Aetiology and Risk Factors

- Acute appendicitis can occur at any age, although it is more common in adolescents. When the condition is suspected, prompt action is necessary to avert possibly serious complications.
- Acute appendicitis refers to an acute inflammation of the appendix, a narrow sack (referred to as vermiform or ‘worm like’) that is attached to the caecum. The appendix has no known physiological function in humans.
- Appendicitis occurs more frequently in males.
- The aetiology of the condition is not known. Suspected causes relate to obstruction that leads to a build-up of pressure within the appendix. Such obstruction could be due to a hard mass of faeces or a foreign body.
- Appendicitis is the most common form of emergency requiring an operation and there are about 70,000 cases per year in the UK.
- In general, the incidence of the condition is falling.

Signs and Symptoms

- The patient experiences central abdominal pain near the umbilicus, moving to the right iliac fossa. The pain becomes more constant.
- Movement exacerbates the pain and the patient will tend to lie still for pain relief.
- Rovsing’s sign: pain in the right iliac fossa when pressure is applied in the left iliac fossa.
- Tachycardia, flushed face and furred tongue.
- Anorexia, vomiting and pyrexia.
- Dysuria or diarrhoea can occur.
- Untreated appendicitis can lead to peritonitis and complications such as intra-abdominal abscess.

Diagnosis

- Clinical examination.
- Rectal examination.
- Diagnostic laparoscopy.

Treatment and Therapies

- The standard treatment for acute appendicitis is appendicectomy, which can be performed via open or laparoscopic surgery.
- Antibiotic therapy postoperation.

Nursing Implications

- Fluid balance: the preoperative patient is usually resuscitated with intravenous fluids; the patient may require a nasogastric tube to prevent aspiration.
- Wound care: the wound may have been closed with dissolvable sutures or clips.
- Observe for postoperative complications such as wound infection and paralytic ileus.
- Postoperative recovery can be slower and more complex if peritonitis is present or suspected at the time of surgery.

Research and Development

- Laparoscopic and open surgery have been compared for suspected appendicitis.
- Research on the use of diagnostic laparoscopy in women with right iliac fossa pain aims to reduce the removal of normal appendices.

References


Websites


Age-related risk of developing appendicitis