

APPENDICITIS

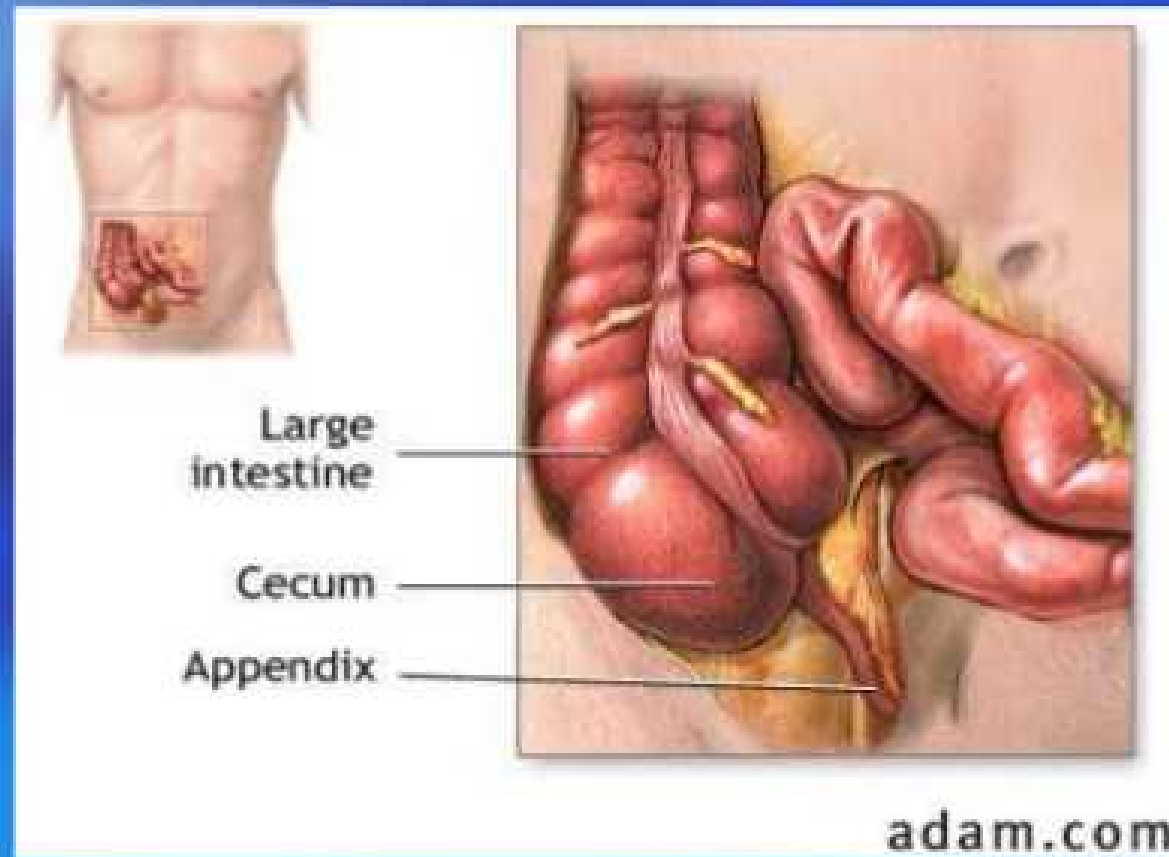
Dr. Fatima Makee AL-Hakak

University of kerbala
College of nursing

APPENDICITIS

- The appendix is a small fingerlike appendage about 10 cm long it's attached to the cecum below the ileocecal valve
- it's can occur at any age but more commonly between ages 10-30 y.

Anatomy & physiology of appendix:-



Types of appendicitis:-

Four type:

- 1.Acute simple appendicitis
- 2.Acute purulent appendicitis
- 3.Perforation and gangrenous
- 4.Appendiceal abscess

Etiology:-

- Obstruction (accumulated feces in lumen)
- Tumor
- Foreign bodies
- King-King of appendix (Twisting)
- Swelling of the bowel wall

Causes of appendicitis

1. Blockage of the inside of the appendix
 - > Blockage lead to increased pressure .
Impaired blood flow & inflammation
 - > if Blockage is not treated gangrene & rupture of the appendix could result
2. Bacterial or viral infections in the GIT which can lead to swelling of lymph nodes .which squeeze the appendix & cause obstruction
 - > Swelling known as lymphoid hyperplasia

3. Traumatic injury to the abdomen

4. Feces blocks the inside of appendix

5. Genetics

Genetic variant that predisposes a person to obstruction appendiceal lumen

Pathophysiology:-

Due to etiological factor



Inflammatory process



Increase intra-luminal pressure



Severe pain

Diagnostic evaluation:-

- History
- Physical examination
- WBC count
- Urinalysis
- Abdominal x-ray
- CT Scan
- USG
- pregnancy test (women only)

Clinical manifestation:-

Subjective sign & symptoms-

- Epigastric pain spread to right lower quadrant.
- Malaise
- Anorexia
- Vomiting
- Moderate leukocytosis (↑ leukocyte in blood)
- Rebound tenderness
- Constipation
- Diarrhea

Objective sign & symptoms-

- Pain at **McBurney's** point.(between umbilical & iliac crest)
- Rovsing's sign: (pain in the right lower quadrant upon palpation of the left lower quadrant)
- Obturator sign: (pain on internal and external rotation of the hip)
- Psoas sign : (pain on active elevation of the legs)
- Tachycardia
- Tachypnoea
- Low grad fever

Complication:-

- Abdomen abscess
- Perforation
- Peritonitis
- Infection

Management:-

■ *Medical management-*

- Bed rest
- NPO
- I/V fluid
- Antibiotic eg. Ampicillin, Sulbactam, Gentamycin
- Antipyretic
- Antiemetic
- Analgesic

■ ***Surgical management-***

➤ Appendectomy

■ ***New method-***

➤ laparoscopy appendectomy

PEOPLE WITH SPECIAL CONCERNS

- People who use immunosuppressive therapy such as steroids
- People who have received a transplanted organ
- People infected with the HIV virus
- People with diabetes
- People who have cancer or who are receiving chemotherapy
- Obese people
- Pregnant women
- Infants and young children
- Elderly



Nursing management

PRE – OPERATIVE-

- ◉ NPO status upon admission
- ◉ Administer IV fluid as prescribed
- ◉ Semi-fowler's position to contain abdominal drainage in the lower abdomen
- ◉ Avoid laxatives/ enema or application of heat that could cause perforation

❖ NOTE:

the pain r/t inflamed appendix

Fluid volume deficit r/t vomiting

POST – OPERATIVE-

- ◉ administer opioid analgesia (morphine sulfate)
- ◉ Administer IV antibiotics as ordered (surgical prophylaxis & perforation)
- ◉ For peritonitis . Monitor NG tube drainage
- ◉ For perforation or abscess . Monitor surgical drainage

❖ **NOTE**

Risk for infection r/t perforation

Altered nutrition less than body requirement r/t less intake of food



*Thanks for
your listening*