

Supplementary data

Preoperative and postoperative pain control program

The goal of this program is to help patients with appendectomy recover quickly by minimizing pre- and postoperative stress and maintaining body homeostasis.

- Pain control before surgery
- Early food intake after surgery
- Early ambulation after surgery
- Effective pain control
- Fast discharge after early recovery from surgery

Pain control

Inadequate pain control delays the patient's postoperative recovery. Effective pain control before and after surgery usually leads patients to recover.

Successful pain control can minimize the use of narcotic analgesics that can result in limited bowel movements.

Activity

The movement of the body creates strength, improves blood circulation, promotes bowel movement. Moreover, it leads to faster recovery by reducing complications after surgery.

Food intake

In the past, the patient was not allowed to eat food or drink water until farting after surgery.

However, if there is no particular intraoperative problem, early food intake is recommended nowadays, since early food intake may assist to control the condition or complications of the patient and promote bowel movements.

Water and food stimulate bowel movements, which quickens farting. If there are no nausea and vomiting symptoms due to general anesthesia-related complications, the patient is allowed to drink water one hour after surgery and then start soluble diet.

The patient may be discharged from the hospital if the following conditions are satisfied.**

<Discharge criteria>

- No specific postoperative complications
- Ability to eat soluble diet without complications
- Availability of ambulation without the help of guardian
- Availability of pain control with oral medication

	Before operation	After operation	POD 1	POD 2
Diet	NPO	SOW after 4 hours and soluble diet after SOW	Rigid diet	Rigid diet
Pain control	Operation permission, pain education, pain control (intravenous)	Pain control (intravenous), additional pain control intravenously if NRS is higher than 5	Pain control (PO medication), additional pain control intravenously if NRS is higher than 5	Pain control (PO medication)
Activity	Bedrest	Semi-Fowler position right after operation, ward ambulation after 4 hours, encourage deep breathing and cough	Ward ambulation (more than 2,000 steps)	Daily activity
Drain		Keep drainage	Remove drainage after checking amount and color	No drainage

POD, postoperative day; NPO, nil per os; SOW, sips of water; NRS, numeric rating scale; PO, per os.