

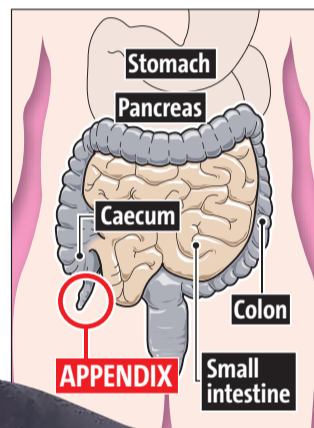


Rule of thumb
The first clinic in the UK for thumb-suckers
Page 27



Cream of lotions
We test the latest sunscreens for summer
Pages 28-29

vain control cost me my life



Causes and signs of appendicitis

The appendix is a narrow tube of tissue two to four inches long attached to the caecum, a part of the large intestine. Set in the lower right of the abdomen at what is called McBurney's point, the appendix serves no useful purpose.

Doctors are uncertain why people get appendicitis but think it tends to happen when the appendix is blocked. Fluids, hard bits of stool or swollen lymph glands can get trapped in it, making it inflamed or infected.

Most patients with appendicitis feel general abdominal pain for the first few hours. It then focuses on the right side of the abdomen and the general pain subsides. Some will have nausea, diarrhoea, loss of appetite or vomiting.

The danger is that the blocked appendix can burst, leading to peritonitis, an infection of the peritoneum, the lining of the abdominal cavity. The tissue of the peritoneum is usually sterile and lacks an inbuilt defence mechanism to fight infection.

With peritonitis, an infection can spread rapidly into the blood and then to the other organs, even leading to possible multiple organ failure and, if left untreated, death.

they had to wash out under my liver and some of the infection had stuck to other parts of my body so no wonder I was so ill. I don't remember much about waking up or the day after the operation. I was too poorly. My parents came to visit me but I don't recall that at all.'

He was put on morphine to dull the pain and antibiotics to kill the infection. 'I'd never had morphine before and I needed quite a large amount because I'm so big [he is 6ft 2in]. But unfortunately, the dose was so large that it also suppressed my respiratory drive, so my oxygen levels plummeted.

'I had to have an oxygen mask and all I can recall about that time is struggling for breath and thinking how awful it was to either be in pain or not be able to breathe.'

Two days after the operation, as he became more aware of what was going on, Christian admits he became a nightmare patient.

'I was terrible. I wanted to know exactly what they were doing to me and what drugs they were giving me and I'd constantly be arguing with

them, saying, "Why are you giving me this?" I remember saying I didn't want heparin, which they always give you after an op to stop your blood clotting, but I was worried I'd bleed to death.

'I'd have medical students coming in to say hello because they knew me off the telly. Two days after the operation, two burly nurses came into the room and said, "Right, you're getting out of bed."

'I was arguing that I didn't want to because I was scared of bursting open. My abdominal wall felt so tight that I was convinced the stitches would come apart, even though I knew they wouldn't.'

Christian was in hospital for more than a week but took several weeks more to recover completely. The episode has left a mark on him physically and psychologically. He has a 4in scar on his right side and a small puncture-like scar from where a drain was inserted.

'I suppose if it's a choice between a scar and being dead, then I'd choose the scar any day,' he says. 'But having appendicitis has really made me appreciate how serious it can be.'

'As doctors, we can easily think an appendectomy is just another routine op but it's made me see it from the patient's point of view.'

'I'm still terrified of operations and hope to God I don't have to have any in the future. But if I do, there's no way I'll leave it as long to get the symptoms checked. I was very, very lucky.'

● *The Ugly Face Of Beauty starts on Tuesday at 8pm on Channel 4.*

A bite like Cheryl's? What to do next...

By **Dr Ellie Cannon**

Last week Cheryl Cole, right, was diagnosed with malaria, while Samantha Fox was bitten by a cat in Thailand and two weeks later is still having anti-rabies treatment. The Saturdays' Mollie King was left on crutches after getting cellulitis from a bite by a horsefly. Here are the answers on how to treat a bite – whether from a hamster or a mosquito.

Q If a cat or dog bites me, can I catch rabies?

A The chances of catching rabies from your dog in the UK are low because canine rabies is not endemic here as it is in developing countries. If bitten, you should still see your doctor for wound-dressing and also for antibiotics, which are always given to prevent infection such as cellulitis and 'cat-scratch disease'. If abroad, seek medical help at once.

Q What is cellulitis, and how do horsefly bites cause it?

A Cellulitis (nothing to do with cellulite) is an infection of the skin that can occur from any initial skin break that becomes infected with bacteria. This can be a bite, a surgical wound or a skin injury. It looks like an area of redness spreading from the initial injury. Get prompt treatment with antibiotics as the infection can spread rapidly. People are commonly hospitalised with cellulitis to receive intravenous antibiotics.

Q What should I do if stung by a wasp or a bee?

A If you feel any shortness of breath or tongue-swelling, call 999 as you may be having an anaphylactic reaction. If you simply feel pain, try to remove the sting by scraping it sideways with a blunt knife edge. Ice packs and anti-histamine cream can be used to calm the pain of a sting.

Q Do I need to go to my doctor if I am bitten by a pet mouse or hamster?

A Yes. Even with bites from small animals, you should go to a GP or local minor injuries unit. This would initially be to see if a wound needs dressing properly. Your tetanus immunity must also be checked. Small rodents such as mice and hamsters carry a wide variety of bacteria, and depending on the size of wound you may be offered preventative antibiotics.



Q Do jellyfish stings always need treatment?

A Not always. It depends on the area of your body that is stung and how large it is. See a doctor immediately if the area is very large, if you have any difficulty breathing or swallowing, or if the jellyfish was in the mouth. The area should be washed with sea water, vinegar or alcohol as fresh water can cause more venom to be released.

Q Can you still get malaria if you take malaria protection?

A Anti-malarial tablets are very effective at preventing malaria but unfortunately do not offer 100 per cent protection. They should always be used in combination with avoidance of bites, which means sleeping under mosquito nets, covering limbs in the evening and using mosquito repellent on the body from dusk onwards.

Q How would I know whether I had malaria?

A Symptoms usually develop within three months of returning from a malaria area and manifest as lethargy, headache, aches and pains and diarrhoea. After that, hot and cold sweats can follow. Anyone returning from travelling in a malaria area should see their doctor with even quite vague symptoms, and a blood sample can be sent to check.

Q What are the best anti-malaria tablets to take for prevention?

A It very much depends on where you travel. Different areas require different regimes. This is because resistance to the medicine has developed worldwide. Your travel clinic will have the latest guidelines for the area you are visiting.