back into your normal habits much easier.

**HOW:** Take a stool softener once in the morning and once at night as long as you are taking the narcotic pain medication.

**WHY:** Narcotic pain medication often taken for pain after surgery typically causes the bowels to slow down, thus causing many people constipation. This is totally normal.
WARNINGS: If constipation from narcotics is left without treatment long enough (more than 7-10 days) this can lead to colon rupture and the need for an emergent operation.

TREATMENT: Common Over the Counter Stool Softeners include:
- Milk of Magnesia
- Colace
- Dulcolax
- Miralax

TIME FOR A VISIT: If you have not gone “Number TWO” in more than 96 hours after your surgery its wise to see your doctor.
**WHAT:** This is an infection of the skin and the tissue just under the skin inside the incision.

**WHEN:** The most common days after surgery for this to happen is day 3-7.

**HOW:** If the skin becomes infected it gets progressively more painful to touch. It will also become red and more and more swollen. It may be accompanied by fevers, chills, muscle aches and sometimes fatigue.

**WHY:** Bacteria can be trapped in the skin after it is closed from the surgery.
WARNINGS:
If left too long this can form an abscess (see last topic) underneath the skin and lead to bacteria in the blood causing severe illness. With some strains of bacteria it can cause *Necrotizing Fasciitis* or “Flesh Eating Bacteria”. Obviously, this is bad news and needs to be treated emergently.

TREATMENT:
Treatment simply requires removal suture. Most of the time this is done in a doctors office, with or without the use of local anesthetic (numbing the skin). It’s usually a simple “snip” of the suture and it comes right out.

TIME FOR A VISIT: If you develop any of the above symptoms, you should see your surgeon ASAP
SUTURE “SPITTING”
**SUTURE “SPITTING”**

**WHAT:** This is when the suture just underneath the skin decides it wants to come out!

**WHEN:** This usually happens at least 3-4 weeks or MORE after a laparoscopic surgery.

**HOW:** The skin is actually eroding away from the suture, thus it appears the suture is moving out of the skin.

**WHY:** This is something that our bodies do to get rid of foreign material it doesn’t like.
**WARNINGS:**
Most of the time this is a fairly benign (not-dangerous) condition which is easy to treat. This is NOT an infection, although the skin may look like it is becoming infected. The TIMING is different than a skin infection.

**TREATMENT:**
Treatment simply requires removal suture. Most of the time this is done in a doctors office, with or without the use of local anesthetic (numbing the skin). It’s usually a simple “snip” of the suture and it comes right out.

**TIME FOR A VISIT:** If you develop quickly spreading redness of the skin around a scar at anytime after surgery you should see your surgeon ASAP.
Abscess Formation
Abscess Formation

**WHAT:** This is when an infection forms where the appendix USED to live. This is because the appendix was infected in the first place and some bacteria “stayed to play”.

**WHEN:**
This is usually between 7-10 days after the surgery.

**HOW:** it is characterized by fevers, chills & increasing abdominal pain. It can also include nausea and vomiting, and sometime diarrhea.

**WHY:** It’s VERY important to see your doctor ASAP if you have these symptoms 7-10 days after surgery so it can be treated.
WARNINGS:
If not treated an abscess formation can be deadly. The bacteria can eventually get into the bloodstream and cause something called “Sepsis”. This can lead to a collapse of the cardiovascular system and death even in young and healthy people.

TREATMENT:
Treatment requires removal of the trapped bacteria in the abdomen. This means either a inserting a needle through the skin into the abscess, and removing the bacteria, or another surgery to clean the bacteria out of the abdomen. In addition, antibiotics are used to kill any residual bacteria.

TIME FOR A VISIT: If you develop fevers, chills, increasing abdominal pain 5-7 days (and beyond) after your surgery your should see your surgeon ASAP.
I’ve found these are the most common problems patients face after laparoscopic appendectomy, but of course this list is not exhaustive.

If you would like to ask me unlimited questions directly I do have a consultation service specifically for post-operative patients. To start click here.

And the cool thing about this service is for every patient that pays normal price I give this service away to one patient who can’t afford it.

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