

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-11-12 18:02

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (2 years, female) presented with abdominal pain and constipation, markedly elevated WBC, elevated CRP. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable.

Procédure(s) opératoire(s) / Operative procedure(s):

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The appendix was ruptured with severe inflammation. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. Meticulous dissection performed due to distorted anatomy. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Polysorb 2-0 in an interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-U48G2F-12090