PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2024-06-17 11:09

Anesthésiste / Anesthetist: Dr. Aisha Patel
Chirurgien / Surgeon: Dr. Sophie Chen
Assistant(s): Dr. resident Lucas Martin

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

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Historique et constatations opératoires / History and operative findings:

A 10-year-old non-binary who presented with abdominal pain after trauma. Initially evaluated 1 days prior and diagnosed with mesenteric adenitis. Now has markedly elevated WBC, high CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. 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, significant adhesions noted. The surgical field demonstrated hyperemic appendix with severe surrounding inflammation. A large pelvic abscess was present and evacuated. Minimal adhesions were noted. We carefully dissect the inflammatory mass and identify the necrotic appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia at the umbilical port with figure-of-eight sutures of Maxon 2-0 and the skin with non-absorbable Prolene 4-0. Incidental Meckel's diverticulum found and left in situ.

Postoperative imaging if fever persists. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.