

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-05-25 16:27

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

7-year-old non-binary with 1 day abdominal pain, elevated WBC, normal CRP, high fever. Imaging: MRI demonstrating RLQ inflammation. previous similar episode. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated suppurative appendix with persistent surrounding inflammation. No abscess was identified. The omentum was wrapped around the inflamed appendix. Patient tolerated procedure well. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with subcuticular Monocryl 4-0.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-2YFSKQ-12491