PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital Date: 2024-04-14 02:56

Anesthésiste / Anesthetist: Dr. Amélie Moreau
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

2-year-old female with one week abdominal pain. Treated for pneumonia; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs.

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

Patient in supine position. General anesthesia with caudal block 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Operative findings included suppurative appendix and patchy inflammation. A small localized abscess was found and drained. The omentum was wrapped around the inflamed appendix. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.