



ANDREW ONG

**Oncoplastic Breast Surgery
Endocrine (Thyroid & Parathyroid) Surgery
General Surgery**



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Information for patients with pain in the lower abdomen on the right side

This information guide was published by Dr Ong to assist patients who have been admitted to hospital as an emergency with pain in the lower right side of their abdomen (“tummy”).

I have pain in the RIGHT LOWER QUADRANT (see picture).

Pain in the lower right side of the abdomen is a very common presentation to the emergency department. Patients are often quite sore and sick and investigations are done to try and work out where it may be coming from.

Where is the pain coming from?

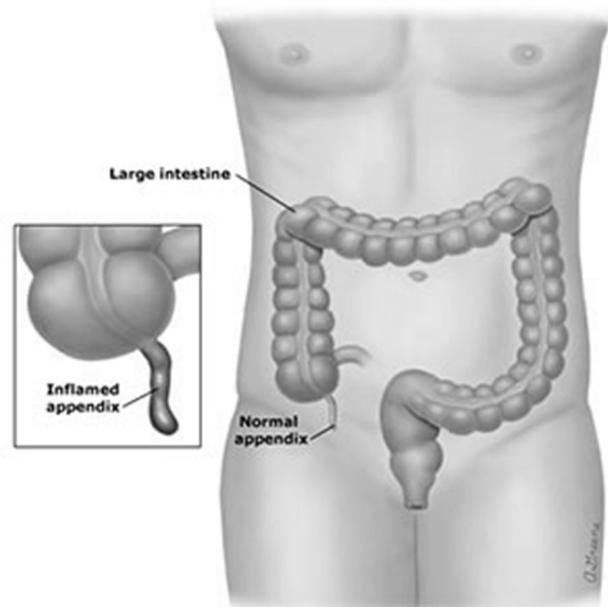
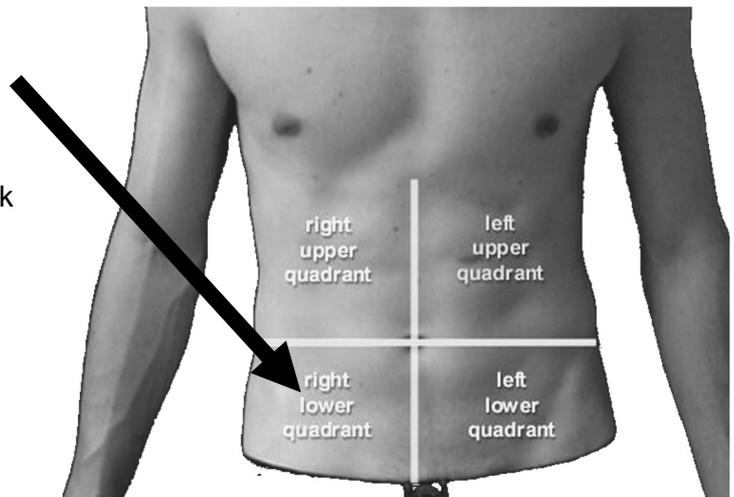
Possible sources of the pain are:

- Your appendix
- Hernia
- Female organs (especially ovaries & “tubes”)
- Small intestine (or small bowel)
- Large intestine (or large bowel)
- Glands in the tummy
- Tummy muscles
- Kidney stone(s)
- (more uncommonly), your hip

One of the doctors/nurses told me it could be my appendix. What is the appendix?

The appendix is an organ that does not serve any useful purpose. It is about 5cms long and attached to your large intestine. It often becomes infected and can make you very sick.

If the doctors think you have appendicitis (inflammation of the appendix), you will likely need an operation to remove the appendix. The operation is



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usually done keyhole (laparoscopic). It usually takes about 30-60 mins. More complicated removals may take longer.

Could I have anything else?

You should discuss this with the doctors on-call if they have not already discussed it with you. The diagnosis of appendicitis can sometimes be very difficult, especially in women. Other possibilities apart from appendicitis could be (*not an exhaustive list*):

- Ruptured cyst (burst cysts in the ovaries – quite common)
- Torsion (twisted fallopian tubes – less common)
- Ectopic pregnancy (pregnancy outside the womb – quite common)
- Ovulation (release of an egg which occurs in the middle of your menstrual cycle – very common!)
- Endometriosis (having a period but the blood has gone inside your tummy - common)
- Inflammation of the bowel (common)
- Mesenteric adenitis (Inflammation of the glands in the tummy – very common)
- Constipation (very common)
- Kidney stones (very common)
- Irritable bowel (common)

How long do I stay in hospital after the operation to remove my appendix?

This depends how badly infected the appendix was. Usually patients stay 1-2 nights. If the appendix was badly infected you will likely stay longer.

What can go wrong?

No surgery is free of complications. Issues that can occur with removal of the appendix can include:

- Injury to the bowel or bladder (very uncommon)
- Bleeding and infection (less common)
- Problems with the stump (very uncommon)
- Chronic pain (very uncommon)
- Collection of infected fluid in the pelvis after surgery (less common)
- Persisting pain after surgery (less common)

This is not an exhaustive list. Other issues include cardiovascular, genitourinary, haematological, respiratory, renal, neurological, as well as gynaecological complications.

I have been waiting and waiting for my operation all day. Nothing has happened!

Emergency operations are scheduled on a priority basis. It is not a first come first serve basis. Patients with more urgent problems are operated on first. If you have concerns about your wait, please discuss this with a nurse or doctor.

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I was told that my surgery cannot be done today because “it was getting late”.

The Royal Australasian College of Surgeons and hospital policy recommends after hours surgery be undertaken for “life or limb” situations only. This is to prevent possibly tired staff from carrying out critical tasks in the middle of the night. It is a judgement call as to whether your surgery can or should be done late at night; sometimes, it may be safer to wait until the morning with fresher staff for surgery to be carried out.

The doctors recommended surgery without more scans. Why can't I have more scans?

That is a good question. Occasionally, more scans can help. The benefits should be balanced against possible harms scans might cause. A CT scans in a young person for example exposes them to a fair amount of ionising radiation.

The doctors think I may have a gynaecological problem instead of appendicitis. What now?

This will often involve the input of the gynaecologists. Some gynaecological problems can be managed as an outpatient (outside hospital). Some require an operation while in hospital.

I have been seen by a whole variety of doctors. No one still knows what is wrong with me (“no one knows what is going on”).

Occasionally the cause of abdominal pain cannot be ascertained. This does not mean that the doctors have given up. It may be that you require further investigations. Often, these investigations can be performed as an outpatient. The surgical team will discuss this with you.

Abdominal pain can be a complex symptom; sometimes a cause can be identified straightaway, sometimes, the cause can be quite elusive and take days/weeks/months/years to pin down.

Investigation of abdominal pain can sometimes involve many doctors and require a considerable amount of resources and time. It is important you communicate and work together with your GP and/or surgeon and progress through the investigations required to arrive at a management plan that works for all parties concerned.

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AUSTRALIAN & NEW ZEALAND
ENDOCRINE SURGEONS



LET'S OPERATE WITH RESPECT

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