

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2024-11-04 19:16

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (7 years, male) presented with abdominal pain with vomiting, elevated WBC, elevated CRP. Imaging: CT scan revealing free fluid.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include ruptured appendix with fluctuating inflammatory changes. A moderate amount of purulent material was present in the pelvis. Minimal adhesions were noted. No unexpected findings. 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 at the umbilical port with figure-of-eight sutures of Vicryl 3-0 and the skin with subcuticular Monocryl 4-0.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QV3JVG-13045