



Appendicitis is an infection of the appendix, a finger-sized tube that connects to the intestine on the right lower side of your abdomen. Doctors do not know why appendicitis develops, but everyone who has an appendix is at risk for appendicitis.

For over 100 years surgical removal of the appendix (appendectomy) has been the usual way to treat appendicitis, but in Europe 6 research studies have shown that taking antibiotics alone can cure appendicitis without surgery. These studies included over a thousand patients and found that **3 out of 4** did not require an appendectomy up to one year after they were diagnosed with appendicitis. The 1 in 4 who did undergo an appendectomy after trying antibiotics did not have a higher rate of complications from their surgery or a greater risk of a “burst” appendix.

The studies from Europe showed that antibiotics can work for the treatment of appendicitis. Doctors in the United States, including those caring for you today, are planning a study to figure out if these two treatments are equal. Until that study is completed, your surgeon will provide you with all the available information, ask you which treatment you prefer and help you decide which approach is right for you.

*No matter which treatment you choose, your doctors and nurses will work to control your pain, and take care of your infection. We are committed to getting you better.*

*We want you to be fully informed and comfortable about your options for treating appendicitis. In this brochure, you will find important information about appendicitis, including what to expect during the process and quotes from actual patients that underwent these procedures.*

## **Which treatment is most commonly used?**

Most patients in the United States undergo appendectomy to treat appendicitis. However, in other countries patients are frequently given the option of 10 days of antibiotics as the primary treatment and only have surgery if the medications do not work. Most of the information we have about this option is from studies conducted in Europe.

## **If I take medication (antibiotics) for my appendicitis, will I ever develop appendicitis again?**

Maybe, but it's not clear what your risk of having appendicitis again is. Most studies have looked at people up to one year after their diagnosis with appendicitis. When you combine results from all of the studies, about 1 out of 4 patients (25%) eventually have surgery after trying antibiotics. If appendicitis does come back it usually happens within the first few weeks. In one very large study the risk was much lower. Only 4-6% of patients developed appendicitis or had their appendix removed over a 7 year period after starting the antibiotic treatment.

## **How many days will I be in the hospital?**

Patients who have surgery typically go home the day after surgery. Treatment with antibiotics medication can either be done while in the emergency room (without being admitted to the hospital) or your doctor may suggest you stay in the hospital for 1-2 days to see how you feel on the antibiotics.

## **I am in pain right now. Which treatment will get rid of my pain most quickly?**

If you have surgery, the pain from the infected appendix will likely go away, but you will have pain associated with your surgical incision(s). In most patients, the surgical pain tends to be minimal and goes away within a week. If you have antibiotics, some studies suggest you have fewer days of pain and less of a need for narcotic pain medication.

## **How many days will I miss from work or school?**

In one study, patients who were treated with antibiotics (without surgery) required 7 days of sick leave, compared with 11 days of sick leave for patients treated with surgery.

## **How should I decide which is best?**

Not all patients with appendicitis are eligible for treatment with antibiotic medication. The antibiotic treatment option is only for patients with uncomplicated appendicitis. If you are pregnant, or have serious problems with your immune system (such as an organ transplant or you are on chemotherapy), or had a recent heart implant or inflammatory bowel disease— this option may not apply to you. We will discuss your specific care, your preferences and answer any questions you and your family have to come up with the treatment that is right for you.

## APPENDECTOMY (surgery)

## ANTIBIOTICS (medication)

<p>The <b>BEST CASE</b> is a 1 hour operation performed through either one small incision (3 inches) on your right side or 3 small incisions on the left side and middle of your belly. The operation is performed under general anesthesia. You will likely go home the same evening of the procedure (if performed in the morning) or the next morning (if performed at night). You will see your surgeon in the office after about a week, get back to normal activities after a few days, and feel back to normal within 2 weeks.</p>	<p>The <b>BEST CASE</b> is that you will receive intravenous antibiotics. Some patients are admitted to the hospital for 1-2 days and some patients will simply receive a single long-acting antibiotic in the emergency room and be allowed to go home. At home, you will continue taking antibiotics by mouth for one week. You will have minimal symptoms and get back to normal activities, work or school as soon as the next day. After this, you will not experience these symptoms again and will never require treatment for appendicitis.</p>
<p><b>MOST LIKELY</b> you will stay in the hospital 1-2 days with pain and nausea that is tolerable if you take medications. There will be about 1-2 weeks where you do not feel quite like yourself. You may be tired and have some abdominal pain and some nausea. You will have a follow-up visit with your surgical team in 1-2 weeks, feel limited in activities for a few weeks and feel like you are back to normal by the end of a month.</p>	<p><b>MOST LIKELY</b>, you will be admitted to the hospital and receive a day of antibiotics and pain medication, followed by 9 days of antibiotic pills. You may miss a few days of work or school, but within the week will feel back to normal. There is a 1 in 10 chance you will not get sufficiently better and your surgeon will recommend an appendectomy in the first week. There is a 1 in 4 chance that you will undergo appendectomy sometime during the following year.</p>
<p>The <b>WORST CASE</b> is that you have a complication from surgery. The most common complications are skin infection, an abscess inside the abdomen or bleeding. These occur in less than 1 person out of 20 (5%). If you have a complication you may have a longer hospital stay or need to be seen in the office or even readmitted for another procedure. A rare complication such as the need to remove more of your colon or an injury to your intestines might require several weeks of recovery.</p>	<p>The <b>WORST CASE</b> is that you receive antibiotics, but you do not get better, and get sicker from appendicitis. In that case you will undergo an appendectomy. You may also have a complication from antibiotics such as infectious diarrhea that requires additional medications.</p>

## APPENDECTOMY (surgery)

## ANTIBIOTICS (medication)

*"I went to the hospital, had my appendix removed and was able to go home the next day. After my follow-up appointment with the surgeon, I never thought about it again."*

–Mary C, 22yo student

*"I wanted to avoid surgery because I had a critical deadline at work that I could not miss, so the surgeon gave me antibiotics instead. I took the antibiotics for a day in the hospital, then went home and took antibiotics for one week. I avoided surgery and felt back to normal fairly quickly. Who would want to have surgery if they could fix the problem with medicine?"*

–Stuart F, 53yo accountant

*"I had my appendix removed and everything was going great, but when I got home I developed an infection. The doctor had to take out some of my stitches, pus came out, and she gave me some antibiotics to take for a week or so. I had to stick a bandage inside my incision twice a day for two weeks until it finally healed. Now I have a scar there. Maybe I should have tried to avoid surgery all together."*

–Bob J, 31yo engineer.

*"I wanted to avoid surgery, so we tried antibiotics first. The antibiotics made me feel horrible. They gave me diarrhea and I finally ended up having my appendix removed two weeks later. If I had known this would be the case I would have had my appendix removed in the beginning."*

–Sarah B, 35yo teacher