

## 盲腸炎(小兒)

急性盲腸炎是常見的小兒外科急症，任何年齡的小童及青年都會發生，男女比例相約。治療方法是在全身麻醉下進行盲腸切除術。如能及早手術，其死亡率僅少於1%。盲腸大小如手指，位於右腹之大小腸中間。導致盲腸炎的原因有很多，例如：盲腸被糞石，(已經濃縮及乾涸的糞便) 或寄生蟲阻塞；盲腸淋巴被細菌或病毒感染。

### 適應症

- ◆ 急性盲腸炎
- ◆ 復發性盲腸炎
- ◆ 腹部之附加手術，如全子宮切除術，膽囊切除術
- ◆ 盲腸腫瘤

### 手術前護理

- ◆ 靜脈滴注
- ◆ 須禁止飲食六小時至八小時
- ◆ 有需要時，會插胃管以排空胃液

- ◆ 有需要時，醫生會處方止痛藥及抗生素
- ◆ 外科醫生會向病人及病人家長解釋手術過程，危險性及可能發生的併發症
- ◆ 麻醉科醫生會為病人進行評估，並向家長解釋全身麻醉的過程、危險性及可能發生的併發症
- ◆ 家長須簽署手術同意書

### 過程

現在大部份盲腸炎已可以經由腹腔鏡手術處理，約有10%情況需經由開放式手術處理。

### 手術後護理

- ◆ 需繼續禁止飲食，靜脈滴注，直至腸功能回復後方可進食
- ◆ 如傷口有疼痛，可注射或服用止痛藥
- ◆ 可能需注射抗生素
- ◆ 手術後七天可拆線

### 回家後護理

- ◆ 如傷口有紅腫、熱痛、血液及分泌滲出或發高燒，請即向醫生或就近醫院急症室求診
- ◆ 回家後可如常活動，仍需避免劇烈運動
- ◆ 依時覆診
- ◆ 如有特殊情況發生，請電查詢電話：2255 3539

### 可能發生的併發症

- ◆ 傷口感染
- ◆ 黏連及腸麻痺，引致的腸阻塞
- ◆ 腸瘻
- ◆ 盆腔膿腫
- ◆ 疤痕形成


如有任何查詢，請聯絡你的主診醫生

以上資料由瑪麗醫院外科部提供。



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## 盲腸炎(小兒) APPENDICITIS (PAEDIATRIC)

 瑪麗醫院 Queen Mary Hospital	Pamphlet Topic & Department Code
Ownership	QMH/Surgical-13(PS.1)
Last review/revision	Feb/2012
Approval	HKWC Information Pamphlet Working Group
Distribution	As requested

## APPENDICITIS (PAEDIATRIC)

### Introduction

Appendicitis is one of the most common emergency abdominal surgery in children. The incidence of appendicitis is similar for males and females. Appendectomy is the usual treatment for appendicitis. Early surgery has a death rate of less than 1%.

Appendix is a small, finger-shaped pouch of intestinal tissue located between the small intestine and large intestine on your right side. Appendicitis is the sudden inflammation of the appendix. Appendicitis is mainly due to:

- ◆ Obstruction of the appendix by faecalith, a foreign body or tumour
- ◆ Enlargement of the lymph tissue of the appendix due to infections, especially viral ones

### Indications

Appendectomy is performed for conditions such as:

- ◆ Acute appendicitis

- ◆ Interval appendectomy for recurrent appendicitis
- ◆ Additional surgery with other abdominal surgeries like Hysterectomy, Laparotomy, Cholecystectomy
- ◆ Tumours of appendix

### Pre-operation care

- ◆ Insertion of intravenous catheter for administration of fluids
- ◆ Fasting for 6-8 hours
- ◆ Insertion of naso-gastric tube to empty the stomach (sometimes)
- ◆ Pain relief
- ◆ Antibiotics
- ◆ Surgeon will explain the operation procedure, associated risks & complications to the patient's parents or guardian
- ◆ Anaesthetist will assess patient's health, explain the anaesthetic risks and

possible complications to the parents or guardian before the operation

- ◆ Parents or guardian need to sign a consent form

### Procedure

It is the surgical removal of the appendix under general anaesthesia through a gridiron incision in the right lower abdomen. Sometimes a right paramedian or midline incision or laparoscopic approach is used.

### Post-operative care

- ◆ No oral feeding is allowed until bowel function returns
- ◆ Administration of IV fluids until diet is resumed
- ◆ Possible use of antibiotics
- ◆ Pain relief
- ◆ Removal of stitches usually on day 7
- ◆ Early mobilization or chest physiotherapy to prevent deep vein thrombosis or chest infection

### Advice on discharge

- ◆ If there are any signs of infection e.g. fever, redness, swelling, purulent discharge or foul smells from the wound, seek medical help or attend A&E department together with the discharge summary as soon as possible
- ◆ Avoid vigorous contact exercise
- ◆ Follow up as scheduled
- ◆ Please contact 24 hours non-emergency hotline: 2255 3539 for general enquiries

### Complications

- ◆ Wound infection
- ◆ Intestinal obstruction due to adhesion formation or paralytic ileus
- ◆ Faecal fistula
- ◆ Pelvic abscess
- ◆ Hypertrophied scar formation

Should you have any queries, please consult your doctor-in-charge

Information provided by the Department of Surgery, Queen Mary Hospital.