

# **Appendicitis:**

## What are my treatment options?

Appendicitis is an inflammation of the appendix. It can cause stomach ache, nausea, vomiting, constipation, and a fever. The inflammation can spread inside the stomach and become fatal.

"Uncomplicated appendicitis" is when just the appendix is inflamed. "Complicated appendicitis" means, for example, that there are abscesses (pockets of pus) or the inflammation has spread to the surrounding tissue.

Doctors often recommend surgery to remove the inflamed appendix within 24 hours of the diagnosis. But sometimes it's possible to treat the inflammation using medication.

The aim of this decision aid is to help you choose a suitable treatment together with your doctors.

#### THESE ARE THE TREATMENT OPTIONS:

**Medication** — Antibiotics

Surgery — Removal of the appendix

(appendectomy)

The pros and cons of these treatments are described on the following pages

#### THIS DECISION AID PROBABLY WON'T INCLUDE ALL OF THE INFORMATION THAT YOU NEED.

This decision aid probably won't include all of the information that you need. You will still need to talk to the doctor. The main factor in deciding on a treatment is whether the appendicitis is uncomplicated or complicated. Other factors include your age, whether you have certain other health problems (like an immunodeficiency) and whether you'd prefer to avoid surgery.



Sometimes, surgery is needed within a few hours to prevent the infection spreading and becoming life-threatening.



But there's often enough time to get information and discuss the options with your doctors before making a decision.

# PROS AND CONS OF THE TREATMENT OPTIONS

	Antibiotics	Surgery
What does the treatment involve?	Typically, you spend one to three days in hospital and they give you antibiotics through a drip.  After, you continue taking antibiotics (tablets or syrup) at home for around seven days.  If you have an abscess, you might have a thin tube inserted into your abdomen to drain the pus.	The procedure is performed under general anesthetic. The appendix is usually removed using minimally invasive surgery (keyhole surgery) called laparoscopy.  The surgeon cuts three small holes in the skin of your belly to take the appendix out. If the inflammation is spreading, an open surgery procedure (laparotomy) might be used and the hole cut in the stomach might be larger.  Typically, you spend two to three days in hospital.
Who is the treatment suitable for?	For people with appendicitis when there's no sign of abscesses or spreading inflammation (uncomplicated appendicitis).  Sometimes, antibiotics and draining can be used first even if you have abscesses (complicated appendicitis).	For most people with appendicitis.  If there are signs that the inflammation is spreading, surgery needs to be performed quickly.
What effect does the treatment have?	The symptoms disappear completely in 60 out of 100 people. They don't need surgery then.	The inflammation disappears because the inflamed appendix has been removed. It cannot come back.
What are the cons?	Sometimes, the inflammation doesn't go away or it comes back. Around 40 out of 100 people still need surgery within one year despite antibiotic treatment.  The treatment isn't really suitable for people older than 65, people with immunodeficiency, or obese or pregnant people. Antibiotic treatment often doesn't help if you have fecaliths (stones made of feces) in your bowel.  Antibiotics can have side effects such as nausea or diarrhea.	Complications are rare. In about 3 out of 100 people, the wound becomes infected. About 2 out of 100 people develop abscesses (pockets of pus).  Other potential complications include bleeding after surgery and damage to the bowels or other organs.

#### YOUR DECISION

Now that you've read lots about your illness and the treatment options, you can use this section to weigh up the pros and cons of each treatment for yourself. Which treatment immediately appeals to you most? Which would you not want at all? Feel free to go back and re-read anything you want to check.

#### WHAT ARE YOUR CONCERNS?

You can use this table to note any concerns you have about choosing a treatment. If you like, you can talk to your doctor about this decision aid.

Rank the statements below starting with a 1 for the ones that apply most to you, 2 for the ones that don't apply quite as much, and so on. You can add your own statements too.

Statement	To what extent does this apply to me?
I'd prefer to avoid surgery if it's not crucial.	
I definitely don't want to get appendicitis again.	
I'm worried about the side effects of antibiotics.	
I'm worried about the risks of surgery.	
I'm not sure whether the risk of not having surgery is too high.	

#### HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to work out far along you are in your decision-making process. Mark where you are on a scale of 1 to 100.



#### WHICH TREATMENT WOULD YOU CONSIDER?

You can use this table to rate the different treatment options. Mark the ones you would consider and what you like and don't like about them.

Which treatment would I consider?		What do I like about it?	What don't I like about it?
Antibiotics			
Surgery			

### IF YOU STILL AREN'T SURE: WHAT DO YOU NEED TO BE ABLE TO MAKE A DECISION?

With all the different pros and cons to consider, it can be hard to choose a treatment.

If you need further support:

- You'll find links to further information on the next page.
- You can talk to your doctor again about things you're still unsure of.
- Talking to friends and family can help you get a clear idea of what you want and expect.

YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:			
	Appendicitis www.informedhealth.org/appendicitis.html		
	At the hospital www.informedhealth.org/at-the-hospital.html		
	Surgery www.informedhealth.org/surgery.html		
PREPARIN	G FOR THE DOCTOR'S APPOINTMENT		
you may hav	ns unanswered? What concerns do you still have? Write down any questions or thoughts ve, and take this decision aid with you to the appointment. You can ask the doctor about u would like to know or discuss anything you are worried about.		
There's a list	t of possible questions here:		
	nedhealth.org/questions		
	0/ 1		

The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY Vollimplementierung von Shared Decision Making im Krankenhaus G-BA Innovationsfonds 2023



## **PUBLISHING DETAILS**

This decision aid was developed by the Institute for Quality and Efficiency in Health Care (IQWiG, Germany). You will find information about our work and the sources used here:

www.informedhealth.org/our-approach

Last updated: 08/2024