PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-06-03 01:44

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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:

16-year-old non-binary with several hours abdominal pain, normal WBC, elevated CRP, no fever. Imaging: MRI showing bowel wall thickening. recent antibiotic use.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared thick-walled, surrounded by moderate inflammatory reaction. There was a contained abscess in the right lower quadrant. Multiple bowel loops adherent to the mass. Patient tolerated procedure well. Dissection is carried out to isolate the base of the appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia with PDS 2-0 in a interrupted fashion. Skin is approximated with Steri-Strips.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-4ISUQ2-12460