PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-04-21 21:54

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Sarah Johnson
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Patient (2 years, non-binary) presented with abdominal pain with diarrhea, markedly elevated WBC, elevated CRP. Imaging: ultrasound reporting lymphadenopathy. 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. 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, significant adhesions noted. The surgical field demonstrated acutely inflamed appendix with localized surrounding inflammation. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. No bowel injury noted. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is divided using a bipolar energy device. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with Ethibond 2-0 and skin with non-absorbable Prolene 4-0. No bowel injury noted.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.