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Does starting food and drinks early after appendix surgery help adults recover faster?

Submission date
15/08/2026

Recruitment status
No longer recruiting

Registration date
22/08/2026

Overall study status
Completed

Last Edited
17/08/2026

Condition category
Surgery

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Patients have traditionally been asked to wait before eating or drinking after abdominal surgery until signs of bowel recovery appear. More recent approaches to postoperative care suggest that starting oral fluids and food earlier may help patients recover more quickly and comfortably. However, evidence specifically concerning adults undergoing surgery for uncomplicated appendicitis is limited. This study aimed to determine whether starting oral feeding earlier after appendix surgery improves recovery of bowel function and patients' postoperative comfort compared with conventional delayed feeding.

Who can participate?
Adults aged 18 years or older undergoing appendectomy for uncomplicated acute appendicitis

What does the study involve?
A total of 50 participants were randomly assigned to one of two groups. Participants in the early feeding group started clear oral fluids within the first 24 hours after surgery once they had adequately recovered from anesthesia and had no contraindication to oral intake. If the fluids were tolerated, they progressed to soft food about 4 hours later and subsequently to a regular diet according to their clinical condition and tolerance.
Participants in the conventional feeding group received the hospital's routine postoperative feeding care. Oral intake was delayed until bowel function began to recover, as indicated by the first passage of gas, after which food and fluids were gradually introduced.
Apart from the timing of oral feeding, participants in both groups received the same routine surgical treatment, pain management, nursing care, and mobilization procedures.
The study recorded the time until participants first passed gas and had their first bowel movement. It also assessed time to first mobilization, recovery of bowel sounds, and patient-reported pain, hunger, thirst, and nausea during the early postoperative period.

What are the possible benefits and risks of participating?
Participants assigned to early oral feeding may experience earlier relief from hunger and thirst and potentially faster postoperative recovery. Early feeding may occasionally cause temporary nausea, vomiting, abdominal discomfort, or intolerance to oral intake. Participants were clinically assessed before feeding commenced and were monitored for nausea, vomiting,

abdominal distension, and other signs of feeding intolerance. Both groups continued to receive routine postoperative medical and nursing care.

Where is the study run from?
Dr. Burhan Nalbantoğlu State Hospital, Nicosia, Turkish Republic of Northern Cyprus

When is the study starting and how long is it expected to run for?
November 2025 to June 2026

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
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Contact information

Type(s)
Principal investigator, Scientific, Public

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Additional identifiers

Study information

Scientific Title
The effects of early feeding on post-appendectomy recovery in adults

Study objectives
The primary objective was to evaluate the effect of early postoperative oral feeding on gastrointestinal recovery in adults undergoing appendectomy for uncomplicated acute appendicitis, specifically time to first passage of flatus and first bowel movement.

The secondary objectives were to evaluate the effects of early oral feeding on time to first mobilization, recovery of bowel sounds, and patient-reported postoperative outcomes, including pain, hunger, thirst, and nausea.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 16/06/2025, Dr. Burhan Nalbantoglu State Hospital Ethics Committee (Dr. Burhan Nalbantoglu State Hospital, Lefkoşa/TRNC, 99450, Cyprus; +90 (0)3922285441; ibndhtanitim@gmail.com), ref: YTK.1.01

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Blinded (masking used)

Control
Active

Assignment
Parallel

Purpose
Health services research, Screening, Supportive care

Study type(s)

Health condition(s) or problem(s) studied
Post-appendectomy recovery

Interventions
Participants were randomly allocated in a 1:1 ratio to either the early oral feeding group or the conventional delayed feeding group using a computer-generated random allocation sequence prepared before participant recruitment. Following confirmation of eligibility and written informed consent, participants were assigned to one of the two study groups.

Participants in the early oral feeding group commenced clear oral fluids within the first 24 hours after appendectomy, following adequate recovery from anesthesia and confirmation that there were no contraindications to oral intake. Feeding tolerance was assessed by monitoring for nausea, vomiting, abdominal distension, and other signs of intolerance. If clear fluids were tolerated, the diet was progressed to soft foods approximately four hours later and subsequently to a regular diet according to clinical judgment and patient tolerance.

Participants in the conventional delayed feeding group received the hospital’s routine postoperative feeding protocol. Oral intake was delayed until evidence of recovery of bowel function, indicated by the first passage of flatus, after which the diet was progressively advanced from clear fluids to soft foods and then to a regular diet.

Apart from the timing of postoperative oral feeding, both groups received the same perioperative surgical management, postoperative analgesia, nursing care, and mobilization protocols. Gastrointestinal recovery was assessed using time to first passage of flatus and first

bowel movement. Secondary outcomes included time to first mobilization, recovery of bowel sounds, and patient-reported pain, hunger, thirst, and nausea assessed during the first 36 postoperative hours.

Intervention Type
Other

Primary outcome(s)
1. Time to first passage of flatus after surgery measured using time in hours at from completion of surgery until first passage of flatus

Key secondary outcome(s)

Completion date
15/06/2026

Eligibility

Key inclusion criteria
1. Adults aged 18 years or older undergoing appendectomy for uncomplicated acute appendicitis
2. Able to communicate in Turkish
3. Able to provide written informed consent
4. No contraindication to postoperative oral feeding

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Upper age limit
60 Years

Sex
All

Total final enrolment
50

Key exclusion criteria
1. Perforated or complicated appendicitis requiring bowel resection
2. Generalized peritonitis
3. Pre-existing gastrointestinal disorders affecting bowel motility
4. Severe postoperative complications requiring intensive care
5. Pregnancy
6. Cognitive impairment preventing reliable communication
7. Refusal to participate

Date of first enrolment
06/11/2025

Date of final enrolment
15/12/2025

Locations

Countries of recruitment
Cyprus

Sponsor information

Organisation
Bahçeşehir Cyprus University

ROR
https://ror.org/00kdgfn49

Funder(s)

Funder type

Funder Name
Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available