

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2024-03-23 05:58

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 2-year-old female who presented with right lower quadrant pain. Initially evaluated 4 days prior and diagnosed with mesenteric adenitis. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: MRI demonstrating RLQ inflammation. Recent travel history may be relevant.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include friable appendix with intense inflammatory changes. A small localized abscess was found and drained. No abnormal adhesions found. No mesenteric ischemia. Blunt dissection is used to free the appendix from surrounding structures. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Umbilical port site is closed with Ethibond 2-0 and skin with subcuticular Monocryl 4-0. Incidental Meckel's diverticulum found and left in situ.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-42U6GV-13079