

## What is appendicitis?

Appendicitis means inflammation of the appendix. The appendix is part of the large bowel (see figure 1 below). When it is inflamed it causes pain and makes you feel unwell. Appendicitis is the most common surgical emergency in a child and is usually treated by surgery.

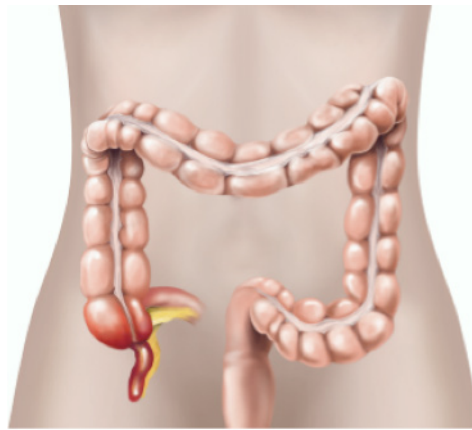


Figure 1  
An inflamed appendix

## What causes appendicitis?

The cause of appendicitis is unclear. If the appendix becomes blocked where it joins the bowel, bacteria can get trapped, making appendicitis more likely

## COVID – 19 (Coronavirus)

On March 11th, 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very strict infection control procedures however if you catch coronavirus this could affect your recovery and might increase your risk of pneumonia or more serious complications.

## Treatment of appendicitis during COVID – 19

During the period of the pandemic the treatment of appendicitis has been concentrating more on antibiotics rather than surgery. This treatment is already being used in other paediatric surgical departments throughout the United Kingdom and around the world. Some forms of complicated appendicitis are often treated by antibiotics alone, so this is not a new or novel treatment.

Your child has been assessed by the surgical team and a diagnosis of simple (or uncomplicated) appendicitis made. They have been given antibiotics specifically aimed at the most common bacteria causing appendicitis in children in Northern Ireland.

## Is there a chance the antibiotics won't work?

Recent research shows that treating appendicitis without an operation is safe and effective in the vast majority of children (92%)<sup>1</sup>. This means there is a small chance that antibiotics alone will not treat your child's appendicitis and they will need to have an operation to remove their appendix, an appendicectomy. The risk of your child's appendix 'bursting' (perforating) during antibiotic treatment is very small (less than 1%)<sup>2</sup>

Your child will be closely monitored to ensure their condition does not get worse.

## How soon will my child recover?

### In hospital

The surgical team will assess how well your child is recovering by examining them regularly and monitoring their temperature and heart rate closely over the first 24 hours. If your child is well enough after 24 hours of antibiotics into a drip through a vein (called intravenous or IV), they will be discharged home. They will be given oral antibiotics to take at home to complete a total of 10 days antibiotics.

### At home

You need to be aware of the following symptoms as they may show that your child is not improving as we would expect.

- Abdominal pain getting worse over time
- A high temperature or fever >38 degrees
- Persistent diarrhoea
- Vomiting, especially if it is green in colour

If your child does not continue to feel better over the first few days at home or if they have any of the symptoms above, please contact the surgical ward, your GP or your Consultant's secretary (see contact details below). If you are very worried, call an ambulance or go immediately to your nearest Emergency Department.

### Review following discharge

An appointment will be arranged with your consultant at discharge. This may be a telephone call or face to face review. Please ask your nurse if you are unsure of the arrangements.

As your child has not had an operation to treat their appendicitis, we will discuss the risk of your child getting appendicitis again in the future versus the risk involved with having an operation to remove the appendix at a later stage (called an interval appendicectomy).

After discharge only a small number (16%) of children go on to have their appendix removed, either due to another episode of appendicitis or recurrent abdominal pain with an appendix which is normal when it is removed (1). Having an operation at any time is not without risk and this must be taken into consideration. The risk of complications from recurrent appendicitis or an interval appendicectomy is similar<sup>3</sup>.

At this appointment we will help you consider the options and decide what is best for YOUR child.

### Contact Numbers

Barbour Ward (Surgical ward, RBHSC) – (028)96 150337

Mr Bailie/Marshall Sec- (028)95 049215

Miss Milliken/Miss Lawther Sec – (028)95 047666

Mr Philip Sec- (028)96 156039

Miss McCullagh/Mr Dick Sec - (028)96 155679

<sup>1</sup> Ped Surg Int 2020; 36(3):261-269

<sup>2</sup> PSI 2020 Jan; 36(1) 69-74

<sup>3</sup> JAMA Pediatr 2017 May; 171(5): 426-429