

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-08-18 16:03

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (2 years, male) presented with abdominal pain with anorexia, normal WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was phlegmonous with fluctuating inflammation. No abscess, but turbid fluid present. No abnormal adhesions found. No technical difficulties encountered during surgery. The appendix is mobilized using a combination of sharp and blunt dissection. 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. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with subcuticular Vicryl 4-0.

Pain control with acetaminophen and morphine as needed. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Q5SU6S-12014