

Appendicitis

Overview

Inflammation of the vermiform appendix is one of the most common causes of abdominal pain, typically requiring treatment with antibiotics and surgery.

Management

Signs & Symptoms	<ul style="list-style-type: none">● CT Abdomen/Pelvis with IV contrast<ul style="list-style-type: none">○ appendicolith, RLQ stranding, +/- perforation
Labs & Imaging	<ul style="list-style-type: none">● CBC (leukocytosis) <hr/> <ul style="list-style-type: none">● CT Abdomen/Pelvis with IV contrast<ul style="list-style-type: none">○ appendicolith, RLQ stranding, +/- perforation
Physical Exam	<ul style="list-style-type: none">● RLQ abdominal pain at McBurney point● Rovsing: RLQ pain with LLQ palpation● Obturator: RLQ pain with right hip flexion
Treatment	<ul style="list-style-type: none">● Laparoscopic appendectomy vs IR drain● Antibiotics<ul style="list-style-type: none">○ Rocephin 2 G q 24 hours & Flagyl 500mg BID○ Zosyn 3.75mg q 8 hours● NPO/IVF● analgesia/antipyretics
Post Operative Care	<ul style="list-style-type: none">● Discontinue IV antibiotics unless perforated or gangrenous● Advance diet if return of bowel function● Discontinue IV fluids once tolerating po intake● encourage ambulation and incentive spirometry● add follow up instructions in patient chart

Possible Complications

Ileus: encourage ambulation, slow advancement of diet, limit narcotics

Abscess: continue IV antibiotics, possibly needs IR drainage

Unsure if appendicitis is the correct diagnosis?

Especially with female patients, we will sometimes hold antibiotics, keep the patient NPO and admit for observation, repeat labs and abdominal exams

