

# Laparoscopic Appendectomy Protocol

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- We will start an appendectomy database. All appendicitis patients should be added to the Epic appendicitis patient list.
- Exclusion criteria are age < 18, pregnancy, appendectomy combined with other procedures, interval appendectomy, gangrenous or perforated appendicitis. However we will still enter these patients into the database.
- Preoperative inpatient admission is considered a protocol failure. Therefore patients should be taken straight to the O.R., or if need to move the patient from the emergency department to a bed, please do an outpatient observation rather than an inpatient admission.
- Prior to surgery (perhaps at the time of consent), patients and their families should be informed that the plan is to discharge home from the PACU.
- A preprinted instruction sheet with contact information can be given to the patient and family before surgery (enclosed).
- Laparoscopic appendectomy should be for the next available operative time regardless of time of presentation to the hospital.
- The AAST grade of appendicitis should be recorded in the operative report, preferably in Operative Findings section for easy record review.
  - AAST Grade 0 — normal
  - AAST Grade 1 — Acutely inflamed
  - AAST Grade 2 — Gangrenous intact
  - AAST Grade 3 — Perforated with local contamination
  - AAST Grade 4 — Perforated with periappendiceal abscess or phlegmon
  - AAST Grade 5 — Perforated with generalized peritonitis
- At the time of surgery please infiltrate all trocar sites with 0.25% of bupivacaine with epinephrine.
- Patients are given 30 mg of IV ketorolac at the end of the operative procedure unless there are contraindications.
- Patients with significant comorbidities that preclude the option of PACU discharge are admitted as deemed clinically necessary by the operating surgeon.
- Postoperative follow-up can be done at a two week post-operative clinic appointment or by telephone. A five point scale of patient satisfaction with outpatient surgery should be recorded as part of the follow up.

Very Dissatisfied    Dissatisfied    Neutral    Satisfied    Very Satisfied
- See below (p. 2) for a care process sheet developed by one of our PACU nurses.

## **Home Care After Laparoscopic Appendectomy**

Do not drive while taking pain medicine (narcotics).

Take medicine (stool softener) if you cannot have a bowel movement (constipated).

Keep your wounds clean and dry. Wash the wounds gently with soap and water. Gently pat the wounds dry with a clean towel.

Remove your bandages in 24 hours and you may shower.

Do not take baths, swim, or use hot tubs for 10 days, or as told by your doctor.

Only take medicine as told by your doctor.

Continue your normal diet as told by your doctor.

Do not lift more than 25 pounds or play contact sports for 2 weeks, or as told by your doctor.

Slowly increase your activity after 2 weeks.

Take deep breaths to avoid a lung infection (pneumonia).

If you were not given a follow-up appointment, call 720-848-2711 between 8 a.m and 5 p.m. Monday-Friday to schedule an appointment for the Trauma-Acute Care Surgery Clinic and ask for a Monday Clinic appointment.

If you need assistance regarding a medical problem after hours, please call 720-848-0000 and ask to speak to the Trauma-Acute Care Surgery resident on call.

The surgical team that is providing your care specializes in trauma and emergency surgery related conditions. Because of the need to provide such care on a 7 day/week, 24 hour/day basis, the Trauma-Acute Care Surgery Group works as a team to assure experienced, rested members of the team are always available. This may mean that you will see different doctors, residents or physician assistants at different times during your care.