

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-05-17 16:47

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

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

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (5 years, female) presented with abdominal pain with elevated WBC, elevated WBC, elevated CRP. Imaging: MRI demonstrating RLQ inflammation.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. 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 hyperemic appendix and moderate inflammation. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. Surrounding omentum and bowel are separated from the inflammatory mass. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted Polysorb 2-0 sutures. Skin incisions are closed with Steri-Strips.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SFPEY9-10327