

PATIENT INFORMATION · PROCEDURE 10

# General Surgical Emergencies

Appendicitis, bowel obstruction, incarcerated hernia and acute abdomen.

Dr Marais is on-call at Johannesburg Surgical Hospital for acute surgical presentations — the conditions that arrive without warning and need decisions taken quickly.

## What it involves

Appendectomy (usually laparoscopic), bowel obstruction, perforated peptic ulcer, incarcerated hernia, acute cholecystitis, and general surgical trauma. When you arrive in casualty, the on-call surgeon is contactable and involved from the outset.

Acute appendicitis is the most common emergency general-surgical operation. Classical presentation is central abdominal pain migrating to the right lower quadrant over 12–24 hours, with loss of appetite and low-grade fever. In children and older adults the presentation can be atypical, and ultrasound or CT is often used to confirm.

Bowel obstruction — from adhesions, hernias, or tumours — presents with colicky pain, vomiting, distension, and constipation. Some cases settle with a nasogastric tube and time; others need urgent surgery to prevent bowel strangulation and perforation.

An incarcerated hernia (one that won't push back in) or a strangulated hernia (with pain and colour change) is a surgical emergency. Delay risks bowel death. If a bulge in the groin or abdomen becomes suddenly painful and firm, go to casualty immediately.

## When it's indicated

Severe or persistent abdominal pain, vomiting with distension, blood in the stool, or a hernia that has become suddenly painful and cannot be pushed back — go to casualty at JSH or your nearest emergency department.

## The approach

Emergency surgery rewards preparation. The theatre team knows how Dr Marais operates and equipment for laparoscopic emergencies is set up in advance — decisions get made faster.

## Recovery

Depends entirely on the operation. Laparoscopic appendectomy: one to two nights, back to work in one to two weeks. Bowel resection: three to seven nights, four to six weeks off work. Every recovery plan is individualised in hospital.

## Common questions

**When should I go to casualty?**

Severe or worsening abdominal pain, especially with vomiting, fever, or distension. A hernia that becomes suddenly painful and can't be pushed back in. Blood in vomit or stool. Don't wait.

**Which hospital?**

Johannesburg Surgical Hospital casualty is available 24/7 with Dr Marais's team on call. If you're closer to another hospital and unstable, go to the nearest facility — Dr Marais can be involved in the transfer.

**Will I need open or laparoscopic surgery?**

Most emergency appendicectomies and gallbladder operations are done laparoscopically. Bowel obstruction and perforated ulcers may need an open approach depending on findings. The decision is made in theatre based on what's safest.

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*This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.*